Preceptorship Policy for General Practice Nurses and Nursing Associates

January 2025

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Document information

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

which include:

☐ Equality and diversity policy

☐ Disciplinary policy

☐ Appraisal and supervision policy

☐ Staff Development Policy

☐ CPD policy

☐ Staff performance improvement policy

Policy summary

Promoting support through a structured preceptorship programme will enhance recruitment and retention onto the nursing workforce in Primary Care. It will provide a highly skilled, sustainable, supported workforce for the long term.

This Preceptorship Policy provides a formalised and standardised approach to deliver a consistently high standard of preceptorship programme within Primary Care across the North, West and South Yorkshire footprint, in line with the National Preceptorship framework.

Definitions

Preceptorship	A structured start for newly registered GPNs and NAs. The purpose of which is to provide support, guidance and development for all newly registered professionals, and new to Primary Care nurses/NAs to build confidence and further develop competence as they transition to become an autonomous professional.
Preceptorship period	The designated period of support and guidance for new practitioner in 6-12 months post registration.
Preceptor	Person providing support and guidance to the preceptee in practice. A qualified nurse with a minimum of 12-months' experience and working in the same work area as the preceptee.
Preceptee	The newly registered nurse/ nursing associate, or new to primary care nurse/ nursing associate receiving support and guidance from the preceptor,
Preceptorship lead	A nominated lead for the organisation which facilitates and supports the preceptorship programme. They will be responsible for the co-ordination, evaluation and monitoring of the preceptorship programme.
Preceptorship champion	A registered professional who is responsible for promoting the value and benefit of preceptorship

Within a small organisation, one person might have more than one of these roles, such as preceptorship lead and preceptor.

Introduction: purpose and objectives

All newly registered nurses and nursing associates should receive preceptorship in their first-year post-registration (Nursing and Midwifery Council (NMC) 2020), and their learning time should be protected. These principles can also be applied for professionals transitioning from one role or setting to another. The aim of the preceptorship programme is to welcome and integrate new staff into their new team and place of work. The purpose of preceptorship is to provide support, guidance and development. It helps professionals to translate and embed their knowledge into everyday practice, develop their confidence and therefore improve patient care. The most important element within the programme is the individualised support provided in practice by the preceptor.

Preceptorship is not intended to replace annual appraisal or be a substitute for formal induction and mandatory training.

Where preceptorship is firmly established as part of the culture of an organisation, there are significant benefits for newly registered nurses, other staff, and the organisation itself in terms of retention, recruitment, and staff engagement, which is the core purpose of preceptorship.

Clinical supervision is a process of professional learning and development that enables individuals to reflect on and develop their knowledge, skills, and competence, through agreed and regular support with another professional. This is an essential part of the preceptorship programme.

Scope

The preceptorship policy provides a framework, a set of common standards and support (cultural, pastoral and wellbeing) which apply to all newly registered nurses and NAs or professionals transitioning into a new role within Primary Care. It defines the roles, supernumerary period, protected time and process.

A preceptorship period of a minimum of 6 months is the recommended core standard, with a minimum 12 months as a gold standard. This will vary according to each preceptee's progress.

This preceptorship policy is intended as a resource for all those involved in the preceptorship of preceptees within a Primary Care setting

Defining roles

The Preceptor

The preceptor should be a Registered General Nurse (RGN) with a minimum of 12 months post-registration experience. They should have a minimum of 12 months' working in Primary Care. NAs, with a minimum of 12 months' experience post-registration may act as a preceptor for newly registered NAs. One preceptor should have no more than two preceptees.

The preceptor must have the capacity to offer the level of support required by the preceptee and they should have protected time to complete relevant preceptor training such as the practice supervisor and/or preceptor training (or practice assessor training).

They should also access relevant preceptorship continuing professional development (CPD) materials. An e-learning programme on preceptorship can be found on the e-Learning for Health (e-LfH) hub and can be accessed for free by anyone who has a valid e-LfH account.

The preceptor should participate in preceptorship forums and support networks that are available locally to maintain up-to-date knowledge.

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 1-2 hours/month protected time is allocated to each preceptor 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 socialisation
- Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
- Act as a professional friend, peer, and advocate
- Participate in preceptorship forums, clinical supervision, and support networks to maintain up-to-date knowledge

Role of the Preceptee

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

Protected time is given to:
- Work in collaboration with their Preceptor to identify, plan and achieve their learning objectives, this includes developing an individual learning plan and completing all documentation within required timeframes
- Attend all organised training and participate in all learning opportunities including induction
- Escalate concerns, reflecting on own practice, and taking ownership of own professional development
- Access to coaching if required though NHSE Leadership Academy

Role of the Preceptorship Lead

The Preceptorship lead is responsible for developing, overseeing and leading the preceptorship programmes delivered by the practice.

The responsibilities of the preceptorship lead are to:
- Maintain a register of preceptors
- Provide development and support for preceptors
- Allocate or delegate the responsibility for identifying preceptors in practice in time for the preceptee's start date
- Monitor and track completion rates for all preceptees
- Measure the effectiveness and impact of preceptorship programmes on retention and staff engagement
- Act as point of escalation to maintain the relationship between preceptor and preceptee.

Role of the Preceptorship Champion

The role of the preceptorship champion may be held by any RGN / healthcare professional who is passionate about preceptorship.

The role is to:
- Act as a role model for best practice in support of newly qualified staff or those new to the Primary Care setting.
- Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation.
- Provide feedback to the practice team when improvement and education is required in areas or where newly qualified staff require additional input

- Share knowledge and skills with others to help them develop their thinking and practice.
- To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice

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 ensure the allocation of a preceptor to each newly registered nurse/ nursing associate or new to practice nurse/ nursing associate as soon as they join the practice
- To ensure completion of all induction, mandatory and statutory training for the preceptee
- To provide a minimum supernumerary period of (insert duration) for the preceptee
- To ensure the preceptee and preceptor are given protected time for meetings at the outset of the programme

Policy

Process

- Each newly registered practitioner/new to practice professional will participate in the preceptorship and the line manager is responsible for ensuring that the appropriate arrangements are made:
- The practitioner's line manager is responsible for enrolling any new starter on the appropriate induction, mandatory and statutory training. The line manager also advises the preceptorship lead of each newly registered professional with the start date and name of preceptor.
- Each preceptee will be allocated a nominated preceptor as soon as possible after the preceptorship lead has been notified.
- The preceptee will meet with their allocated preceptor in practice within the first two weeks of joining, with the purpose of agreeing the policy and developing learning objectives for the preceptorship period.
- Meetings between the preceptee and preceptor should take place at the start, mid-point and end point of their preceptorship period as a minimum. Additional meetings should be scheduled as needed to meet the individual preceptee's needs. These should be documented using the standard templates.
- By the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence in each area of learning.

Process flowchart

New starter accepts offer and start date agreed

Line manager allocates preceptor

Line manager enrols preceptee on development programme

Line manager notifies preceptorship lead of new starter and expected date of joining

Preceptee joins and has 2 week (75 hour) supernumerary period

Preceptee completes induction, mandatory and statutory training

Preceptor and preceptee meet during first two weeks

Training needs analysis / SLOT completed (Appendix Five)

Individual learning plan (ILP) with objectives established for preceptorship

Preceptorship agreement signed between preceptor and preceptee

Preceptee attends all required training and development

Preceptee maintains portfolio, completes reflections, and a record of learning

Preceptee and preceptor meet regularly as agreed

End of preceptorship:

Preceptee and preceptor meet to review learning and for final sign off

Preceptorship lead and line manager informed

Evaluation completed.

Supernumerary period

A recommended minimum period of two weeks should be allocated, in addition to the induction requirements. This will provide protected time for the preceptee for development training and for a meeting with their preceptor.

Protected Time

The Nursing and Midwifery Council (NMC) states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice. Consequently, the preceptor should also be allocated sufficient time to undertake the meetings. The precise amount of time will vary according to the preceptee's needs.

Concerns

Preceptorship is not performance management and is not an assessment of competence or capability. Concerns regarding the preceptor or preceptee's performance should be addressed as soon as possible with the line manager so that any concerns can be addressed either informally or formally via the appropriate processes. Where appropriate, escalation processes may be followed or referral to the Human Resources department.
The escalation process can be found in Appendix Two.

Programme structure

The Preceptor and Preceptee should meet regularly throughout the year. This should take place at the start, mid-point and end point of their preceptorship period as a minimum. A gold standard preceptorship includes bi-monthly meetings during the preceptorship period. These meetings should be around one hour long and should include protected time for both the preceptee and the preceptor.

Additional meetings should be scheduled as needed to meet the individual preceptee's needs.

Evaluation

Evaluation of the preceptorship programme should be completed annually by the preceptorship lead.

This will include:
• Evaluation of preceptorship experience from preceptee feedback
• Feedback from preceptors and practice managers
• Feedback from line managers/preceptorship champions

- Analysis of retention statistics at 12 months and 24 months' post registration / start date with organisation

Compliance

The preceptorship programme and policy should comply with:
- National Preceptorship Framework (2022)
- NMC Principles for Preceptorship (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
- Escalation process
- Preceptorship agreement
- Initial meeting template
- SLOT analysis
- Individual learning plan (ILP)
- Interim meeting template
- Reflection template
- Final sign-off meeting
- Glossary of terms and abbreviations
- Document control

Appendix One

National Preceptorship Model for Nursing v1.5 – Final – June 22.

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

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

Criteria	Core Standard	Gold Standard
Intended Recipients	All Newly Registered Nurses and Nursing Associates	All Newly Registered Practitioners
Length of Preceptorship Programme	Minimum of 6 months on joining the organisation or receiving PIN	12 months on joining the organisation or receiving PIN
Supernumerary Period	Minimum of two weeks' supernumerary for preceptee (or equivalent to 75 hours)	Additional protected time throughout the programme for preceptor and preceptee included in preceptorship policy for organisation
Meeting requirements (preceptor and preceptee)	Minimum of 3 meetings: - 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 organisation - 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

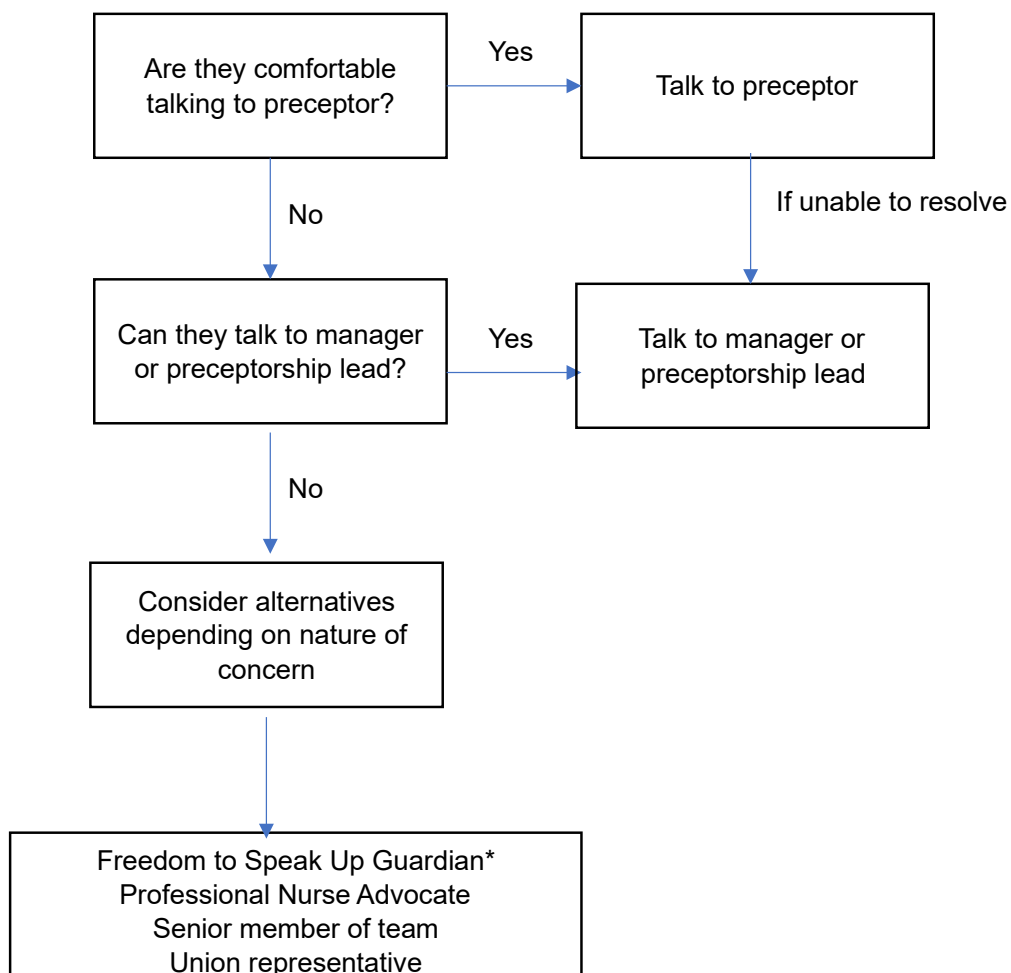|		
Indicative content of development programme	- Facilitated learning / study days (flexible dependent on work area and individual requirements) - Preceptee Individual learning and development plans - Wellbeing initiatives - Reflection - Pastoral care and support - Clinical supervision	May include: - 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

Appendix Two

The 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

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┌─────────────────────┐      Yes      ┌─────────────────────┐
│  Are they comfortable│──────────────▶│   Talk to preceptor  │
│  talking to preceptor?│              │                      │
└─────────────────────┘               └─────────────────────┘
         │                                       │
         │ No                                    │ If unable to resolve
         ▼                                       ▼
┌─────────────────────┐      Yes      ┌─────────────────────┐
│ Can they talk to manager│──────────▶│   Talk to manager or │
│ or preceptorship lead?│              │   preceptorship lead │
└─────────────────────┘               └─────────────────────┘
         │
         │ No
         ▼
┌─────────────────────┐
│ Consider alternatives│
│ depending on nature of│
│      concern          │
└─────────────────────┘
         │
         ▼
┌─────────────────────────────┐
│  Freedom to Speak Up Guardian*│
│   Professional Nurse Advocate │
│     Senior member of team     │
│     Union representative       │
└─────────────────────────────┘
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Freedom to Speak Up Guardian may have different titles according to organisation

Appendix Three

Preceptorship agreement

Preceptee
I understand that my responsibilities as a newly registered practitioner/ new professional to the role or setting and preceptee include: • Completing induction, statutory training and mandatory training • Attending study days and all required learning and development to complete my preceptorship • Observing and adhering to organisation values • Participating fully in the preceptorship programme by preparing for and attending meetings as scheduled with my preceptor • Working collaboratively with my preceptor to share my reflections and identify learning and development needs • Seeking feedback from others to inform my progress • Owning my learning and development plan.

Name and signature:	Date:

Preceptor
I understand that my responsibilities as a preceptor include: • Providing support and guidance to the newly registered practitioner • Acting as a role model and professional friend • Facilitating introductions and promoting good working relationships • Participating in all preceptorship activities including attending required training, and facilitating and documenting regular scheduled meetings • Providing timely and appropriate feedback to the preceptee • Liaising with manager about the preceptee's progress as appropriate • Advising on learning and development needs, facilitating a supportive learning environment and signposting learning resources • Completing and continuing my development as a preceptor.

Name and signature:	Date:

Appendix Four

Initial meeting template

Name of preceptee	
Name of preceptor	
Date of meeting	

Icebreaker questions
Tell me a little about yourself. What do you enjoy doing? What are you looking forward to about your new role? What do you think is going to be challenging? How much do you know about preceptorship?

Expectations
What are your expectations of your new role? What development do you expect? What level of support do you expect from your preceptor?

Checklist
Induction
Mandatory and statutory training
SLOT analysis*
Individual learning plan*

Comments/notes:	
Actions:	
Next meeting:	
Preceptee signature	
Preceptor signature	

*SLOT and ILP templates included Appendix Five and Six

Appendix Five

SLOT Analysis

A SLOT analysis is a simple tool to evaluate the preceptee's current stage of knowledge, skill, and experience and to assess development needs along with opportunities and barriers.

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

Appendix Six

Individual learning plan (ILP)

The individual learning plan records development needs and agreed objectives.

Objectives should be SMART; Specific, Measurable, Achievable, Realistic/Relevant and Timebound.

Date should refer to the date the objective is set / date of meeting. Learning need should come from the SLOT analysis and should identify specific needs. There should be more than three objectives for each ILP, in order for it to be realistic.

Name of preceptee			
Name of preceptor			
Date	**Learning Need**	**SMART Objective**	**Support Needed**

Appendix Seven

Interim meeting template

Name of preceptee	
Name of preceptor	
Date of meeting	

Reflection and discussion
What has gone well? What challenges have you met? How have you overcome them? Consider use of reflection templates* and the sharing of observations *(it is recommended that five reflections are completed during the preceptorship period).*

Review of development
What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Progression points?

Review of individual learning plan Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.	
Comments/notes:	
Actions agreed:	
Next meeting:	
Preceptee signature	
Preceptor signature	

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

Appendix Eight

Reflection template

It is recommended that five reflections are completed during the preceptorship period. The following reflection is based on the work of Rolfe et al (2001). It has been designed as a simple way of learning from experience, evaluating the experience and identifying further action.

What?
What happened? What did I do? How did I feel? What was good or bad? How did others respond? What were the consequences?

So what?
So what did I learn from this? What did I base my actions on? What could I have done differently? What is my new understanding of the situation?

Now what?
What do I need to do differently? Are there things I need to learn or consider? What do I need to do next time?

Appendix Nine

Final sign-off meeting

Name of preceptee	
Name of preceptor	
Date of meeting	
Reflection and discussion What has gone well? What challenges have you met? How have you overcome them?	
Review of development What development/study days have you had? How have you found these? What has gone well? What have you found difficult? Are there areas in which you need more development or experience? Points of progression?	

Review of individual learning plan
Review ILP set during previous meeting. Assess achievement against objectives and, where appropriate, set further objectives.

Comments/notes:

Preceptorship sign-off declaration

This is to confirm that the preceptee has completed all aspects of the preceptorship programme satisfactorily.

Name of preceptee		Signature:	
Name of preceptor		Signature:	
Line manager		Signature:	

Appendix Ten

Glossary of terms and abbreviations

Term	Definition
CPD	Continuing professional development
e-LfH	eLearning for health (an electronic learning platform)
GPN(s)	General Practice Nurse(s)
HEE	Health Education England
ILP	Individual learning plan
NA(s)	Nursing associate(s)
NMC	Nursing and Midwifery Council
PCWTHs	Primary Care Workforce and Training Hubs
PNA	Professional Nurse Advocate
Practitioner	Registered professional, i.e. 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
RGN	Registered General Nurse
SLOT	A training needs analysis – Strengths, Learning Needs, Opportunities and Threats
SRO	Senior Responsible Officer

Appendix Eleven

Policy document version and control

Date	Version	Changes	Author	Approval