
Consultation document

Consultation on principles for preceptorship

October 2022

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Foreword

I am pleased to present this consultation on the introduction of guiding principles for preceptorship. The HCPC's role as a professional healthcare regulator is to protect patient and service user safety and the development of these guiding principles forms a key part of our [corporate strategy](#) to promote high-quality professional practice.

Employers, and the support they provide, play a key role in ensuring the delivery of safe and effective treatment and care. While the HCPC does not regulate employers, we know that when our registrants are well-supported by good workplace cultures and structures, they can perform at their best. And that this, in turn, impacts positively on patient safety, and patient outcomes.

Pressures on the health and care sector remain high and HCPC registrants play a vital role in the prevention, diagnosis and treatment of a huge number of health conditions. We know that, across the four UK nations, there are a wide range of initiatives to support current workforce retention and plan for the future workforce¹.

These principles aim to support consistently high-quality preceptorship provision, for use by registrants, employers and all those who support registrants at key career transition points. We hope that this will help support the future workforce to feel valued, to increase confidence of those in new roles and to support HCPC registrants to stay in their chosen professions long term.

The value of preceptorship also extends to organisations and to those providing preceptor support. These principles are part of a bigger picture; organisations, employers and registrants will be fundamental in the success of this work.

We are grateful to Health Education England for their collaboration on this project and extend our thanks to all other stakeholders across the four nations of the UK who have supported the development of these principles and are continuing to contribute.

We look forward to receiving your feedback on these principles, so that they can be used for the maximum benefit of employers, registrants, the wider health system and, ultimately, to support the delivery of high-quality healthcare provision to patients and service users.

Naomi Nicholson
Executive Director, Professional Practice and Insight

¹[Workforce planning for health, public health and social care - GOV.UK\(www.gov.uk\)](#), [Workforce | Care Inspectorate Hub](#), [Department of Health launches Health and Social Care Workforce Strategy | Department of Health \(health-ni.gov.uk\)](#), [Health and Social Care Workforce Strategy - HEIW \(nhs.wales\)](#)

Introduction

The HCPC

The HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- taking action if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles

This consultation

This document sets out proposals to publish guiding principles for preceptorship. Preceptorship programmes are common in the health and care sector but there is evidence to suggest provision varies between professions and employers. The proposed principles aim to support consistently high-quality preceptorship provision.

The principles set out how registrants, employers and the wider health and care sector can work together to gain the benefits of effective preceptorship programmes. They do not seek to increase the burden on employers or replace effective preceptorship programmes - rather, the intention is to consolidate good practice into a single set of high-level principles which support the delivery of safe and effective care.

We are consulting on the proposed principles to ensure that they provide the best support they can for registrants, employers and the wider health and care sector. We will review responses carefully and consider how we might reflect feedback in the final principles to ensure this work reflects the needs of our diverse stakeholders and registrant groups.

Navigating this document

[Section 1](#) of this document sets out our interpretation of key terms used in the principles. [Section 2](#) provides the background to this work and explains how the principles have been developed. [Section 3](#) sets out the proposed principles with consultation questions included at the end of the section. [Sections 4 & 5](#) set out questions in relation to the implementation of the principles and the equality impacts. You can find details of how to respond to this consultation at [Section 6](#).

Section 1 – What is preceptorship?

Preceptorship has been defined in similar, but sometimes different ways². We do not seek to create new definitions as part of this work however it is important that the terms we use in these principles are understood and interpreted consistently.

On the basis of discussions during our pre-consultation phase we use key terms in our draft principles in the following ways:

Preceptorship is described as a period of structured support and development during periods of career transition, during which a **preceptee** is supported by a **preceptor** to develop their confidence as an autonomous and accountable professional.

The **preceptee** is described as an individual who receives support and guidance with the **preceptor** being the individual who provides this support to the **preceptee**.

Preceptorship should welcome and integrate the **preceptee** into a new role and encourage a culture in which individuals are supported to continue on their journey of career-long learning and development.

Periods of career transition can cause a sense of instability which can be challenging for individuals and organisations and preceptorship can be an effective way of supporting individuals during such times.

We take **periods of career transition** to apply broadly, for example, **preceptorship** may apply to individuals who are newly qualified, returning to practice, internationally educated professionals practising in the UK for the first time or those changing to a significantly different role or work environment³.

² For example the Department of Health define preceptorship as ‘A period of structured transition for the newly registered practitioner during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.’ (2010). NHSE preceptorship framework for nursing ‘Preceptorship is a structured start for newly qualified practitioners. The main aim is to welcome and integrate newly registered practitioners into their new team and place of work. Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers. Preceptorship isn’t designed to replace appraisals or be a substitute for a formal induction and mandatory training’ (2022)

³ Please note this is not an exhaustive list.

Section 2 - Development of the principles

Approach

We have considered a number of sources to inform our work in developing these principles, including feedback from stakeholder engagement, internal analysis of the length of time new registrants stay on the register, our 2021 New Graduate Survey, as well as research commissioned by Health Education England (HEE).

We know HCPC registrants often work as part of multidisciplinary teams and the proposed principles reflect this way of working. As well as being designed around the diverse needs of the 15 professions regulated by the HCPC, the principles also build on, and learn from, the work of others. This includes the Nursing and Midwifery Council's [Principles of preceptorship](#), [NHSE National Preceptorship Programme](#) for nursing professions, Scotland's [Flying Start](#) program, the Welsh [Preceptorship Guidelines](#) for nursing professions and Northern Ireland's [Preceptorship Framework](#).

Feedback from stakeholder engagement suggests that access to, and the quality of, support varies widely between professions, sectors and across the UK. The stakeholder engagement carried out by HEE indicates that some healthcare professionals are increasingly not feeling valued or well supported in new roles and that this has a contributing impact on workforce retention⁴. This is further supported by The National Education and Training Surveys⁵ and The Reducing Pre-registration Attrition and Improving Retention (RePAIR) project⁶.

Internal analysis

Early analysis of UK-route registrant⁷ leaving rates, for those who registered with the HCPC between 2013 and 2018, suggests that 94% of new registrants remained registered after four-years. This means that approximately 1 in 17 new registrants left their registered profession during that four-year period.

The four-year leaving rate varied across professions and in some cases was as high as 1 in 8⁸. A strong relationship has been observed between the size of the profession and length of time on the register as indicated in Figure 2, with smaller professions experiencing higher leaving rates. While individual registrants' decisions to leave the register may be based on any number of factors, it is possible that effective preceptorship support through periods of transition may go some way in helping to support registrants remain in their professions longer.

⁴ https://www.networks.nhs.uk/nhs-networks/ahp-networks/documents/dh_114116.pdf

⁵ <https://www.hee.nhs.uk/our-work/quality/national-education-training-survey>

⁶ <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

⁷ 'UK route registrant' refers to those who qualified in the UK by undertaking an approved programme of study

⁸ A full breakdown of leaving rates for each profession will be shared when this work is published later this year.

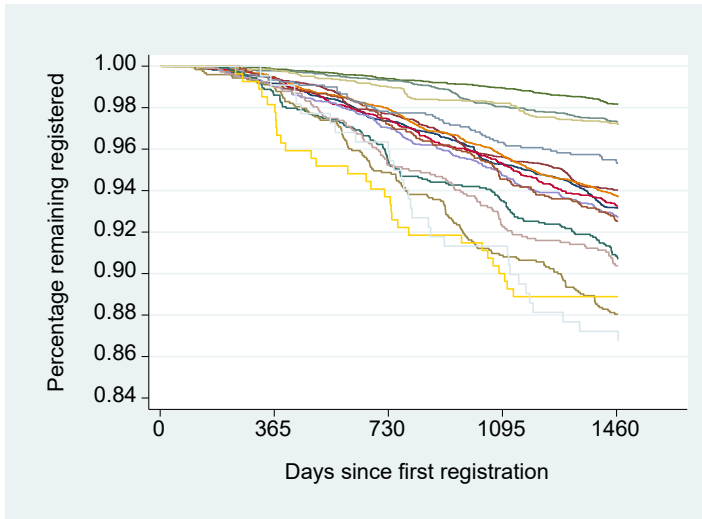


Figure 1 - This diagram indicates considerable variation between our 15 professions ranging from 98% to 87% remaining registered after 4 years.

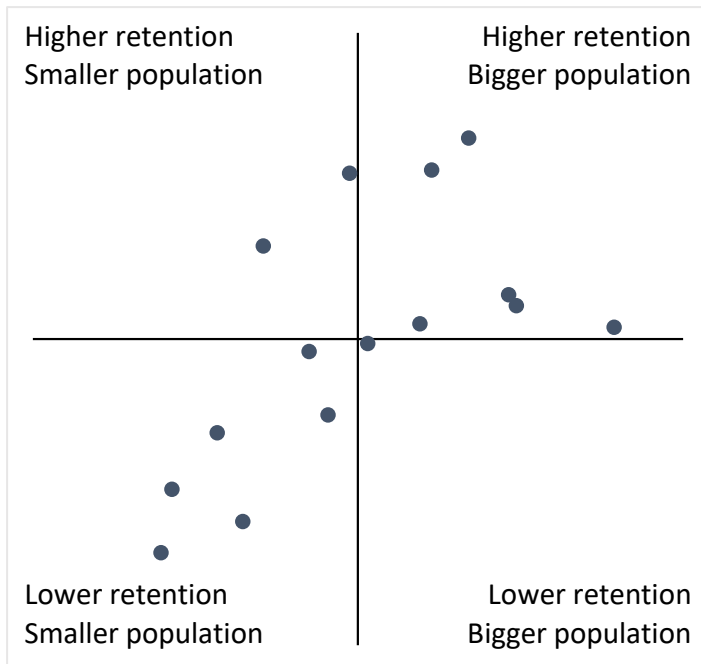


Figure 2 - Indicates a strong relationship between profession sizes and retention rates where smaller professions have a lower retention rate at 4 years.

New graduate survey

In 2021 we ran a survey to understand the experiences of new graduates joining the register for the first time⁹. This survey asked new graduates to rate a series of statements on a scale ranging from 'strongly agree' to 'strongly disagree'.

While the sample rate for this survey was relatively low, so the findings are an indication only, this survey suggests new graduates may feel less supported in preceptorship in comparison to other areas.



Health Education England research

Over summer 2022, HEE commissioned research on effective preceptorship for Allied Health Professionals (AHP). The research used a realist approach to synthesise a complex evidence base about how AHP Preceptorship can be best organised and delivered¹⁰.

This research was used as a key source to draft initial principles and we have worked with HEE, and consulted with our advisory groups and stakeholders, to further develop the proposed principles set out in this consultation at [Section 3](#).

HEE's research will be published later this year. In the meantime, you can find further information on this research and the wider HEE programme of work [here](#).

⁹ [new-graduate-survey-2021--highlights-report-final.pdf \(hcpc-uk.org\)](#)

¹⁰ <https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-ahp-foundation-preceptorship>

Stakeholder engagement

We carried out a range of engagement with stakeholders to help inform this work and to refine and develop these principles. We engaged with over 500 people through a range of approaches. Engagement included:

- **Three interactive, virtual workshops.** We hosted these events jointly with HEE and they were attended by a range of stakeholders from across the UK including registrants, students, higher education institutes, employers, representatives from the private and voluntary sector, workplace preceptorship leads and more. A recording of the main webinar content and a summary of feedback themes can be found [here](#).
- **Engaging directly** with individuals, organisations, professional bodies and others to understand different perspectives and how preceptorship applies in their work environments and/or experience. HEE have also engaged extensively across their networks and shared feedback themes to inform this work.
- **Testing with our project advisory groups.** Three advisory groups have been established to support this work, reflecting a broad range of stakeholders. The groups were developed collaboratively and are hosted jointly with HEE. The first group is made up of representatives from professional bodies across HCPC's 15 regulated professions, the second provides a four-nation perspective with representatives from Northern Ireland, Scotland and Wales. The third group has representation from the health and care sector more broadly including the NHS, private sector, education providers, trade unions, EDI specialists and representatives from employers in primary and secondary care.

Key themes of feedback from engagement include:

- Inconsistency in understanding, availability and quality of preceptorship support between different employers, professions and geographical location;
- Widespread agreement that there is need for consistency and clarity and that guidance from the regulator will help to achieve this;
- Recognition that other health and care professions already have structured preceptorship support and there is a need to align with this where appropriate, but to also tailor the principles to reflect the diverse professional identities and needs of HCPC registrants; and
- The need for principles to be relevant and practicable to all professions and work environments – including those who are self-employed or typically lone workers.

Section 3 – The proposed principles

Principle 1 - Organisational culture and preceptorship

Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into a new role. Preceptorship helps to establish an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.

Effective preceptorship should:

- a) be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement;
- b) comply with equality legislation and take account of national and local equality, diversity and inclusion policies;
- c) provide opportunities for preceptees to develop confidence and to support their future career;
- d) prioritise preceptee and preceptor health and wellbeing; and
- e) promote a culture of learning, self-reflection and safe practice.

Principle 2 - Quality and oversight of preceptorship

Preceptorship is an important investment in a registrants' professional career. All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence.

To enable effective preceptorship there should be:

- a) processes to identify registrants who require preceptorship and their individual needs;
- b) processes in place to support an appropriate mix of profession-specific and multi-profession learning and development within organisations or with wider system and professional networks;
- c) integration with induction to professional role where appropriate;
- d) recognition of wider system challenges and reasonable steps to mitigate these;
- e) systems in place to monitor, evaluate and review preceptorship programmes;
- f) professional and organisational governance frameworks which allow the process to be audited and reported; and
- g) understanding of, and compliance with, national and local policies, and the relevant governance requirements required by the four countries of the UK.

Principle 3 - Preceptee empowerment

Preceptorship should be tailored to the individual preceptee, their role and their work environment. Preceptorship should not retest clinical competence but instead, empower the preceptee to reflect on what they bring to their role and identify support needed to develop their professional confidence.

Effective preceptorship should provide registrants' with:

- a) access to a preceptorship programme which instils the importance of continuing professional development;
- b) appropriate resources and guidance to develop confidence and support continuing professional development;
- c) a tailored programme of support and learning reflecting individual needs;
- d) a nominated preceptor for the duration of their preceptorship; and
- e) autonomy to influence the duration and content of their preceptorship in partnership with their preceptor, others in their organisation and wider professional networks.

Principle 4 - Preceptor role

The preceptor role is a fundamental part of effective preceptorship. Preceptors should have appropriate training, time and support to understand and perform their role. Preceptors do not need to be from the same profession as preceptees.

In effective preceptorship, preceptors should:

- a) act as a professional role model and be supportive, constructive and kind in their approach
- b) help to facilitate multi-professional aspects of preceptorship where appropriate;
- c) support preceptees to reflect on their development and signpost to relevant support and development opportunities;
- d) support preceptees to engage with their wider profession, and help build networks locally or through external professional networks;
- e) share effective practice and learn from each other;
- f) be encouraged to see the personal and professional benefit of taking on the role of preceptor; and
- g) have access to feedback on the quality and impacts of all aspects of their work as preceptors.

Principle 5 - Delivering preceptorship programmes

Preceptorship programmes should reflect the differences in routes to registration, range and intensity of previous practice experiences, and the variety of services and settings in which registrants work. These principles apply to all registrants working in any health or social care setting across UK, including but not limited to, the NHS, the social care sector, and the independent and charitable sectors.

Preceptorship programmes should:

- a) be tailored to take account of the environment the individual preceptee is working in;
- b) be flexible to support various types of transition in a timely way;
- c) have flexibility to deliver common themes of preceptorship in a multi-professional way while ensuring profession specific elements are provided where necessary;
- d) have a structured design which describes how the programme delivers success for preceptees;
- e) vary in length and content according to the needs of the individual preceptee and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship; and
- f) have awareness of, and align with, other profession specific and workforce development programmes.

Consultation questions (for each principle in turn):

Q1: To what extent do you agree or disagree with this principle?

Q2: Do you have any comments on the principle, or any suggestions for improving this principle?

When responding to question two, you may wish to reflect on areas such as: the structure of the principles, the accessibility of the language, whether anything is missing or whether the principle successfully achieves its aim.

Section 4 – Implementing the principles

The principles set out fundamental aspects of preceptorship that should be considered and factored into preceptorship programmes. However, they are not prescriptive about how preceptorship should be implemented on a practical level.

It is important that the principles are sufficiently flexible in how they apply across all 15 professions and to ensure that different organisations can deliver preceptorship in a way that works for their particular working environment and practices.

The success of the principles will be closely linked to the way they are implemented. Implementation work will continue across the UK, led by national bodies, employers and service providers within the wider health and care sector.

We will share anonymised themes of feedback received from this consultation regarding implementation with these organisations and will also reflect on feedback to consider how best the drafting of the principles can enable effective implementation.

Consultation questions:

Q3: To what extent are these principles practicable in your working environment?

Q4: What benefits do you see in these principles being implemented?

Q5: Do you think there will be any challenges to implementing them?

Q6: Do you have any suggestions about how any identified challenges to implementation might be addressed. For example, what support might be helpful?

Section 5 - Equality Impact Analysis

Our equality impact assessment of these proposals can be found [here](#). We know that certain groups of registrants, such as those with caring responsibilities, women and internationally educated registrants are more likely to be impacted by periods of transition and therefore this guidance is particularly important to those groups.

We have included an optional equality monitoring form at the end of the [consultation survey](#) so that we can identify any patterns in responses of certain groups and consider how we might respond to this.

Q7: In addition to those equality impacts set out in the Equality Impact Assessment document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics?

Protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Q8: Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

Section 6 - How to respond

Whether you are a registrant, patient, service user or are responding on behalf of an organisation such as a professional body or employer, we welcome your views on the proposed principles. Your feedback will be used to develop the guidance further before we publish final principles in 2023.

To respond to this consultation and find out more information please visit our website: www.hcpc-uk.org/consultation-on-preceptorship/. We encourage responses from all interested parties.

This consultation will close at 23:59 on 21 December 2022.

If you are unable to respond using the online platform, or would like a version in Welsh or in an alternative format, please email consultation@hcpc-uk.org or write to:

Health and Care Professions Council,
Park House, 184-186 Kennington Park Road
London, SE11 4BU