Council

23 February 2023

Preceptorship Principles Consultation

Executive summary

Between 21 October 2022 and 15 December 2022 we consulted on a set of draft principles for preceptorship. These draft principles were developed following a number of stakeholder workshops and in conjunction with Health Education England (HEE), who provided the project funding.

The principles are intended to support registrants at key transition points in their careers, e.g., on first joining the workforce (including as an international recruit), on returning to practice after a career break, or on gaining a promotion.

Following completion of the consultation the consultation feedback was reviewed by HCPC's Education and Training Committee at a workshop, on 1 February 2023. ETC discussed how to respond to feedback for each of the five draft principles and to the six supporting questions regarding implementation. HEE also attended the meeting to provide feedback on their plans for an implementation framework for England.

ETC recommended a small number of changes to the principles in line with consultation feedback and agreed with HEE's advice, that feedback on how to implement the principles fitted best with its work to develop an implementation framework for AHPs in England.

Additionally, in response to feedback from both the consultation and the advisory groups set up to support this work, ETC supported recommendations to:

- Create HCPC guidance (in addition to the principles themselves) to support their uptake after publication.

- Continue engagement with the four-country advisory group, to ensure the connection with work on-going or planned in the devolved nations.

Subject to Council approval the principles will be published, and work will commence on developing the additional guidance.

The paper comprises two documents:

- Appendix 1 – Revised Principles
- Appendix 2 – Preceptorship Principles Consultation Analysis Report – draft

Decision	Council is invited to: • Approve the revised principles and consultation analysis document for publication.

- Agree to the creation of further supporting documentation, to connect the principles to work ongoing or being developed across the UK's nations, and to provide a glossary of key terms and concepts to support awareness and uptake of the HCPC principles.

- Agree to continue the four-country advisory group.

Previous consideration

In 2021 we agreed to a programme of work funded by HEE to complement their workforce supply and transformation priorities. As part of this, we committed to developing principles for preceptorship in partnership with HEE.

Following initial research by HEE and a programme of engagement in August 2022, we developed a set of principles for consultation which were approved by Council in September 2022.

ETC discussed the results of the consultation at its workshop on 1 February 2023. The recommendations of the committee have been incorporated into the presented principles for Council approval.

Next steps

Subject to Council approval the principles will be published and the consultation analysis finalised. Work will commence on developing the additional guidance.

This work supports our work on retention, including the preparedness for practice work with Plymouth University.

Strategic aims

This programme of work directly supports strategic objectives 1, 2, 3 and 4 of HCPC's Corporate Strategy.

There are potential benefits to registrants in terms of continuity of support during challenging periods of their careers. This will support registrant wellbeing in addition to patient/service user wellbeing by increasing patient safety through confident and effective care.

Professional bodies have been engaged with this project from the start. Producing a single, overarching set of principles will provide clarity and help support their work to tailor existing preceptorship work or to develop new frameworks.

Financial and resource implications

This work was supported by a grant from HEE. Additional work outputs identified in this paper are likely to fall outside the HEE project funding parameters (which were time bound) and will need to be resourced within our operational budget. The principles will be translated into Welsh the cost of which is within our budget for 2022-23.

Risk

The main risk of at this stage of the project is that we do not successfully engage with the three health education bodies in the devolved administrations and our work is seen as being solely for registrants working in England. Additional risks are:

1) that the principles are seen as applying wholly or primarily to NHS or large organisations and are seen as not being applicable to registrants working in independent or small organisations or who are self-employment;
2) that HEE's work to create an implementation framework results in a 'two-tier' situation between England and the devolved nations; and
3) that we do not provide sufficient support for the principles post publication and they are viewed as being lesser alternatives to the NMC's principles.

We propose to mitigate these risks in three ways:

- Devolved administrations: continue the four-nation advisory group, to support dialogue with the AHP leads. Use this group to develop supporting guidance for the principles that connects to existing or developing preceptorship activities in each jurisdiction.

- Non-NHS/Independent Providers: Include examples of how preceptorship could be applied in these settings in the supporting guidance.

- Further support: Work with the NMC in developing the supporting guidance, and where possible identify where there are connections between the two sets of principles. Develop a glossary of key terms and concepts in the principles and highlight those shared by both organisations.

EDI impact

An Equalities Impact Assessment was completed for the consultation. Many of the respondents to the consultation identified and agreed with both the benefits and the challenges that we had identified in the EIA, not least the benefits that good preceptorship programmes could provide to registrants from BME communities (including international registrants), women returning from maternity leave, and older registrants returning to the workforce.

Consideration of these findings has not identified need for any changes the principles. However, the feedback does have implications for how they can be best implemented and has been shared with HEE to use in its development framework for England. We will also use the feedback in our engagement with the AHP Leads of the devolved nations, via the four countries advisory group.

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Revised Preceptorship Principles Text

The comparison table presented below is included at the end of the the consultation analysis document at appendix 2.. They have been extracted and the changes highlighted for the clarity of Council review only. NB: Amended / added text is highlighted.

Principle 1

Original Text (consultation version)	**Revised Text**
Organisational culture and preceptorship:	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.	Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role. Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.
Effective preceptorship should:	Effective preceptorship should:
a) be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement;	a) be embedded in the organisation's 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;	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;	c) provide opportunities for preceptees to develop confidence and to support their future career;
d) prioritise preceptee and preceptor health and wellbeing; and	d) prioritise preceptee and preceptor health and wellbeing; and
e) promote a culture of learning, self-reflection and safe practice.	e) promote a culture of learning, self-reflection and safe practice.

Principle 2

Original Text (consultation version)	Revised Text
Quality and oversight of preceptorship:	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.	Preceptorship is an important investment in a registrants' professional career. All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence during times of transition.
To enable effective preceptorship there should be:	To enable effective preceptorship there should be:
a) processes to identify registrants who require preceptorship and their individual needs;	a) processes to ensure registrants can access preceptorship and which meets 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;	b) processes in place to support an appropriate mix of profession-specific, multi-profession and uni-profession learning and development within organisations or with wider system and professional networks;
c) integration with induction to professional role where appropriate;	c) integration with induction to professional role where appropriate;
d) recognition of wider system challenges and reasonable steps to mitigate these;	d) recognition of the impact of system challenges and how to mitigate these[1];
e) systems in place to monitor, evaluate and review preceptorship programmes;	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	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.	g) understanding of, and compliance with, national and local policies, and the relevant governance requirements required by the four countries of the UK.

[1] Adapted from the corresponding NMC principle text, "There is recognition of the impact of system challenges on effective preceptorship and how to mitigate these".

Principle 3

Original Text (consultation version)	Revised Text
Preceptee empowerment:	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.	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:	Effective preceptorship should provide registrants' with:
a) access to a preceptorship programme which instils the importance of continuing professional development;	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;	b) appropriate resources and guidance to develop confidence and support continuing professional development;
c) a tailored programme of support and learning reflecting individual needs;	c) a tailored programme of support and learning reflecting individual needs;
d) a nominated preceptor for the duration of their preceptorship; and	d) an identified 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.	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

Original Text (consultation version)	Revised Text
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.	Preceptor role: The preceptor role is a fundamental part of effective preceptorship. Preceptors should have appropriate training, time and support to understand and perform their role. Preceptors do not need to be from the same profession as preceptees but should be the most appropriate individual to provide support'. In effective preceptorship, preceptors should: a) act as a professional role model and be supportive, constructive and compassionate 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

Original Text (consultation version)	Revised Text
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 d) 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.	**NB: No changes requested by ETC**

Consultation on principles for preceptorship – consultation analysis and decisions

February 2023

Contents

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

The professions that we regulate are as follows:

- Arts therapists
- Biomedical scientists
- Chiropodists / podiatrists
- Clinical scientists
- Dietitians
- Hearing aid dispensers
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Paramedics
- Physiotherapists
- Practitioner psychologists
- Prosthetists / orthotists
- Radiographers
- Speech and language therapists

About the consultation

Between 21 October 2022 and 15 December 2022 we consulted on a set of draft principles for preceptorship.

These draft principles were developed following a number of stakeholder workshops and in conjunction with Health Education England (HEE), who provided the project funding.

They were designed to support registrants at key transition points in their careers, e.g., on first joining the workforce (including as an international recruit), on returning to practice after a career break, or on gaining a promotion. They set out, in broad terms, expectations for delivering preceptorship, across five key areas:

- Organisational culture
- Quality and oversight of preceptorship
- Preceptee empowerment

- Preceptor role
- Delivering preceptorship programmes

In the consultation, we asked respondents for their views on each of the five principles (using two questions, one requesting a preference and the other asking for comments via a free text response), and a further six questions, asking about:

- the practicability of the principles
- any benefits to be had from their implementation
- any challenges that might arise from implementing them
- any suggestions for how best to address those challenges
- any positive or negative impacts for people or groups sharing protected characteristics[1]
- any suggestions for how those impacts might be mitigated

We informed a range of stakeholders about the consultation including professional bodies, employers and education and training providers. We also advertised the consultation on our website and on social media and issued a press release.

We would like to thank all those who took the time to respond to the consultation. You can download the consultation document and a copy of this responses document from our website: here.

About this document

This document summarises the responses we received to the consultation.

- **Section 1** explains how we handled and analysed the responses we received, providing some overall statistics from the responses, and summarises responses to each consultation question.

- **Section 2** outlines our responses to the comments received, and any changes we will make as a result.

- **Section 3** lists the organisations that responded to the consultation.

- **Section 4** provides side-by-side comparison of the draft and revised principles

In this document, 'we', 'us', and 'our' refer to the HCPC. 'You' or 'your' are references to respondents to the consultation.

[1] The protected characteristics are: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

Section 1 - Analysing your responses

We received 816 responses to the consultation. The following section explains how we handled and analysed the responses we received, providing some overall statistics from the responses.

Method of recording and analysis

Our survey was conducted using an online survey programme. Respondents self-selected whether they were responding as an individual or an organisation, and, where answered, selected their response to each question (e.g., 'fully agree', 'partially agree', 'neutral', 'do not agree', 'strongly agree').

In this analysis, we have produced statistics for quantifiable data (such as the number of preference responses) and identified themes in the qualitative comments made by respondents. This document summarises common themes across the responses we received and indicates the frequency of different arguments and observations made by respondents.

Detailed analysis

Overview

We received 816 responses to the consultation. 757 responses (92.8%) were made by individuals and 59 (7.2%) were made on behalf of organisations. Of the individual responses, 743 (98.2%) were HCPC registered professionals.

Overall, most respondents were supportive of the draft principle texts, with most respondents fully or partially agreeing with each draft principle.

Most respondents agreed that the draft principles were practical for their workplaces, and a small number agreed that they were very practical.

Most respondents thought that there would be challenges to implementing them in their workplace.

Responses to individual questions

The consultation set out the five draft principles, and for each principle asked respondents to indicate to what extent they agreed or disagreed with the principle and whether they had any additional comments or suggestions for improving it.

In the following paragraphs, we outline the responses received to these questions in relation to each of the draft principles and provide an overview of the themes raised in comments.

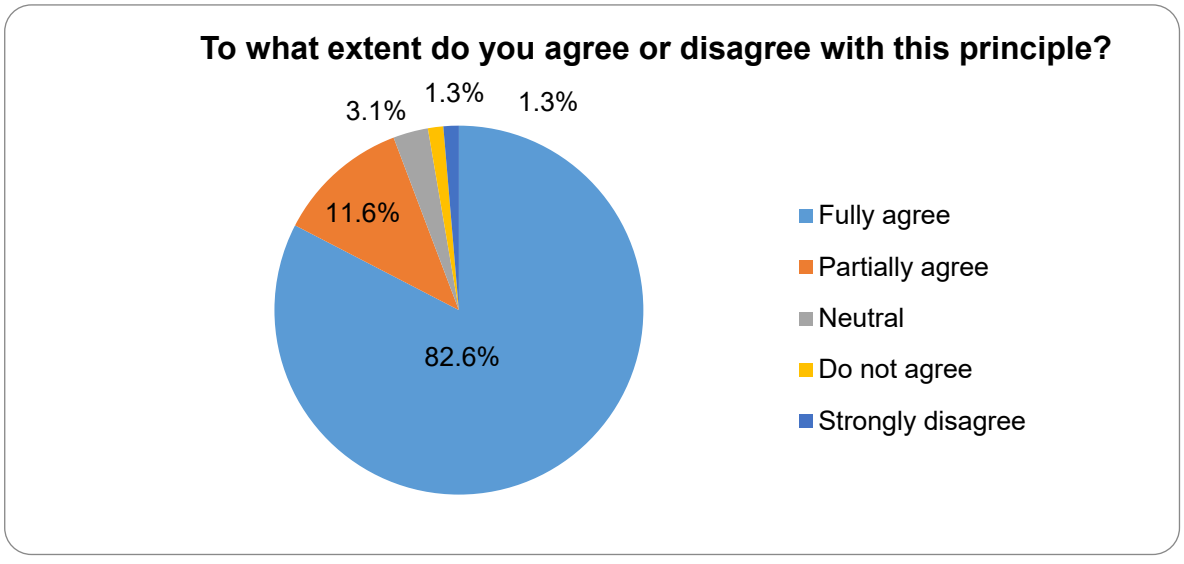
Draft Principle 1: Organisational culture and preceptorship:

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.

The majority (94.2%) agreed with the text of this principle and the below graph shows the full breakdown of responses.



Of those respondents who provided additional comments (247), the following key themes were raised in relation to the text of the principle:

- Some respondents felt that it would be helpful to provide further clarity over who preceptorship was aimed at.
- There were varying comments around the use of term ‘confidence’ in this principle and how it should be interpreted.
- Comments suggested that the principle should be amended to recognise that it would be applicable beyond the healthcare workforce e.g. to include social care.

- A few respondents made comments which suggested that further clarity was needed around the statement ‘prioritise preceptee and preceptor health and wellbeing’ and how this would be decided/implemented.
- There were a number of suggestions about how to incorporate reflection.
- There were various comments and suggestions about how the principles should be implemented/used e.g. a suggestion that activities and outcomes from preceptorship should be documented and preceptorship should be included in job planning for both preceptors and preceptees.
- There were a number of minor drafting suggestions.

More generally, responses to this question also covered the following areas:

- Some respondents made comments about the positive impacts of this principle and the effect that it would have on reducing attrition and supporting/enhancing existing practice. They felt that these principles would increase the use of preceptorship at transition stages and would support greater multi-disciplinary team awareness.
- Some respondents raised concerns about the accessibility of the language used in the principles and felt that preceptorship was not needed or not needed at transition points in a person’s career. They also questioned whether supporting preceptorship was within HCPC’s remit.
- A number of respondents made comments in relation to the implementation of the principles. These included themes such as how the principles would be monitored or assessed and incorporated into existing structures. Comments also raised the importance of having a national approach.
- With reference to challenges, respondents raised issues such as system pressures, ensuring uptake, understanding and the effectiveness of the principles, building in patient focus and monitoring the impact of the principles.
- Some respondents suggested that guidance on how to use the principles would be helpful, and also highlighted other organisations and programmes that they felt were important to note/be aware of.

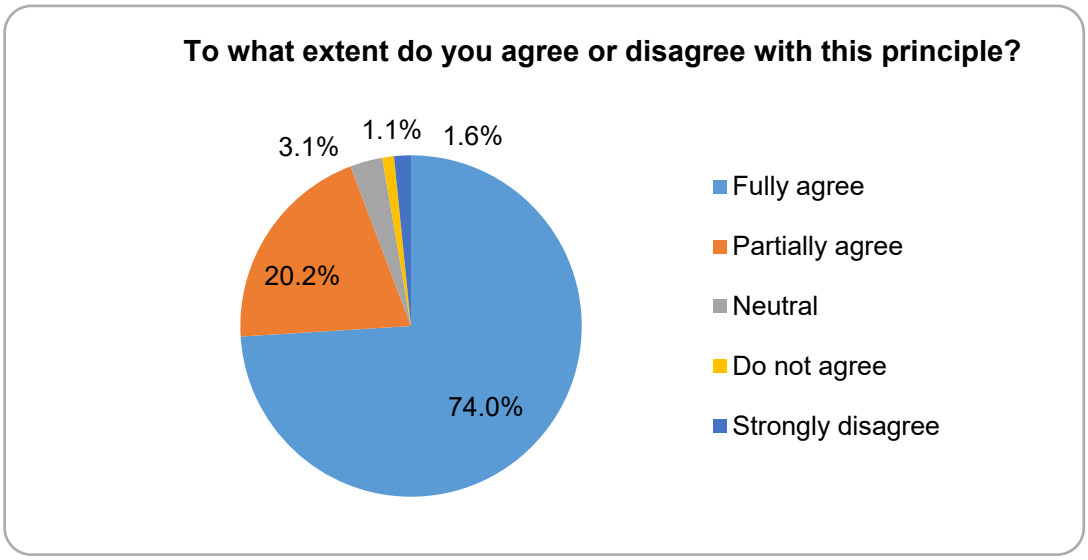
Draft Principle 2: Quality and oversight of preceptorship:

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.

Again, a high majority of respondents agreed (94.2%) with the text of the principle. The below graph shows the full breakdown of responses.



236 respondents provided additional comments relating to this principle. Some of these reflected comments made above. These included:

- Some respondents made comments about who the principles should apply to and in what circumstances, with varying views on this.
- There were a number of comments about the interaction between preceptorship and health and wellbeing.
- There were various comments around the implementation of the principles covering issues such as what was meant by oversight, who would own

preceptorship, the process around requesting preceptorship, ensuring protected time, integration with existing systems and structures and ensuring that preceptorship could be tailored to specific professions and was proportionate.
- A number of respondents referenced the statement around systems challenges and how these could be mitigated with some feeling further clarity was needed in the wording of the principle.
- There were a number of minor drafting suggestions.

Comments on more general themes included the following:

- Positive comments about this principle reflected the benefit when used in relation to specific role changes (although this respondent felt that the use of the preceptorship principles should be limited to these circumstances) and also approved of the multi-profession complement.
- As with principle 1, some respondents felt that the development of preceptorship principles was not within HCPC's remit or that the principles themselves were unnecessary or duplicated existing supervision or mentorship programmes.
- With regards to implementation, respondents suggested the need for preceptorship leads or teams, robust oversight mechanisms, standardisation, protected time, workforce and employer buy-in, ensuring protected time and co-ordination across the UK countries. There was also a suggestion that preceptorship should be a mix of face-to-face and virtual.
- Challenges raised included how the principles could support independent/private practitioners, the impact of system pressures, the importance of avoiding creating unnecessary complexity/bureaucracy and how to objectively measure quality. One respondent felt that it was also important to ensure that preceptorship did not become internships.
- As with principle 1, some respondents highlighted the need to provide guidance and listed organisations and programmes that could be relevant to this work. Additional issues here included a suggestion that we consider sustainability awareness, the importance of acknowledging the differing needs of international recruits and the links to wider employee assistance/counselling support.

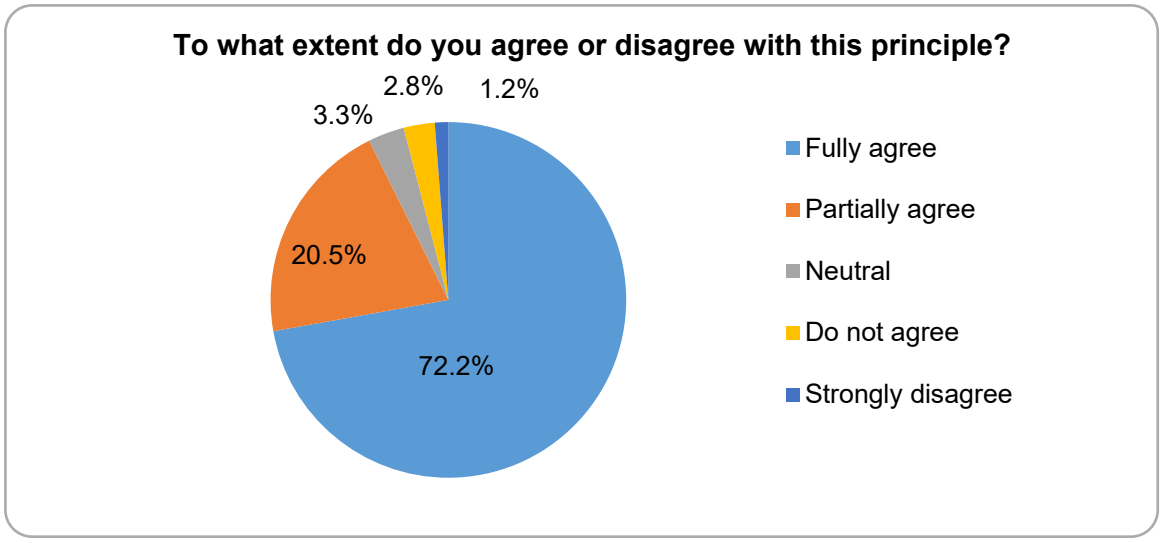
Draft Principle 3: Preceptee empowerment

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.

92.7% of respondents agreed with this principle, with the breakdown highlighted in the below graph



271 respondents provided additional comments. The following key themes were highlighted in responses in relation to the drafting of the principle:

- A number of respondents were critical of the principle stating that preceptorship should not be a retest of clinical competence. Some respondents asked questions about the phrase 'clinical competence' and how it might be differently applied across professional groups. They wanted to ensure that this did not preclude career development and the acquisition of new skills. As with principle 1, some respondents mentioned the interplay between confidence and competence.
- Some respondents asked for clarity around the use of 'tailored', 'continuing professional development', 'nominated' and 'programme'.
- Some respondents made comments about the duration of preceptorship and asked questions about how decisions would be made about this in practice

and how it would interact with structured programmes or existing recommendations around duration. They asked for more clarity in this area.
- Single respondents made suggestions for including certain elements, such as evidence-based practice, reflective practice, ownership and accountability, that empowerment should include the ability to positively influence service and organisational development, professional self-care and partnership working.
- A number of respondents mentioned links to the four pillars of practice[2] through the principles and continuing professional development.

Comments on more general themes were as follows:

- In relation to implementation comments included the need to ensure preceptees had time or protected time to deliver. As noted in other questions, suggestions were made for having equipped/trained preceptors and Preceptorship Leads or equivalent. Some respondents felt that preceptorship should align with work planning and be part of a life-long learning/CPD approach.
- Similar challenges to implementing this principle were raised by respondents as in other questions. Concerning system factors: system pressures, lack of funding and protected time, staff rotating across roles and having insufficient skilled staff to become preceptors were all raised. Striking the right balance between preceptorship and supervision and tailoring and standardisation were also covered, as was the practicality of implementation for smaller or independent providers.
- Respondents made a number of suggestions for areas where guidance might be helpful, such as standardised templates, guidance for preceptors to ensure consistency etc. and pointed to other organisations or programmes that it might be helpful to link to.
- As with previous questions, some respondents felt that the development of preceptorship principles was not within HCPC's role and that there was a danger of duplicating existing programmes or arrangements.
- Additional comments made by single respondents include the need to include reference to sustainability, neurodiversity and how to connect to pre-graduate training and how to address the potential over-confidence of new graduates or staff.

[2] This comments references the NHS Wales 'Framework for Advanced Practice in Wales' (NLIAH 2010) - Introducing advanced practice - HEIW (nhs.wales)

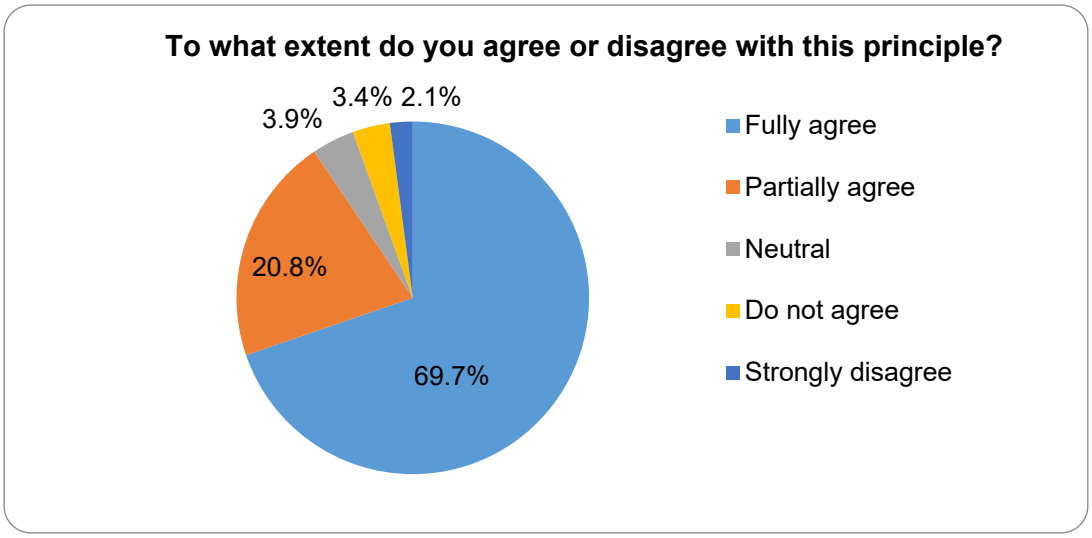
Draft Principle 4: Preceptor role:

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

The majority of respondents (90.5%) agreed with principle 4. The full breakdown of responses is shown in the graph below.



308 respondents provided comments on this question. Comments on the text of the principle covered the following key themes:

- There was support for the training of preceptors and a suggestion that preceptors be required to keep their training up to date.
- As regards the principle that preceptors did not need to be from the same profession as preceptees, there was a clear preference for the preceptor

being from the same profession, with some support for having preceptors from different professions if support/training was provided. One respondent suggested that there could be joint preceptorship with an external an internal preceptor identified.

- There were varying perspectives around the use of the word ‘kind’ and whether this was appropriate or necessary.
- Some respondents felt that wording around the personal and professional benefit of taking on the role of preceptor should be strengthened.
- Some respondents suggested that it would be helpful to provide more information in a number of areas including how a preceptor was selected, what to do if the preceptor-preceptee relationship did not work, the approaches that preceptors should adopt, how to negotiate challenges to ideal practice in the work context, how to protect time for preceptorship.

Comments on more general themes include the following:

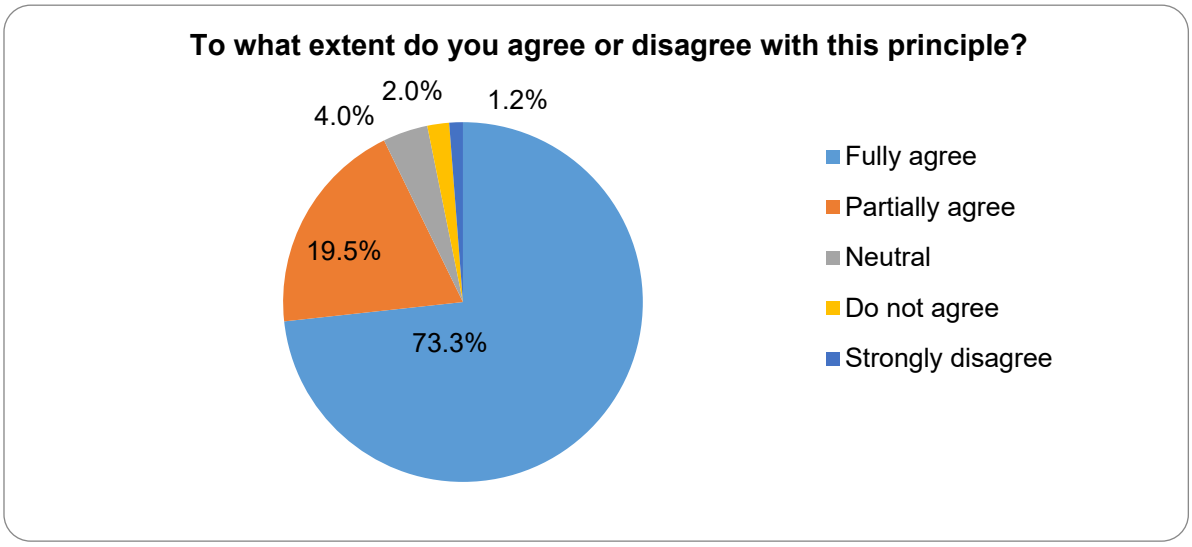
- Some respondents noted their support for a principle that specifically focused on the preceptor and the soft skills needed for modern NHS and multi-disciplinary team working.
- Respondents identified a number of factors that would be important for successful implementation of the principles. These included supernumerary status, protected time, training and support for preceptors, feedback mechanisms, having structures in place around the preceptorship role such as the inclusion of preceptors’ duties in job roles and limitations on the numbers of preceptees per preceptor.
- System pressures were again raised as challenges to preceptorship, along with lack of funding, protected time and lack of support structures and the difficulty in finding suitable people to be preceptors. The danger of over-complicating or duplication was also raised.
- Suggested areas for guidance included information about key skills required to enable cross-profession provision, resources to support preceptors to understand the role, and guidance on training.
- Further suggestions from single respondents included the opportunity for further research into preceptorship, the need to include sustainability, that preceptorship training could be transferable to practice education and that preceptor roles should be updated annually.

Draft 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.

92.8% of respondents agreed with this principle. The full breakdown of responses is provided in the following graph.



206 people provided additional comments to this question. Key themes that were raised by respondents on the detail of the principle included:

- Some respondents questioned the use of the terminology ‘programme’ and thought that ‘framework’ would be more appropriate.

- Some respondents asked for clarity around the term ‘environment’ and whether this was intended to mean, acute, community or something else. Others felt that where an environment was a negative one, it would not be appropriate to adapt to that.
- There were a number of comments about the nature of preceptorship – that preceptorship needed to be distinguished from an induction and also aligned with processes and structures already in place, for example supervision, appraisal etc.
- In relation to incorporating profession-specific elements where necessary, some respondents felt that this should be mandated or that ‘further clarify should be given as to when ‘where necessary’ applied. Other respondents commented that although they welcomed tailoring programmes, there should be a minimum standard that all programmes should meet.
- Some respondents had questions about the meaning of ‘structured design’ and how this was linked with the success of preceptorship programmes.
- Some respondents raised questions about how the flexibility to vary the length and content of programmes aligned with the need for structured programmes and providing consistency.
- A number of respondents felt that this principle should be expanded to include the importance of articulating the value of preceptorship.
- One respondent felt that the principle around awareness of other programmes should be more prominent and included in the first principle. It was also felt by another respondent that this could include stakeholders, partners and networks as these could help orientate the preceptor.

More general comments on this principle covered the following key themes:

- Those respondents who made positive comments about this principle felt that it would help with retention and they welcomed the approach to tailoring/individualisation. Those respondents who made more negative comments about the principle focused on the danger of creating an industry for delivering preceptorship and the duplication of existing systems. They also questioned the role of HCPC in preceptorship and disagreed with having a universal/structured programme approach. Some felt the proposals were too complicated or contradictory.
- Respondents highlighted a number of considerations in relation to supporting implementation. These included alignment across the UK, links to professional standards, balancing flexibility with standardisation, ensuring adequate funding was in place and protecting time. Some respondents mentioned the need to take account of preceptors’ prior experience and to provide training. And in relation to the programmes themselves, some respondents noted the need for clarity on completion points and the inclusion of SMART goals to demonstrate achievement.
- The challenges identified in response to this question reflected those raised in other parts of the consultation. These included insufficient staff and insufficient funding to deliver programmes, the need to consider how the principles could be used by independent providers, the role of HCPC, achieving a balance between flexibility and consistency/fairness of access,

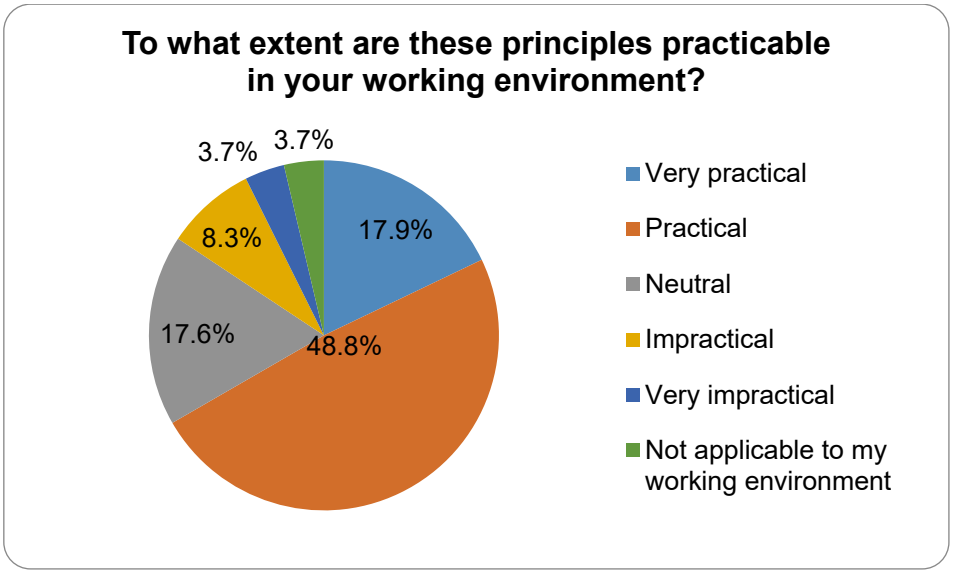
creating effective monitoring and evaluation and securing organisational buy-in.

- Some respondents also made recommendations as to potential guidance on areas such as supervision and delegation, and case studies/templates for specific elements of preceptorship.
- Finally, a number of suggestions were made by single respondents in relation to incorporating sustainability, neurodiversity and blended learning approaches.

The consultation also posed a number of questions around the practicability of the principles, the benefits and challenges to implementing them and around the equality, diversity and inclusion impacts.

Question 3: To what extent are these principles practicable in your working environment?

66.7% of respondents felt that the principles were practical or very practical. The full breakdown of responses to this question can be found in the below graph.



307 respondents provided additional comments focusing on the opportunities and challenges of implementing the principles in their working environment.

Generally, respondents welcomed the alignment of the principles to programmes already in place, which meant that it would be easy to put the principles into practice. They also welcomed the flexible approach and the fact that the principles were applicable to a wide range of audiences.

A number of comments focused on the opportunities that engaging with preceptorship principles could provide. Key themes in these responses included (in order of most commonly mentioned to least commonly mentioned)

- The ability to facilitate connection to/alignment with existing programmes;

- That the principles supported multi-professional work;
- That the principles would support preceptorship programme set-up;
- That this would contribute to standardisation of programmes;
- That this would support staff retention.

Other notable issues raised by single respondents included:

- Will provide opportunities for professional bodies to be involved;
- That there was variation across the principles in terms of ease of implementation.
- That having Preceptorship Leads would be important, especially when it came to programme monitoring and auditing;
- That good practice would indicate programmes are best run at the department level.

Respondents also highlighted a number of challenges to the practicability of the principles. As with other questions, some respondents questioned whether it was HCPC's role to provide such principles and that these could duplicate clinical supervision or governance. Some felt that it was too early to tell whether they would be practicable, and that research would be needed to establish this.

The most frequently mentioned challenges included (from most commonly mentioned to least commonly mentioned):

- Insufficient staffing levels;
- High workloads;
- Lack of time;
- Lack of funding;
- Need for support/resources;
- Securing buy-in of the organisation or management;
- Creating a viable multi-profession system;
- The principles needing more development;
- Aligning with existing programmes.

Other challenges raised by single respondents included:

- The differentiation from clinical competency pathways;
- That having to follow the principles would mean additional work for independent practitioners
- Creating universally accessible content was challenging,
- There was a lack of reference to non-medical professions, especially education
- That there was a danger of preceptorship being used to reduce salaries for preceptees.

Question 4: What benefits do you see in these principles being implemented?

In response to question 4, 778 people provided comments. There was general support for the principles with people welcoming the introduction of preceptorship beyond nursing. They felt that the principles provided a clear framework.

Those respondents that felt less positive about the principles again raised the issue of duplication with existing programmes and structure and the role of the HCPC. Some respondents highlighted that the use of principles could create unnecessary costs and felt that the principles were too process-focussed.

The key themes identified across the benefits highlighted in response to this question were as follows (from most commonly mentioned to least commonly mentioned):

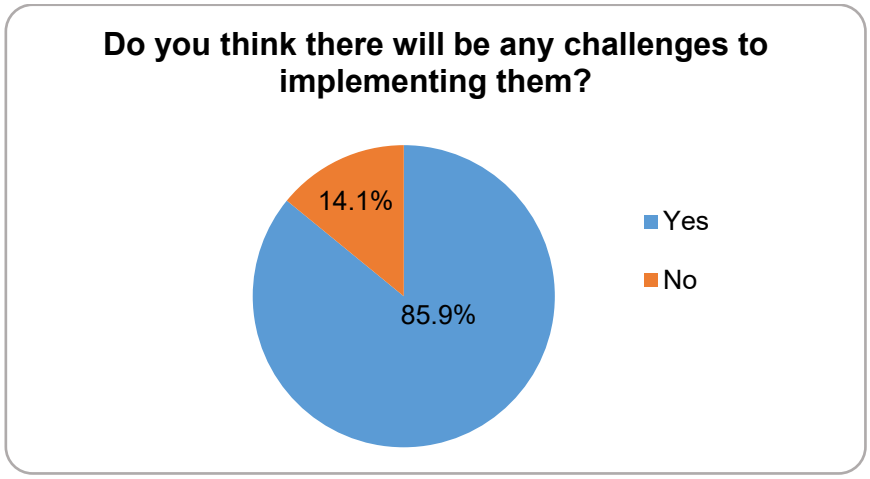
- Creation of/support for standardised process and access;
- Improved recruitment/retention and workforce satisfaction;
- Better support for and experience during role transition;
- Improved patient care/clinical practice;
- Support for career/professional progression;
- Better/more competent HPs;
- Improved MDT working/learning;
- Promotion of continuous learning;
- Improved staff well-being;
- Improved patient outcomes;
- Improved achievement on EDI priorities.

Other benefits raised by single respondents included:

- adaptation of learning environment to accommodate preceptorship;
- support for the breadth of AHP role requirements;
- benefits to HCPC of being seeing to support professionals in transition moments;
- Creates a flexible approach;
- Encouraging engagement with reflection;
- Greater focus on assessing programme quality;
- Increased confidence in HCPC;
- Reduction in disciplinary cases being taken to HCPC;
- Prevent discrimination and bullying;
- Raised profile of Preceptorship;
- More tailored approach to preceptorship offer.

Question 5: Do you think there will be any challenges to implementing them?

The majority of respondents (85.9%) felt that there would be challenges to implementing the principles.



625 respondents provided comments to this response. General comments from respondents noted that challenges were likely, but that preceptorship would improve workplaces and support individual's career development. Some respondents also highlighted concerns that some principles would be more challenging to implement and that it was hard to see benefits to staff. Some felt that this approach to preceptorship may make it more like a job than a structure of support and could create a 'tick-box' approach.

Specific challenges raised by respondents included (from most commonly mentioned to least commonly mentioned):

- The time needed, in general, and for individual preceptors and preceptees
- Buy-in & engagement at organisation, profession and individual level;
- Having sufficient preceptors and training programmes/places;
- Funding, direct financing and resourcing;
- Current health and care system challenges;
- Enabling an effective balance between standardisation and tailoring the principles;
- Ensuring applicability to smaller organisations, independent providers, non-healthcare provision;
- Clarity of understanding about what preceptorship is/isn't.

Other notable issues raised by single respondents included:

- Ensuring equity of access,
- Recognising the differences between medical and Allied Health Professional education and training;
- The danger of the process being seen as too basic;
- How the principles would work for practitioners working from home
- Ensuring programmes can manage personality issues effectively.

Question 6. Do you have any suggestions about how any identified challenges to implementation might be addressed? For example, what support might be helpful?

480 respondents answered this question. Respondents provided a number of recommendations to support implementation. The most frequently mentioned themes are as follows (in order of most commonly mentioned to least commonly mentioned):

- Guidance and case-studies could be created to support implementation;
- Training and training materials for preceptors;
- The creation of a standardised national framework;
- Establish Preceptorship Leads or Teams for supporting delivery;
- Protected time for preceptorship activities;
- Development of dedicated resources, including online content;
- Securing organisation/management buy-in, including through strategic communications and promotions;
- Make AHP preceptorship mandatory;
- Provide funding, at system and staffing levels;
- Create support networks for preceptors and preceptees, at organisation, regional and profession levels;
- Link with Professional Bodies and Trade Unions;
- Providing Certification/Auditing for programmes;
- Including preceptorship in recruitment and job descriptions;
- Ensure is included in organisation staffing and development plans.

Other recommendations raised by single respondents included:

- Connecting preceptorship to careers and training advice services;
- the need to have robust systems for appointing preceptors;
- enabling staff to feedback about programmes;
- having a role for HCPC to assesses AHP preceptorship programmes, including via registrant feedback;
- Restricting the numbers of preceptees that can be allocated;
- consideration given to creating a pilot programme;
- creating a connection between AHP preceptorship leads and the HCPC.

More general comments included that the principles would support newly qualified professionals and provide a more robust structure to preceptorship. Respondents who supported preceptorship felt that it would develop and promote confidence and autonomy leading to a better experience for service users. Respondents who were less supportive of the principles made general comments about the HCPC's power to enforce preceptorship at every transition point, and the risk that the principle duplicated personal development plans/supervision and could create too much bureaucracy.

Question 7. In addition to those equality impacts set out in 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?

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

The consultation was supported by a separate Equalities Impact Assessment document. 38 respondents said that they could not identify or did not think that there would be any impacts. The remaining respondents identified a number of positive and negative impacts.

In relation to positive impacts, the most frequently mentioned were as follows (from most commonly mentioned to least commonly mentioned):

- Tailoring preceptorship will better support people with protected characteristics;
- All proposals would have a positive impact;
- That the proposals would create an opportunity to share experiences (of having a protected characteristic) and have role models;
- That preceptorship would encourage more people into the workforce.

Other positive impacts raised by single respondents included that the proposals could support/benefit international recruits and could help retain people with protected characteristics.

The most frequently mentioned negative impacts raised by respondents were (from most commonly mentioned to least commonly mentioned):

- That the proposals may add obstacles for preceptees with protected characteristics;
- That the proposals do not address systemic bias that affects people with protected characteristics;
- That the proposals may increase workloads for people with protected characteristics – especially people needing time out of the workplace;
- That the proposals as written would not aid people with protected characteristics to progress their careers.

Other negative impacts raised by single respondents included the concern that registrants who are strict in their religious observance may be impacted if they are unable to have flexible preceptorship schemes (e.g., to accommodate taking leave for holy days), that the use of time limits for preceptorship could discriminate against some people with protected characteristics, and that the proposals could pit younger, newly qualified professionals against older staff.

A number of respondents suggested that workplace adjustments should be put in place to support people with protected characteristics as preceptors. Similarly,

respondents suggested that it would be helpful to have guidance for those providing preceptorship programmes around protected characteristic issues. One respondent suggested that experienced staff returning from maternity leave should not be required to take a preceptorship programme on return.

Other actions raised by single respondents included that all preceptorship programmes should be subject to an Equalities Impact Assessment before implementation, that action be taken was taken to ensure preceptors were reflective of the diversity of the preceptees they would be supporting and that the preceptor role could be developed as a specific workforce role.

Finally, some respondents identified the need to consider issues beyond the protected characteristics, such as social class, socio-economic status and intersectionality.

Question 8: Do you have any suggestions about how negative equality impacts you have identified could be mitigated?

249 respondents provided answers to this question. The most frequently mentioned themes which arose from the comments were as follows (from most commonly mentioned to least commonly mentioned):

- Providing support for people with protected characteristics;
- Providing EDI training for preceptors;
- Aligning preceptorship with EDI work at an organisation level
- The monitoring and evaluation of preceptorship programmes
- Including EDI in the promotion of preceptorship;
- Giving focus in preceptorship to international recruits

Other recommendations raised by single respondents included excluding experienced registrants from preceptorship in favour of orientation and supervision support, enabling preceptees to select their preceptors and replacing time limits with competence-based measurement.

There were a number of more general comments in response to this question. These included a comment that principles would help support older workers, especially around coping with technological demands/changes and comment that more research would identify options/mechanisms for addressing EDI impacts.

Section 2 - Our comments and decisions

The following section sets out our response to the range of comments we have received to the consultation. We have not responded to every individual comment but grouped the comments we received into themes and discussed our comments and decisions in response.

How we reviewed feedback

The feedback was initially reviewed by the consultation team. A report was then prepared for the HCPC's Education and Training Committee, which formed the basis for a workshop with the Committee. Support was also provided by the HEE AHP preceptorship team who gave input regarding their work to develop an implementation framework for England.

Individual principles

Many of the comments received referenced matters that apply to how the final principles will be implemented. On that basis they will be used by HEEin developing its implementation framework for preceptorship for AHPs, which will be published alongside the principles.

We also received a number of comments advocating for adding further details to the principles to give task or situational specificity. However, the principles are designed, and will need to apply across, a range of professions and workplaces, and so we have chosen to keep the principles as broad as possible. Additionally, HEEs' implementation framework will be supported by case-studies that we believe will address these issues.

- Principle 1: We have changed the overarching text to say that preceptorship applies to transitioning into **any** new role. We have clarified the range of workplaces to which the principles will apply (bullet a) by removing 'healthcare', so that it now references the **organisation's** workforce.

- Principle 2: We have added **during times of transition** to the end of the overarching text, to be clear that preceptorship it pertinent to all such career moments. We have changed bullet a, to say that there should be a process to **ensure** registrants **can access** preceptorship and **which meets** their individual needs. We have changed bullet b, to say that there should be processes to support profession-specific, **multi-profession** and **uni-profession** learning. We have changed bullet d, to **recognition of the impact of system challenges and how to mitigate them**.

- Principle 3: We have amended bullet d, replacing nominated preceptor with **identified preceptor**.

- Principle 4: We have added clarity to the overarching text in respect of whether preceptees and preceptors need to be from the same profession, by adding text at the end stating that they **should be the most appropriate individual to**

provide support. We believe this sufficiently responds to feedback arguing that they should only be from the same from profession, which would impact on the ability to effectively deliver preceptorship in many workplaces. We have amended bullet a, replacing 'kind' with **compassionate**.

- Principle 5: We have made no changes to the draft text.

A number of comments across the principles asked for clarity around certain terms. In response, we will provide a glossary to the principles.

Follow-on questions

Question 3 - Practicability of principles in working environments

Most of the comment received to this question relate to implementation and so have been shared with HEE to support the development of their implementation framework.

A few comments referenced the importance of ensuring the principles connect with existing or developing preceptorship programmes across the UK's four health systems. We recognise this as being important to securing their uptake and use, and on that basis will work with our four-country advisory group, professional bodies and other stakeholders to develop supporting guidance to sit alongside the principles; this will be separate from the work being undertaken by HEE.

Question 4 - Benefits of the principles being implemented
Question 5 - Challenges to implementation
Question 6 - Suggestions for addressing challenges
Question 7 - Impacts for individuals or group sharing protected characteristics
Question 8 - Suggestions to address negative EDI impacts identified

As with the answer to question 3, most of the comments received to these questions relate to implementation and so have been shared with HEE to support the development of their implementation framework.

A clear challenge provided by many respondents across the consultation concerns the way in which preceptorship relates to supervision (including clinical), mentoring, and coaching. We recognise the importance of ensuring there is clarity about the differences and will cover this in an introductory text for the principles, which will also have a glossary of key terms.

Finally, we have shared the feedback regarding EDI impacts and possible resolutions with HEE, to use in the development of their implementation framework for England. We will update our Equalities Impact Assessment statement in line with the feedback, and reference it where appropriate in any further guidance we produce.

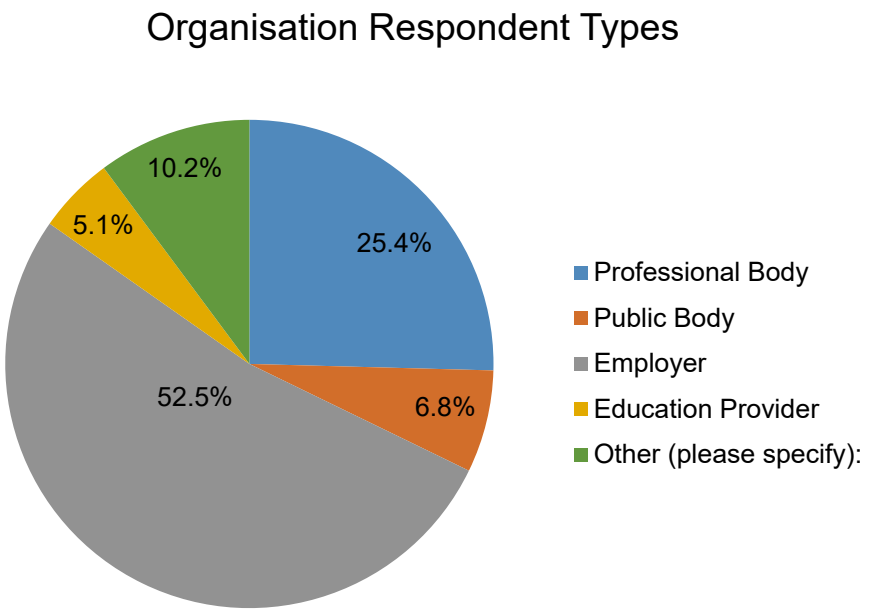
Next Steps

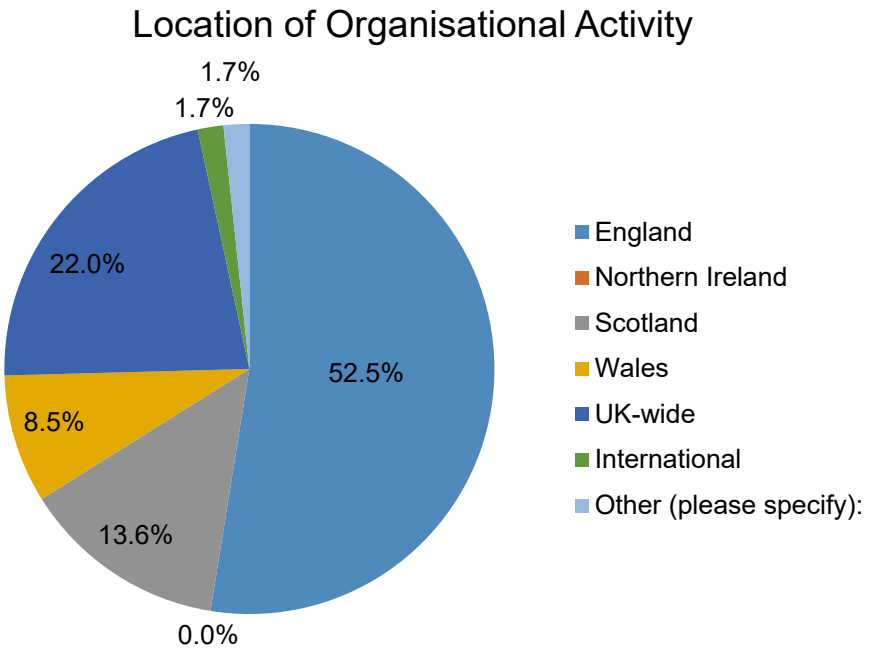
- The principles will be published with introductory explanatory text, including a glossary to create a clear understanding of their key terms.

- We will continue working with our four-country advisory group, professional bodies and other stakeholders to develop supporting guidance that will sit alongside the principles; this will be separate from the work being undertaken by HEE.

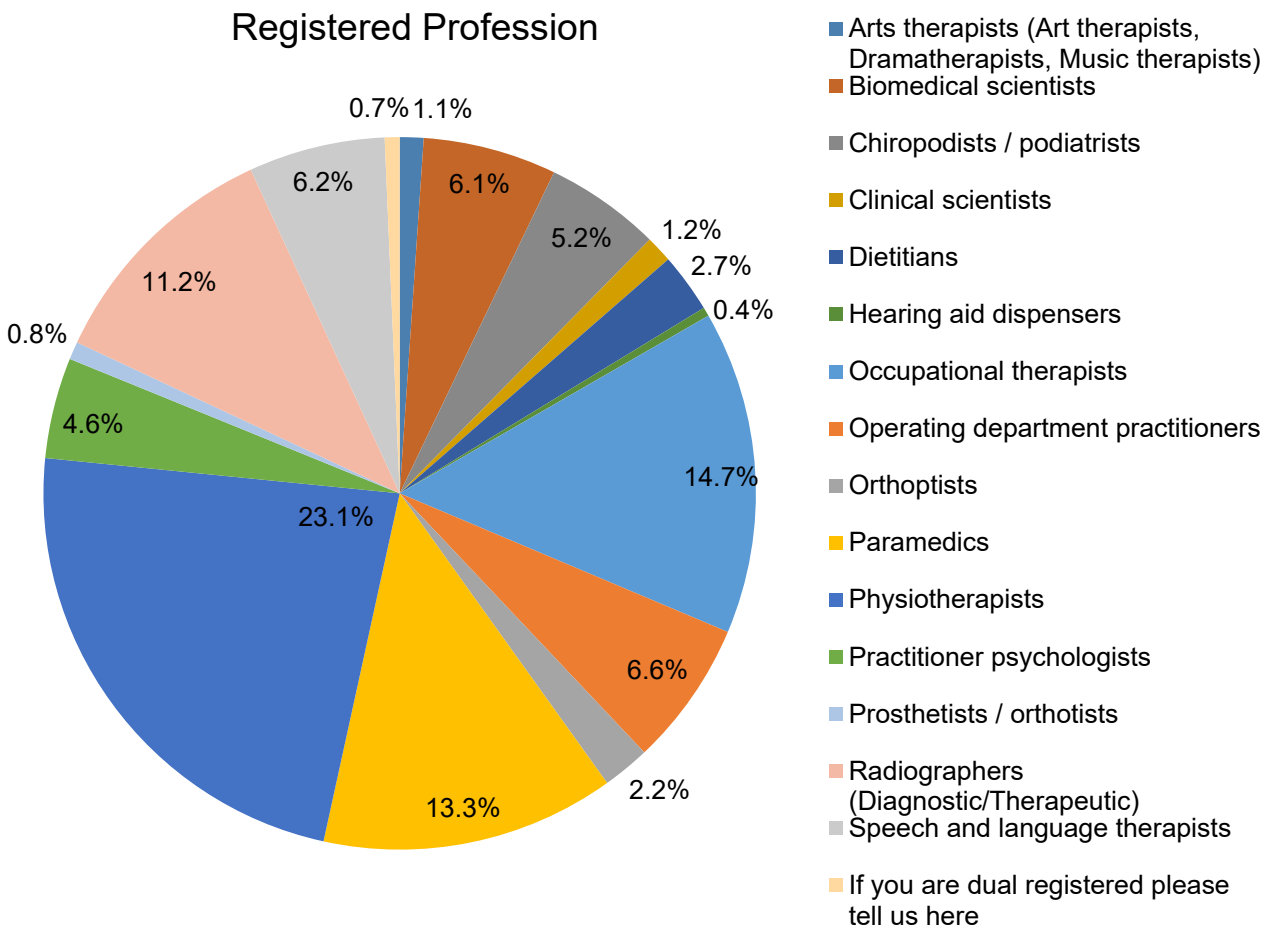
Section 3 - Respondent Data

Organisation Responses

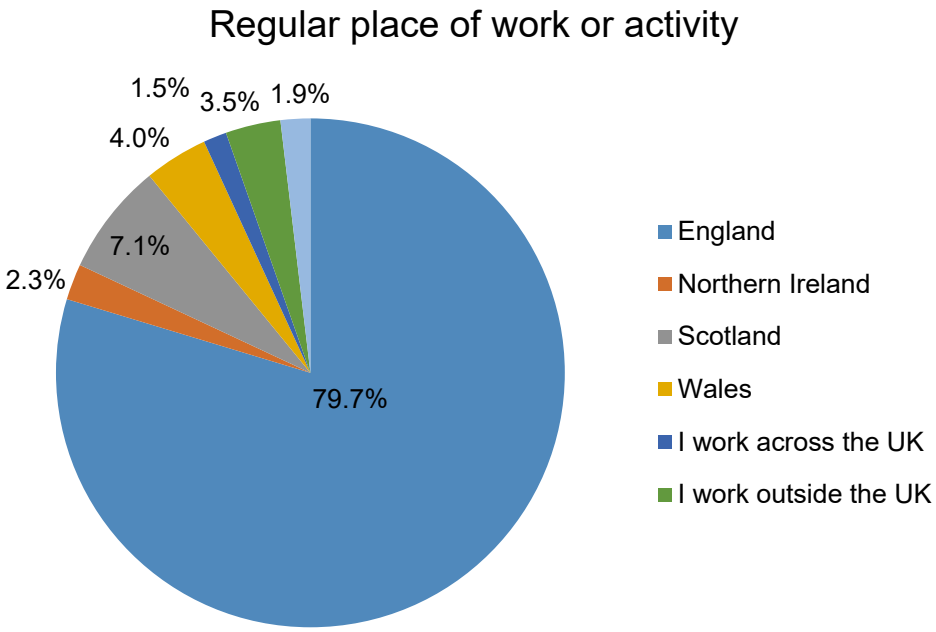




Registrant Responses



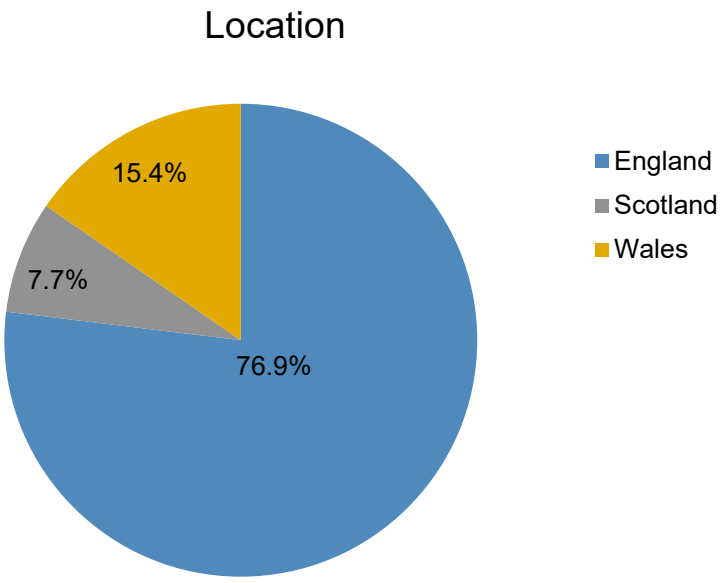
NB: Those selecting dual registered were not included the other categories



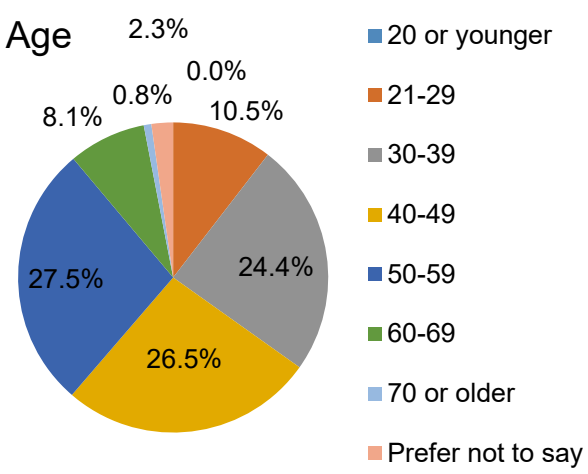
Individual Respondents

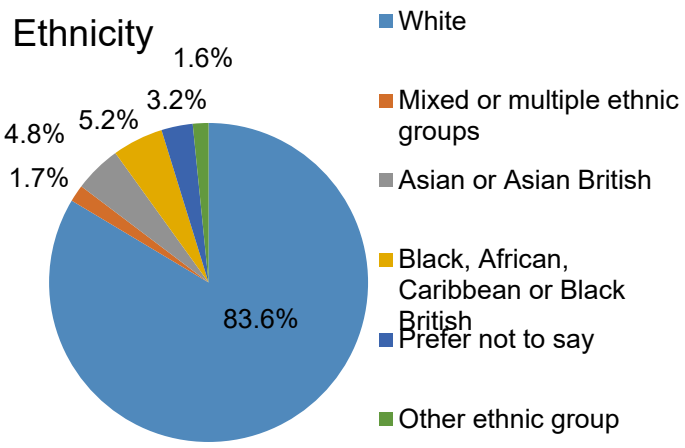
Identification

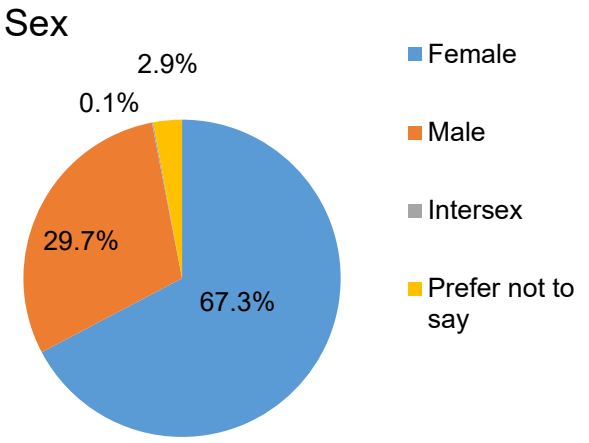
- RCCP-registered practitioner
- Paediatric audiologist not registered with the HCPC
- Consultant working in developing capacity for the prosthetic and orthotic sector
- Nurse working in NHS organisation
- Work for HEE
- Support - I deliver preceptorships to Psychology staff
- Nurse Practitioner and Educator
- Practice Educator for Preceptorship
- Preceptorship lead
- Student (2 Respondents)
- Nurse
- Personal interest

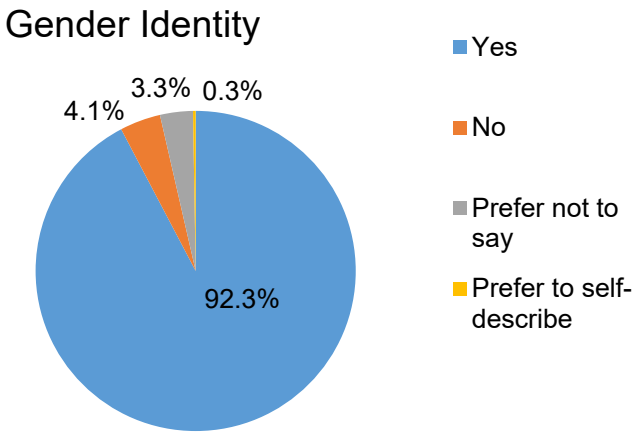


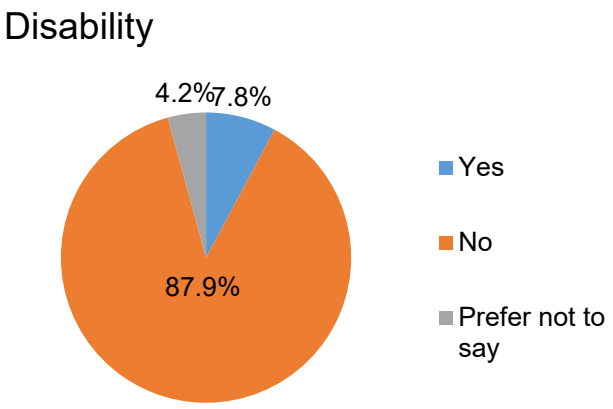
Demographic Data – From Registrant, Osteopath, and Individual Respondents
[3]

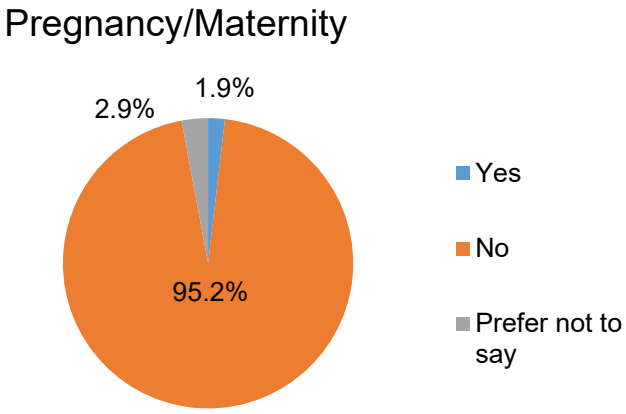












[3] The Gender Identity question asked, 'Is the gender you identify with the same as your sex registered at birth?'

Section 4 - Revised Principles

NB: Changes identified by underlining.

Principle 1

Original Text (consultation version)	**Revised Text**
Organisational culture and preceptorship:	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.	Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role. Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.
Effective preceptorship should:	Effective preceptorship should:
a) be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement;	a) be embedded in the organisation's 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;	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;	c) provide opportunities for preceptees to develop confidence and to support their future career;
d) prioritise preceptee and preceptor health and wellbeing; and	d) prioritise preceptee and preceptor health and wellbeing; and
e) promote a culture of learning, self-reflection and safe practice.	e) promote a culture of learning, self-reflection and safe practice.

Principle 2

Original Text (consultation version)	Revised Text
Quality and oversight of preceptorship:	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.	Preceptorship is an important investment in a registrants' professional career. All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence during times of transition.
To enable effective preceptorship there should be:	To enable effective preceptorship there should be:
a) processes to identify registrants who require preceptorship and their individual needs;	a) processes to ensure registrants can access preceptorship and which meets 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;	b) processes in place to support an appropriate mix of profession-specific, multi-profession and uni-profession learning and development within organisations or with wider system and professional networks;
c) integration with induction to professional role where appropriate;	c) integration with induction to professional role where appropriate;
d) recognition of wider system challenges and reasonable steps to mitigate these;	d) recognition of the impact of system challenges and how to mitigate these[4];
e) systems in place to monitor, evaluate and review preceptorship programmes;	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	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.	g) understanding of, and compliance with, national and local policies, and the relevant governance requirements required by the four countries of the UK.

[4] Adapted from the corresponding NMC principle text, "There is recognition of the impact of system challenges on effective preceptorship and how to mitigate these".

Principle 3

Original Text (consultation version)	**Revised Text**
Preceptee empowerment:	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.	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:	Effective preceptorship should provide registrants' with:
a) access to a preceptorship programme which instils the importance of continuing professional development;	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;	b) appropriate resources and guidance to develop confidence and support continuing professional development;
c) a tailored programme of support and learning reflecting individual needs;	c) a tailored programme of support and learning reflecting individual needs;
d) a nominated preceptor for the duration of their preceptorship; and	d) an identified 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.	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

Original Text (consultation version)	**Revised Text**
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.	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 <u>but should be the most appropriate individual to provide support</u>. In effective preceptorship, preceptors should: a) act as a professional role model and be supportive, constructive and <u>compassionate</u> 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

No changes were made to this text

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 d) 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.