



# Policy:

## NP 028 - Preceptorship

<b>Executive Director Lead</b>	Director of Nursing, Professions and Quality
<b>Policy Owner</b>	Director of Nursing, Professions and Quality
<b>Policy Author</b>	Trust Leads for Preceptorship Development

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<b>Ratified By</b>	PEOPLE COMMITTEE
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### Summary of policy

The Preceptorship policy informs Registered Nurses, Allied Health Professionals, Pharmacists, Heads of Service and other clinical leaders / managerial staff of the requirements for the implementation of Preceptorship for newly registered staff in their clinical /service areas.

<b>Target audience</b>	Registered Nurses, Allied Health Professionals, Pharmacy, Heads of Service
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<b>Keywords</b>	Preceptorship, preceptor, Registered Nurse, Allied Health Professional, New Registrant.
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### Storage & Version Control

This is Version 4.0 and is stored and available through the SHSC intranet/internet.

This version supersedes the previous Version dated August 2019.

Any copies of the previous policy held separately should be destroyed and replaced with this version.

## Version Control and Amendment Log (Example)

Version No.	Type of Change	Date	Description of change(s)
V2 D0.1	Policy review	Oct 2012	To update previous version July 2010.
V2 D0.2	Second draft	Feb 2013	On-going discussions and development.
V2 D0.3	Third draft	Oct 2013	On-going discussions and development.
V2 D0.4	Fourth draft	Dec 2015	On-going discussions and development.
V2 D0.5	Feedback from HRWF Group	April 2016	Medicines management section added; EIA to be updated; Pharmacy to be added to target audience.
V2 D0.6	JCF (verification)	May 2016	Verified subject to the suggestion that the policy should cross-reference to and include elements of the Clinical Professional Registration Policy regarding access to computers.
V2 D0.7	Re-formatted	Sept 2016	Re-formatted for new policy document template and Policy on Policies. Duties clarified.
V2	Ratified / finalised / issued.	Oct 2016	Finalised and issued.
V3	Amended and updated	Sept 2019	Re-formatted for new policy document template. Definitions and Duties expanded. Appendices up-dated.
V4	Amended and updated in line with new guidance	June 2023	<p>Policy amended and updated in line with new National Guidance including AHP staff groups. Other key changes are:</p> <ul style="list-style-type: none"> <li>- Changes to job roles such as Professional ETD Led to preceptorship development lead / ANP lead.</li> <li>- Removal of 'Medicines management' section (7.7) as new mandatory medicines management requirements for all SHSC registered nurses / nursing associates supersedes this.</li> <li>- Updating the policy to align with National Preceptorship standards for Nursing / Consultative standards for AHP.</li> <li>- Guidance to managers / preceptees working for the flexible workforce in early months.</li> <li>- A new restriction introduced</li> </ul>

			on preceptee working night duty in the early months, unless directly working alongside their preceptor.

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## Flowchart

Manager / Team leader allocates preceptee to preceptor. This process is undertaken prior to preceptee formally beginning new post. Preceptor is fully aware of their role and expectations of preceptorship process. Preceptor training in place.

### **A preliminary interview between Preceptee (newly qualified registrant) and Preceptor (experienced registrant) in first week to discuss:**

- Personal learning outcomes / opportunities
- Agree Objectives
- Agree supervision arrangements.
- Identify activities and evidence of learning to be produced and recorded in the preceptorship handbook.
- Set a date for future formal meetings at end of month one, minimum bi monthly.
- Sign off and feedback from line manager

Preceptee attends trust induction and receives local induction. Preceptee meets with preceptor in first week of commencing in post. The meeting is an opportunity to agree and develop learning needs and actions. Preceptee has up to 4 weeks supernumerary status.

**Formal review meetings between the preceptor and preceptee should be held at the end of months 1,3,5,7,9,11, Final Sign off.** The preceptorship period can be completed in 6 months dependent on preceptees performance) and a maximum of 1 year.

- Review progress to date
- Document evidence of learning as appropriate
- Sign off and feedback from line manager.

Preceptee and preceptor meet to review until the process is complete. At least 1 hour should be protected for the meeting. Evidence of achievements of outcomes should be brought to the meeting for discussion and reflection. These should be documented in the preceptee's portfolio and work booklet.

**Preceptee has protected time to attend study days. Study day development programme bespoke for professional groups. 6 study days in first 6 months. Study days to include peer supervision**

6 months plus - Opportunity for preceptee to join the Edward Jenner Leadership Programme, via learning set. Programme aimed at new registrants.

## 1 Introduction

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate, Allied Health Professionals (AHPs), Registered Nurses practising for the first time in the United Kingdom, Registrants returning to practice and practitioners significantly changing their area of practice e.g., moving from a nursing home into an acute hospital. During this time, they should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, to refine their knowledge, skills, values and behaviours. Having this level of expert support and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses, midwives and AHPs to provide effective patient-centred care.

The health and care professional councils (HCPC) defines preceptorship as 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 Nursing and Midwifery Council (NMC) (2018) requires all its registrants to practice effectively and highlights that everyone should provide support to their colleagues in order, to help them develop their professional competence and confidence. In a new role, registrants are required to demonstrate a level of competency and must be actively seeking to maintain and improve their knowledge and skills in order they meet the requirements of Revalidation (NMC).

The NMC (2006) previously recognised that nurses and midwives who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills.

The health and care professional councils (HCPC) statutory role is to protect the public by regulating healthcare professionals (including Allied Health Professional, AHPs), ensuring standards of proficiency are met by registrants working with in the UK.

The Care Quality Commission (CQC, 2017 regulation 19.1(b)) states that “Providers may consider that a person can be engaged in a role based on their qualifications, skills and experience with the expectation that they will become competent within a specified timeframe once in the role. This means that they may work for the provider and undergo training at the same time to become competent being supported and appropriately managed. They suggest that all staff receive a comprehensive induction, taking account of recognised standards within the sector and which are relevant to their workplace and their job role.

The Trust is committed to providing all Preceptees with a structured Preceptorship programme, which supports their transition into clinical care, embedding a solid foundation for lifelong learning. Preceptorship should be considered as a transition phase for all participants as a continuation of their professional development, building their confidence and

further developing competence to practice. This Preceptorship Policy provides a formalised and standardised approach to Preceptorship within the organisation. It defines a common framework to ensure consistency and equality of access across services for all Preceptees.

## **2 Scope**

This Policy applies to all newly qualified Registered Nurses, Newly Qualified Allied Healthcare Professionals (AHPs) Newly Registered Nursing Associates, International Registered Nurses, Return to Practice (RtP) Registered Nurses (subject to successful completion of their return to practice course and reinstatement on the NMC register), Registered Nurses / AHPs who are new or unfamiliar with working in SHSC (For Band 5 posts).

## **3 Purpose**

This policy seeks to provide consistency across the trust in the application of preceptorship. All new registrants should complete their relevant process for their profession (preceptorship guidelines for Nurses / AHP), supported by a suitably experienced preceptor and within the timescales set out in this policy document.

## **4 Definitions**

### **4.1 Preceptorship**

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate, Allied Health Professionals (AHPs) Registered Nurses practising for the first time in the United Kingdom, Registrants returning to practice and practitioners significantly changing their area of practice e.g. moving from a nursing home into an acute hospital. During this time, they should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, to refine their knowledge, skills, values and behaviours. Having this level of expert support and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses, midwives and AHPs to provide effective patient-centred care.

### **4.2 Preceptor**

The Preceptor is a nurse / nursing associate from the same part of the NMC register as the Preceptee, who has been identified to support a Preceptee through the programme. An AHP preceptor will be from the same profession and team as the preceptee who has been identified to support a preceptee through the programme.

### **4.3 Preceptee**

A preceptee is a Newly registered practitioner, a Nurse, Nursing Associate, Pharmacist or Allied Health Professional (AHP) who is entering employment in England for the first time following professional registration with the NMC or HCPC. It includes those recently graduated students, those returning to practice, those entering a new part of the register e.g., Registered Nurse Adult qualifying as a Registered Mental Health Nurse.

## **5 Detail of the policy**

The broad overview of this policy is as described in the introduction.

## **6 Duties**

### **6.1 The Preceptor has responsibility to:**

- Possess a good understanding of the preceptorship framework requirements and communicates these to the preceptee clearly and concisely.
- Act as a critical friend and advocate.
- Complete training to prepare / update for the role.
- Be a substantive team member with at least 12 months post–registration experience. They must be entirely familiar with the clinical area and the team.
- Will be a role model demonstrating high standards of clinical and professional practice for the patient/client group.
- The Preceptor will identify potential learning opportunities for the new staff member.
- Provide initial and ongoing support to the Preceptee.
- Integrate Trust standards, competencies, objectives and core values into practice and contribute to an environment which facilitates learning for the Preceptee.
- Provide honest and objective feedback on those aspects of performance that are a cause for concern and assist the Preceptee to develop a plan of action to remedy these in collaboration with Ward Manager / Team Leaders / AHP lead

### **6.2 The Preceptee has a responsibility to:**

- Adhere to the NMC/HCPC Code of standards of conduct, performance and ethics and ensure that they additionally understand the Trust values and incorporate these into their practice.
- Identify any of their individual learning needs applicable to their practice and seek support to ensure that these are met.
- Reflect on their practice and experience and can evidence this.
- Be responsible for arranging their initial feedback and every 2 months thereafter, reviewing progress with their Preceptor to address any concerns and to provide regular feedback.
- Attend planned study days.
- Organise and attend meetings with their Preceptor at the agreed times.
- Fully complete the Preceptorship paperwork
- Complete the programme in 52 weeks for those Preceptees working full time. Preceptees working part time can negotiate an extension with their Ward Manager / team leader, but this must not be disproportionately long.

### **6.3 Executive Director of Nursing and Professions has a responsibility to,**

Ensure that there is an appropriate Preceptorship Policy in place and implemented by the Heads of Nursing & AHPs Leads. Has overall responsibility for ensuring that all appropriate staff have undertaken a formal Preceptorship period as part of their introduction to the organisation.

### **6.4 Heads of Nursing / Allied Health Professionals Leads have a responsibility to,**

Have the responsibility for ensuring there are available resources including time and  
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availability of Preceptors for the implementation of this policy. This includes the monitoring of the effectiveness of the Preceptorship programme(s) and the enforcement of this policy. This also includes the monitoring of the effectiveness of the Preceptorship programme and the enforcement of this policy.

### **6.5 Matrons / AHP Team Leaders have a responsibility to;**

Ensure that all staff within their areas comply with the policy. They must make certain that all staff are supported and released to attend required statutory/ mandatory training as part of their Preceptorship period. Matrons will monitor rosters to ensure compliance with the Trust's Roster Management Policy for Nurses. Matrons / AHP Team Leaders will work with the Preceptorship Lead Nurse's / Ward managers / Team managers where issues relating to non-compliance with the policy are having a detrimental effect on the experience of the Preceptee or Preceptor

### **6.6 Lead Nurses for Preceptorship / AHP professional Leads will have responsibility to:**

To be a key point of contact for Preceptees and Preceptors, working in partnership with the clinical teams by providing / facilitating educational programmes and supporting a framework to enable preceptees to become competent practitioners.

Maintain a register of Preceptees, being able to identify which registrants are in a period of preceptorship. The register to include nominated preceptor supporting individual preceptee.

#### **This is achieved by:**

- Ensuring that Preceptorship remains a positive and supportive experience, sharing best practice within and outside of the organisation.
- Supporting the Delivery of an educational training and support program for Preceptees, including evaluation and audit aligned to any national standard requirement
- Act as an advocate and role model providing pastoral support.
- Ensuring that there are relevant support mechanisms/resources in place to support the Preceptee and Preceptor. This includes Preceptorship paperwork, training and Preceptorship programmes.
- Providing verbal and written feedback to Ward Managers, Team Leaders, Matrons and Heads of Nursing on individual progress,
- Working clinically with Preceptees if appropriate.
- Keeping contemporaneous records of the Preceptees progress.
- Ensuring preceptorship is operating within the Department of Health framework (2010), Health Education England Standards (2017), NMC Principles of Preceptorship (2020) and National Preceptorship Framework (2022). AHP National preceptorship policy due late summer 2023

### **6.7 Ward Managers / Team Managers / AHP Team Leaders have responsibility to:**

Direct line management, performance monitoring and capability management remains the responsibility of employing wards and departments. The Preceptorship Leads will provide support and guidance as required and in conjunction with the Ward Managers / Team Leaders /AHP team leaders will:

- Ensure all Preceptees are allocated a named Preceptor who has the appropriate skills.
- Allocate an associate Preceptor where possible and appropriate.
- Contact the Preceptee before their start date to welcome them to the team and provide relevant information with regard to the clinical area. Ensure supernumerary time is provided for a period of up to 4 weeks. Night duty should be avoided in the first two

months, unless working directly alongside preceptor.

- Ensure duty rosters are completed which maximize Preceptee and Preceptor contact time including review meetings. Ensure preceptor is given protected time to meet regularly with preceptee.
- Ensure Preceptees are released from the working environment to attend study sessions and any further training required by the Trust.
- Ensure all Preceptee reviews are conducted aligned with the National Standards. This will ensure that the Preceptee receives regular support and feedback.
- Ensure that the Preceptorship documentation is completed and a statement of completion is placed in the Preceptees personal file.
- Ensure the Preceptee completes any relevant competency documentation and assessments (if required)
- If it becomes apparent that an individual's performance is considered to be below the required standard, take action as per the Trust's Capability Policy.

## **7 Procedure**

### **7.1 What is Preceptorship?**

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate, Allied Health Professionals (AHPs), Registered Nurses practising for the first time in the United Kingdom, Registrants returning to practice and practitioners significantly changing their area of practice e.g. moving from a nursing home into an NHS hospital. During this time, they should be supported by an experienced practitioner (a preceptor), to develop their confidence as an independent professional, to refine their knowledge, skills, values and behaviours. Having this level of expert support and learning from best practice in a dedicated time frame gives a foundation for lifelong learning and allows nurses, midwives and AHPs to provide effective patient-centred care.

The health and care professional councils (HCPC) defines preceptorship as 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 about providing support and guidance enabling new registrants to make the transition from student to an accountable practitioner to:

Practice in accordance with the NMC and HCPC Codes of Professional Conduct: standards for conduct, performance and ethics.  
Develop confidence in their competence as a nurse or Allied Health Professional (AHP).

To facilitate this, the new registrant should have:

- Learning time protected in their first year of qualified practice.
- Have access to a preceptor with whom regular meetings are held.

## **7.2 Preceptorship Time Frame.**

All new registrants will have a formal period of preceptorship of between 6- and 12-months duration, but that this can vary according to individual need and local team arrangements. However, consideration should be given to new registrants who are working part time and an agreement should be reached as to the length of the period of preceptorship. The period of preceptorship can be extended if there are significant periods of absence, for example, long term sickness leave or maternity leave.

Formal preceptorship is dependent upon new registrants having easy access to a named individual with due regard to the same part of the register and field of practice, who can be called upon to provide guidance, help, support and advice and should be incorporated into existing systems and practices for supporting new registrants such as clinical supervision and PDR's.

Preceptees will not be expected to be rostered to be the Nurse in Charge / Lead Registered professional during their preceptorship period. Preceptees should always be rostered to work alongside a registered professional who themselves will not be a preceptee.

## **7.3 Preceptor requirements**

The preceptor (experienced registered Nurse / Registered Nursing Associate / AHP or Pharmacist must have current registration with the Nursing and Midwifery Council (NMC), the Health and Care Professions Council (HCPC) or the General Pharmaceutical Council (GPC) and will have at least 12 months full time experience (or equivalent part time). Whilst there are no formal qualifications associated with being a preceptor, individuals will need preparation for their role. Preceptors should be first level registered nurses, registered AHPs or Pharmacists with at least 12 months post registration experience. The trust will provide training for preceptors to prepare them for the role.

The nature of the relationship between the preceptor and the new registrant is best agreed in accordance with their own needs considering the environment within which they practice.

It is the preceptor's role to facilitate the transition of the new registrant from a student to a registered practitioner who is:

- Confident in their practice.
- Sensitive to the needs of service users.
- An effective team member.
- Up to date with their knowledge and practice.
- Able to provide clinical supervision to new registrants.

## **7.4 Preceptorship arrangements**

The Trust provides the following:

- A Trust-wide policy which can be supplemented with locally agreed standards/competencies/objectives which will differ from each service area;
- Continuity of preceptor (e.g. alternatives where long term sickness, preceptor leaving post etc);
- Preceptor updates (professional group specific)
- Methods and documentation for recording initial and interim objectives and the

final sign off achievement.

- Preceptorship study days, 6 during the first 6 months, professional specific. Preceptee offered the opportunity to complete the 'Edward Jenner Leadership' Programme via facilitated learning set – from 6 months.

Prior to the new registrant starting in the clinical area / team, his/her line manager (or deputy) will assign a suitable preceptor; and referring to the Nurse preceptorship handbook or local AHP processes the preceptor and new registrant will discuss / agree:

- Preceptorship and support arrangements.
- Supervision arrangements.
- Personal learning outcomes/opportunities.
- Set a date for intermediate interview.
- Activities and evidence of learning to be produced and recorded.

The line manager must ensure the preceptor and new registrant are able to work together regularly in order to both ensure that new registrant is well supported and to ensure that preceptorship requirements are met.

### **7.5 Nurses in Preceptorship working on the Flexible Workforce.**

Following completion of their supernumerary period Preceptees may, with the permission of their ward manager/ manager / team leader work shifts through the nurse bank on their base ward / substantive area only, and this will be from three months into the Preceptorship Programme. Managers must be satisfied that the preceptee is competent and able to fulfil the duties expected of the second qualified nurse.

## **8 Development, Consultation and Approval**

This is Version 4 of this policy and replaces the previous version dated September 2019.

The policy has been amended and updated in line with new guidance from Health and Care Professionals Council and Health Education England. SHSC Preceptorship Development Leads, in consultation with AHP leads for Preceptorship who have been involved with amendments and updates.

- Existing Preceptees (Cohort September 2022) provided feedback – particularly in relation to nighttime working and flexible work force assignment.
- AHP leads were consulted with in May 2023.
- Heads of Nursing consulted with June 2023.
- Nursing Council received the document June 2023.
- Joint Policy Group 14/8/23

**9 Audit, Monitoring and Review**

<b>Monitoring Compliance Template</b>						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
Line Managers ensure that all eligible staff receive preceptorship	Assurance report	Line Managers in Liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Line Managers ensure that all relevant staff have completed training associated with their (preceptorship) role.	Review of training records /audit	Line Managers in liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Line Managers ensure that there is a written record of the new registrant completing their preceptorship	Review of preceptorship records	Line Managers in liaison with the Professional Leads / Preceptorship Development Leads	Annual	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads

(if applicable).						
Regular review of the preceptorship process.	Review	Policy Lead	≤ 3yearly	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads
Regular review of role requirements (duties).	Review	Policy Lead	≤ 3yearly	Preceptorship Development Leads / AHP Leads	Preceptorship Development Leads / AHP Leads	Professional Leads

*Policy documents should be reviewed every three years or earlier where legislation dictates or practices change. June 2026*

## 10 Implementation Plan

Action / Task	Responsible Person	Deadline	Progress update
Upload new policy onto intranet and remove old version.	Corporate Governance		
All staff communication via Jarvis	Corporate Governance		

## 11 Dissemination, Storage and Archiving (Control)

11.1 The policy will be made available to all staff via the SHSC's intranet. The policy will also be available to the public via SHSC's internet. Communication will be sent out via Connect to inform staff of this revised version of the policy, as it is uploaded onto the intranet. Previous versions of this policy must be destroyed.

The Director of Corporate Governance is responsible for ensuring archived versions of this policy are available on request.

<b>Version</b>	<b>Date added to intranet</b>	<b>Date added to internet</b>	<b>Date of inclusion in Connect</b>	<b>Any other promotion/ dissemination (include dates)</b>
1.0	July 2010	July 2010	All Staff E-mail July 2010	
2.0	October 2016	October 2016	All Staff E-mail October 2016	
3.0	October 2019	October 2019	All Staff E-mail October 2019	
4.0				

## 12 Training and Other Resource Implications

All registered staff should be made aware of the Preceptorship Policy by their managers as part of local induction.

Multi-professional preceptor *training* will be offered to all preceptors in preparation for the role.

*2 sessions are available to provide an overview of the preceptor role across each of the professional groups, along with dedicated training on leading and coaching preceptees.*

*Moving into the role of a registered health and care professional is recognised to be a challenging time for staff. The e-Compendium forms part of the wider strategy to welcome and integrate newly registered professionals into the workplace, allowing them to successfully navigate the transitional period, and supporting their growth and confidence.*

*The training aims will help preceptors to reflect on their own experiences of this transitional period, and to optimise their knowledge and skills to best position themselves to support others. It also supports the preceptor to develop valuable skills that will help them in other supporting roles they may find themselves taking on during their current or future roles.*

[Multi-professional Preceptor e-Compendium programme page.](#)

## 13 Links to Other Policies, Standards (Associated Documents)

Consultation on principles for preceptorship – consultation analysis and decisions February 2023; HCPC, Health and Care Professionals Council  
NHS England National Preceptorship Programme - National Workforce Skills Development Unit

<https://www.nmc.org.uk/standards/guidance/preceptorship/>

The Care Quality Commission (CQC, 2017 regulation 19.1(b))

Department of Health framework (2010)

Health Education England Standards (2017)

NMC Principles of Preceptorship (2020)

National Preceptorship Framework (2022).

## 14 Contact Details

<b>Title</b>	<b>Name</b>	<b>Phone</b>	<b>Email</b>
Preceptorship Development Lead	Kim Tissington / Anthony Bainbridge		<a href="mailto:Kim.tissington@shsc.nhs.uk">Kim.tissington@shsc.nhs.uk</a> <a href="mailto:anthony.bainbridge@shsc.nhs.uk">anthony.bainbridge@shsc.nhs.uk</a>
AHP Preceptorship lead	Hannah Watton		<a href="mailto:Hannah.watton@shsc.nhs.uk">Hannah.watton@shsc.nhs.uk</a>



## Appendix A

### Equality Impact Assessment Process and Record for Written Policies

**Stage 1 – Relevance** - Is the policy potentially relevant to equality i.e., will this policy potentially impact on staff, patients or the public? This should be considered as part of the Case of Need for new policies.

**NO** – No further action is required – please sign and date the following statement.  
**I confirm that this policy does not impact on staff, patients or the public.**

***I confirm that this policy does not impact on staff, patients or the public.***

Name/Date: Anthony Bainbridge 16/06/23

**YES, Go to Stage 2**

**Stage 2 Policy Screening and Drafting Policy** - Public authorities are legally required to have 'due regard' to eliminating discrimination, advancing equal opportunity and fostering good relations in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance and Flow Chart.

**Stage 3 – Policy Revision** - Make amendments to the policy or identify any remedial action required and record any action planned in the policy implementation plan section.

SCREENING RECORD	Does any aspect of this policy potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
Age	No		
Disability	No		
Gender Reassignment	No		
Pregnancy and Maternity	No		

<b>Race</b>	No		
<b>Religion or Belief</b>	No		
<b>Sex</b>	No		
<b>Sexual Orientation</b>	No		
<b>Marriage or Civil Partnership</b>	No		

(see Implementation Plan)

Impact Assessment Completed by: Name Kim Tissington      Date 05/09/23
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## Appendix B

### Review/New Policy Checklist

This checklist to be used as part of the development or review of a policy and presented to the Policy Governance Group (PGG) with the revised policy.

		Tick to confirm
<b>Engagement</b>		
1.	Is the Executive Lead sighted on the development/review of the policy?	yes
2.	Is the local Policy Champion member sighted on the development/review of the policy?	yes
<b>Development and Consultation</b>		
3.	If the policy is a new policy, has the development of the policy been approved through the Case for Need approval process?	N/A
4.	Is there evidence of consultation with all relevant services, partners and other relevant bodies?	Yes
5.	Has the policy been discussed and agreed by the local governance groups?	Yes
6.	Have any relevant recommendations from Internal Audit or other relevant bodies been taken into account in preparing the policy?	Yes
<b>Template Compliance</b>		
7.	Has the version control/storage section been updated?	Yes
8.	Is the policy title clear and unambiguous?	Yes
9.	Is the policy in Arial font 12?	Yes
10.	Have page numbers been inserted?	Yes
11.	Has the policy been quality checked for spelling errors, links, accuracy?	Yes
<b>Policy Content</b>		
12.	Is the purpose of the policy clear?	Yes
13.	Does the policy comply with requirements of the CQC or other relevant bodies? (where appropriate)	Yes
14.	Does the policy reflect changes as a result of lessons identified from incidents, complaints, near misses, etc.?	N/A
15.	Where appropriate, does the policy contain a list of definitions of terms used?	N/A
16.	Does the policy include any references to other associated policies and key documents?	Yes
17.	Has the EIA Form been completed (Appendix 1)?	Yes
<b>Dissemination, Implementation, Review and Audit Compliance</b>		
18.	Does the dissemination plan identify how the policy will be implemented?	Yes
19.	Does the dissemination plan include the necessary training/support to ensure compliance?	Yes
20.	Is there a plan to i. review ii. audit compliance with the document?	Yes
21.	Is the review date identified, and is it appropriate and justifiable?	Yes