



Doncaster and Bassetlaw
Teaching Hospitals
NHS Foundation Trust

Preceptorship Policy

(For newly registered Nurses, Nurse Associates, Midwives and Allied Health Professionals)

This procedural document supersedes: CORP/EMP 50 v.3 – Preceptorship Policy.



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Executive Sponsor(s):	Zoe Lintin - Chief People Officer
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Target audience:	Newly Registered Nurses, Nursing Associates, Midwives & AHPs and their Managers Trust Wide

Amendment Form

Version	Date Issued	Brief Summary of Changes	Author
Version 4	January 2026	<ul style="list-style-type: none"> • Version number and reviewer updated • Amended the introduction to add that it is available to all newly qualified, registered colleagues. • Hyperlinks included to Hive page resources. • Aligned to Mandatory Learning Policy. • Reporting and governance structure updated. 	Linda Walker Lisette Caygill Nicola Vickers
Version 3	February 2023	<ul style="list-style-type: none"> • Version number, executive sponsor and author updated. • Amended information regarding the start of the preceptorship programme. • Updated to the current National Preceptorship Framework. • Included Nurse Associates. • 12 hours protected time for preceptee added. • Added renewal to revalidation to make relevant to Allied Health professionals. • 3.1- Added regarding a register of preceptors to assist in the identification of trained preceptors for new registrants. • 3.1- Amended to include responsibility for programme co-ordination. • Support and inform the network of preceptorship champions. • Promote support networks to both preceptors and preceptees. • 3.2- Preceptors will be provided 12 hours per annual protected time to support their preceptees. • 3.2- Supernumerary period changed from three to two weeks. • 3.3- Combined the Role of the Education Lead & Clinical Educator and the role of the training department to the role of Education and Training department. • 3.3- Added the role of the vocational team. • 3.4- Preceptor to be of the same discipline. • 3.4- One preceptor will not have more than two preceptees at any one time. • 3.5- Preceptee meeting changed to reflect requirements in the core preceptorship programme. • Preceptorship Champions added to LEM role. 	Natalie McCarthy
Version 2	21 April 2020	<ul style="list-style-type: none"> • Version number and Co-author updated. • Contents page updated. • Preceptorship programme for registered professionals updated. 	Aimi Dillon and Louise Thompson

		<ul style="list-style-type: none"> • Local induction added to process. • Escalation process reformatted. • Introduction now refers to overseas and the breakdown of the preceptees, supernumerary status has been removed. • 3.1 – now titled preceptorship lead and deputy. Also includes escalation through EOG. • 3.2 – section now refers to CCAST rather than LCAT. • 3.3 – removed collation of results and included monitoring of preceptees and exception report through EOG. • 3.4 – now refers to OLM not ESR. • 3.5 – Self declaration for preceptees included. Minimum post registration experience increased to 18 months. • 3.6 – self declaration for preceptees included. Changing preceptor if required and selecting a clinical supervisor once preceptorship period concluded. • 3.7 – PPQA removed. • Monitoring compliance updated. • Definitions – LCAT and OLMS removed and CCAST and ESR added. • Associated policies – Sickness and absence and Raising concerns added. 	
Version 1	13 Dec 2016	This is a new procedural document, please read in full	A Dillon & M Blank

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1 INTRODUCTION

Preceptorship is a period of professional consolidation, growth and development. It is available to all newly qualified, registered colleagues. It provides the new practitioner with a supportive environment in which to develop.

The Department of Health (2010) produced a Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals and defines preceptorship as:

“a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning”

A bespoke preceptorship programme may be offered to other registered colleagues, for example, nurse associates, those returning to practice following a significant period of absence from practice, newly admitted practitioners from overseas or colleagues moving from non-acute areas (i.e. nursing homes).

The National Preceptorship Framework (2022) states that Preceptorship should cover a minimum period of one year. The Trusts programme lasts for a period of one year, and it is expected that the new registrant attends all taught sessions. On commencing employment, all those requiring preceptorship will be allocated to a cohort and be provided with the Core Preceptorship Programme. Programme content can be viewed [here](#).

Furthermore, the Trust expects all new registrants to be supernumerary for a minimum of 2 weeks of employment. In addition, preceptees will be allocated 12 hours per annum of protected time for development and meetings with their preceptor.

2 PURPOSE

This policy is to provide a standard approach to preceptorship across the Trust and is aligned with recommendations made by NHS England’s National Preceptorship Framework for nursing (2022), which provides a core set of standards for multi-disciplinary preceptorship programmes and is designed to be inclusive in its use of language and terminology. It is designed to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.

It aims to provide a clear and consistent structure for newly registered clinical colleagues, their preceptors and managers, to ensure the new colleague works within their scope of professional practice.

This means that there must be a clear process for preceptorship, with targets set and achieved (see Appendix 1)

During the preceptorship period, the newly registered practitioner will be supported to:

- Identify personal and professional issues relevant to their own development.

- Consolidate and apply knowledge acquired during pre-registration.
- Identify how national and local policy and strategy initiatives impact on care provision.
- Understand implications of professional accountability and responsibility.
- Develop confidence.
- Demonstrate sensitivity to patient needs.
- Become an effective team member.
- Remain up to date with knowledge and practice.
- Become familiar with Trust policies and procedures.
- Begin developing leadership skills.
- Emphasise the importance of accountability and Revalidation or Renewal with the relevant Registering body.

3 DUTIES AND RESPONSIBILITIES

3.1 The Role of the Trust Preceptorship Lead and Deputy

- Act as a source of knowledge of the Preceptorship Programme Trust wide and share this and the process with all stakeholders.
- Develop the programme considering patient needs, individual, trust and national requirements.
- Be responsible for the programme co-ordination and share relevant dates with all stakeholders via an annual planner and in a timely manner to meet rostering requirements.
- Oversee facilitation of the programme.
- Support all stakeholders.
- Provide guidance for preceptors and update accordingly.
- Continually evaluate the programme.
- Develop, maintain and keep up-to-date preceptorship documentation and workbooks.
- Ensure attendance is documented on ESR.
- Have systems in place to report non-attendance to line managers.
- Report any concerns that may impact the quality of preceptorship through the education governance process.
- Inform key stakeholders of any relevant changes to preceptorship.
- Define the core subjects for each profession (nurse, midwife, allied health professional) alongside the educational and professional leads.
- Maintain a register of preceptors to assist in the identification of trained preceptors for new registrants.
- Support and inform the network of preceptorship champions.
- Promote support networks to both preceptors and preceptees.

3.2 The Role of the Line Manager

- Ensure the new registrant completes their local induction in line with the Mandatory Learning Policy.

- Inform the programme lead of all newly employed registered practitioners who meet the criteria for inclusion in the programme.
- Prioritise and support the roster and subsequent attendance of the preceptee to be released to attend training and meetings aligned to the programme.
- Be familiar with the programme content.
- Support supplementary study and clinical skills training that is not included in the programme as directed by the Preceptorship Lead. This may include some aspects of mandatory learning.
- Identify and allocate a preceptor for the new preceptee prior to their arrival on the ward/department.
- Provide 12 hours of protected time per annum to the preceptor and preceptee to support their 1:1 meetings and development. This equates to 1 hour per month.
- Align a 6-monthly and yearly meeting to the Trust's Appraisal Policy.
- Ensure that all preceptees are rostered as supernumerary for 2 weeks from the start of their employment.
- Oversee that the preceptee is supported to achieve all of their mandatory learning requirements in line with Trust policy.
- Follow procedures for capability if necessary – refer to the Capability Procedure: Managing Poor Performance policy.
- Encourage and support clinical supervision, including access to the Professional Nurse Advocate (PNA) service on completion of the preceptorship period.

3.3 The Role of the Education Lead

- Provide follow-up support for preceptees aligned to the division.
- Facilitate sessions/days when required in line with the Standard Operating Procedures.
- Follow the Escalation of Preceptees process to escalate any concerns to Line managers and Preceptors (Appendix 2).
- Maintain accurate training records as part of progression monitoring.
- Support the Preceptorship Lead and facilitators with all administrative requirements.

3.4 The Role of the Preceptor

- Must have a minimum of 18 months post-registration experience and be of the same discipline.
- Must have read the Preceptor Guidance Document and completed the Self Declaration for Preceptors on ESR.
- Commit to the preceptor role and its responsibilities.
- Be supportive and provide a facilitative relationship.
- Help the new practitioner to orientate successfully and adapt to the clinical environment.
- Support with personalising the newly registered practitioners' learning and development needs and help them identify key learning opportunities and resources.
- Act as a role model and be clinically active.
- Be familiar of the programme content including taught dates.

- Meet formally with preceptees - within the first 2 weeks of employment, monthly for the first 3 months, an interim meeting at 6 months and at regular intervals thereafter. A final interview will be required at the end of the preceptorship.
- Support additional meetings (to be negotiated) as felt to be required by either preceptor or preceptee.
- Ensure a 6-monthly meeting and yearly meeting are linked to the Trust's Appraisal Policy, and this is completed alongside the line manager.
- Follow the Escalation of Preceptees process to escalate any concerns to Line managers and Education Leads (Appendix 2).
- Commit and provide constructive feedback to support the preceptee.
- Document action plans in the preceptees portfolio and save a copy in the preceptee's HR file.
- Attend updates arranged by the Preceptorship Lead to maintain status as a preceptor.
- A preceptor will not be expected to have more than two preceptees at any one time.

3.5 Role of Preceptee

- Commit learning time to the preceptorship programme and period.
- Take responsibility for one's own learning and development.
- Meet with preceptor within the first two weeks of employment and have completed the self-declaration for preceptees on ESR.
- Ensure availability to attend the taught dates of the programme.
- Contact the training department & your line manager if you are unable to attend any of the sessions due to sickness.
- Follow the smart dress code (not uniform) plus I.D badge when attending the taught programme dates.
- Plan dates with the preceptor as detailed in the core preceptorship programme for further discussion/action planning, therefore working collaboratively with the preceptor to identify, plan and achieve learning needs.
- Use the supernumerary time to visit/shadow areas and colleagues/ roles relevant to the area of work.
- Complete the workbooks in the timeline outlined and as discussed on the programme.
- Provide feedback on the preceptorship programme (formally and informally).
- Submit the necessary work to your Education Lead or Clinical Educator at the end of the taught sessions as discussed on the programme.
- In liaison with your line manager, towards the end of your preceptorship programme, determine who will act as your clinical supervisor.
- Maintain and develop your own reflective diary and portfolio for revalidation purposes.
- If you feel that it would be beneficial to change your preceptor during the programme, then please discuss this with your line manager.

3.6 Role of Learning Environment Manager (LEM)

- Allocate each new registrant a preceptor within their first week of joining the organisation.
- No more than two preceptees allocated to 1 preceptor.
- Plan time for the preceptor and preceptee to meet regularly.

- Disseminate relevant information to the preceptors in your area.

3.7 Role of the Recruitment Team

- Keep the Programme Lead apprised of new eligible registrants and confirm a means of contacting them.
- Book new eligible registrants onto the programme via the Education Team.
- Inform the Programme Lead of any changes to the recruitment process.
- Inform the line manager of all the above.

4 PROCEDURE

More information on the Trust's preceptorship programme can be accessed by visiting the intranet page - [Preceptorship Programme – Education & Research](#)

- Booking onto the programme is made through the recruitment team.
- Managers are required to ensure the preceptee is supported to achieve all of their mandatory learning requirements in line with Trust policy. Individuals' requirements are detailed on their compliance matrix on ESR.

5 LEARNING/ SUPPORT

Preceptors will receive training and support from the Programme Lead, Education Leads, Managers and LEMs. The Preceptor Guidance document can be viewed [here](#).

LEMS will receive updated information on their annual LEM study day.

Preceptees will be supported during the period of preceptorship (12 months) and will be guided towards enhancing their knowledge by extending their clinical skills relevant to the area of work. Career development advice will be given and will be in line with the Annual Appraisal process and revalidation.

6 MONITORING COMPLIANCE WITH THE PROCEDURAL DOCUMENT

What is being Monitored	Who will carry out the Monitoring	How often	How Reviewed/ Where Reported to
Progress of preceptees and the delivery of the preceptorship programme	Preceptorship Lead, Preceptorship Deputy and Education Leads	1) Report by exception, preceptees in difficulty.	1) Education leads reporting to the Divisional Nurse. 2) Preceptorship Lead-reported to WEG & PC.

		2) Quarterly review of programme feedback. 3) Annual report of activity.	3) CNEG annual report of activity.
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7 DEFINITIONS

Electronic Staff Record (ESR) – electronic database for monitoring staff training and progress with learning.

Learning Environment Manager (LEM) – registered practitioner with an appropriate mentorship qualification and will be responsible for the quality of their learning environment and all learners working in that environment.

Mentorship – to be a mentor or to undertake mentorship training means the registrant is capable of supervising and completing adequate documentation for students within their profession. In some departments mentors are known as Practice Placement Educators.

Preceptee - a newly registered practitioner or a practitioner returning to practice following extended period out of practice, or practitioner entering acute setting from non-acute setting.

Preceptor - a registered practitioner with appropriate mentorship qualification that assists the new registration through their period of preceptorship.

Preceptorship - “a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning” (Department of Health 2010).

Supernumerary – this is a period of practice where the new registrant is working alongside another registrant to enable them to familiarise themselves in their new role. It starts on their first day of employment and is for a minimum of two weeks within this organisation.

8 EQUALITY IMPACT ASSESSMENT

The Trust aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are disadvantaged over others. Our objectives and responsibilities relating to equality and diversity are outlined within our equality schemes. When considering the needs and assessing the impact of a procedural document any discriminatory factors must be identified.

An Equality Impact Assessment (EIA) has been conducted on this procedural document in line with the principles of the Equality Analysis Policy (CORP/EMP 27), the Equality Diversity and Inclusion Policy (CORP/EMP 59) and the Civility, Respect and Resolution Policy (CORP/EMP 58).

The purpose of the EIA is to minimise and if possible, remove any disproportionate impact on employees on the grounds of race, sex, disability, age, sexual orientation or religious belief. No detriment was identified. (See Appendix 3)

9 ASSOCIATED TRUST PROCEDURAL DOCUMENTS

CORP/EMP 1 - Sickness Absence Policy
CORP/EMP 14 – Freedom to Speak Up Policy ‘Speak up to make a difference’
CORP/EMP 20 – Dress Code and Uniform Policy
CORP/EMP 25 - Capability Procedure: Managing Poor Performance
CORP/EMP 27 – Equality Analysis Policy
CORP/EMP 29 – Mandatory Learning Policy
CORP/EMP 32 - Appraisal Policy
CORP/EMP 35 - Doncaster and Bassetlaw Teaching Hospitals Roster Policy
CORP/EMP 36 - Recruitment and Selection Policy
Guidance for undertaking Clinical supervision (located with Trust policies)

10 DATA PROTECTION

Any personal data processing associated with this policy will be carried out under ‘Current data protection legislation’ as in the Data Protection Act 2018 and the UK General Data Protection Regulation (GDPR) 2021.

For further information on data processing carried out by the trust, please refer to our Privacy Notices and other information which you can find on the trust website: <https://www.dbth.nhs.uk/about-us/our-publications/information-governance/>

11 REFERENCES

DEPARTMENT OF HEALTH (2022). National preceptorship framework for nursing. [online]. DOH, London. [NHS England » National preceptorship framework for nursing](#)

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HEALTH EDUCATION ENGLAND. (2015). Raising the Bar Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants. [Online]. HEE, London <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

NHS England (2022) National preceptorship model for nursing. [online] <https://www.england.nhs.uk/long-read/national-preceptorship-model-for-nursing/#compliance>

NURSING AND MIDWIFERY COUNCIL (2006). Preceptorship guidelines. [online] NMC Circular, London. http://www.nmc.org.uk/globalassets/sitedocuments/circulars/2006circulars/nmc-circular-21_2006.pdf

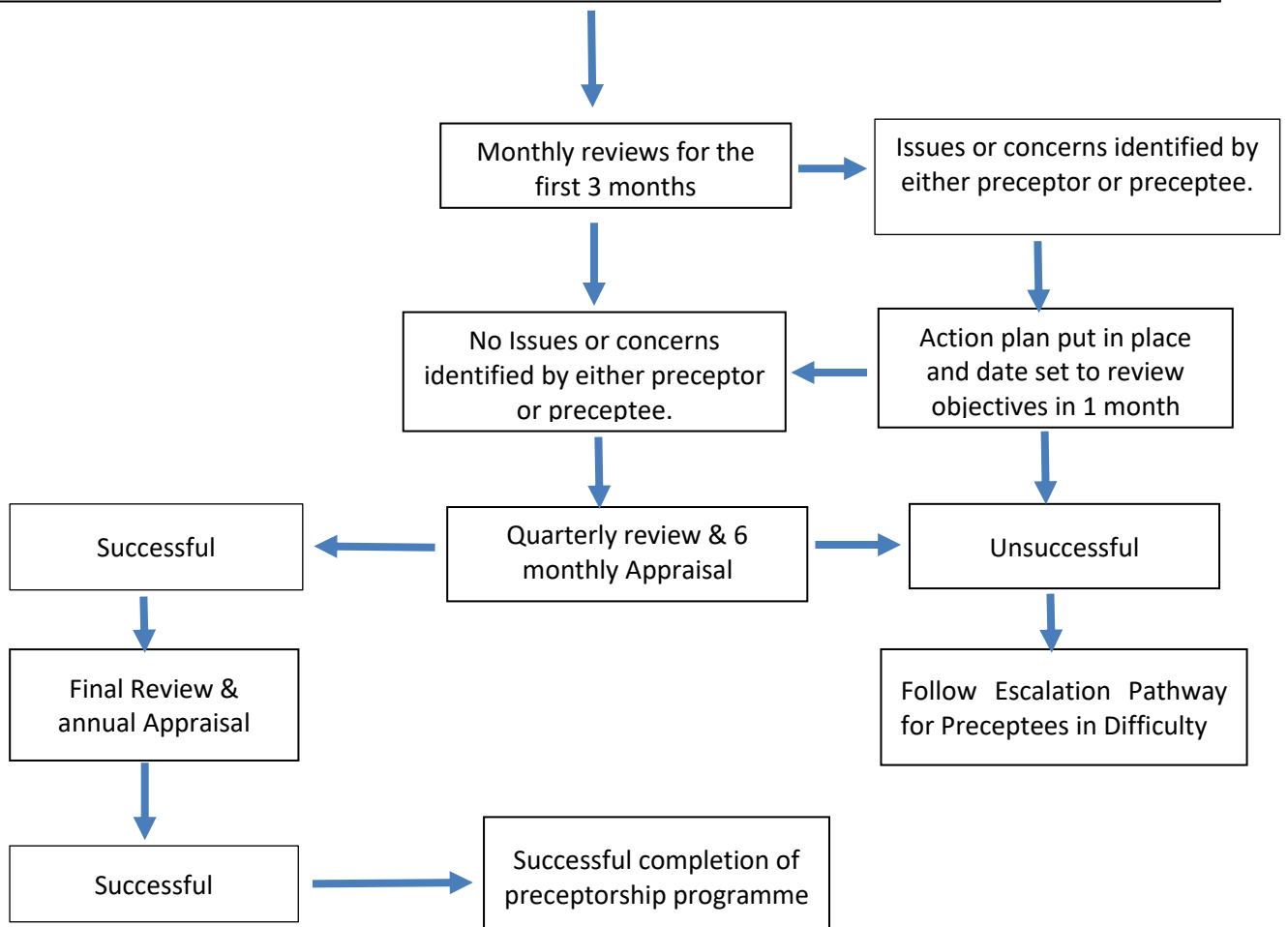
APPENDIX 1 - PRECEPTORSHIP PROCESS

Preceptee commences work in the Trust

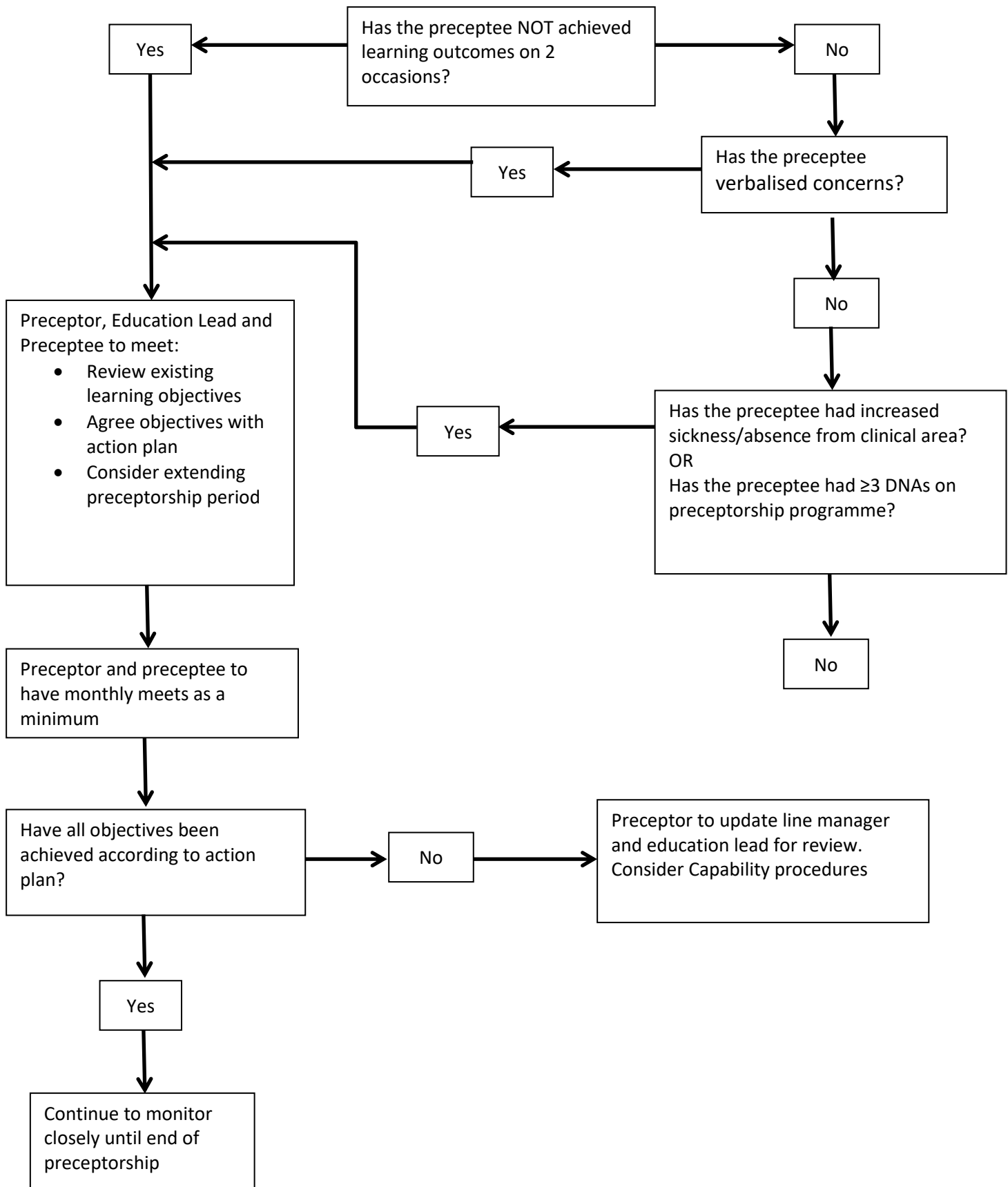
- LEM/Preceptorship Champion allocates a named Preceptor
- Core preceptorship programme information provided
- The Preceptee completes their local Induction within their area of employment
- The Preceptee commences the preceptorship programme

Preceptee & Preceptor:

- Meet within the first 2 weeks to set SMART objectives,
- Raise awareness of the Trust Appraisal Policy
- Commence Trust Preceptee Development Programme
- Regular Meetings between Preceptor & Preceptee for the first 3 months (minimum requirement)



APPENDIX 2 - ESCALATION PATHWAY FOR PRECEPTees IN DIFFICULTY



APPENDIX 3 - EQUALITY IMPACT ASSESSMENT PART 1 INITIAL SCREENING

Service/Function/Policy/Project/ Strategy	Division/Executive Directorate and Department	Assessor (s)	New or Existing Service or Policy?	Date of Assessment
Preceptorship Policy – CORP/EMP 50 v.4	Education & Research Directorate	Lisette Caygill	Existing	04/02/2026
1) Who is responsible for this policy? Education & Research Directorate				
2) Describe the purpose of the service / function / policy / project/ strategy? To provide a standard approach to preceptorship across the Trust. It is designed to ensure consistency and equity of access across services for all newly registered practitioners, following the achievement of professional registration.				
3) Are there any associated objectives? It is aligned to Department of Health (2010), Health Education England (2015) standards & NHS England (2022) National preceptorship model for nursing.				
4) What factors contribute or detract from achieving intended outcomes? –				
5) Does the policy have an impact in terms of age, race, disability, gender, gender reassignment, sexual orientation, marriage/civil partnership, maternity/pregnancy and religion/belief? No				
<ul style="list-style-type: none"> • If yes, please describe current or planned activities to address the impact [e.g. Monitoring, consultation] – 				
6) Is there any scope for new measures which would promote equality? No				
7) Are any of the following groups adversely affected by the policy? No				
Protected Characteristics	Affected?	Impact		
a) Age	N			
b) Disability	N			
c) Gender	N			
d) Gender Reassignment	N			
e) Marriage/Civil Partnership	N			
f) Maternity/Pregnancy	N			
g) Race	N			
h) Religion/Belief	N			
i) Sexual Orientation	N			
8) Provide the Equality Rating of the service / function /policy / project / strategy – tick (✓) outcome box				
Outcome 1 ✓	Outcome 2	Outcome 3	Outcome 4	
Date for next review: August 2028 (policy valid until February 2029)				
Checked by: Nicola Vickers			Date: 4 February 2026	