Birmingham and Solihull Mental Health NHS Foundation Trust

Preceptorship Policy

(Nursing and Allied Health Professionals)

Policy number and category	**CG16**	**Corporate**
Version number and date	**2**	**February 2026**
Ratifying committee or executive director	**Trust Clinical governance committee (CGC)**	
Date ratified	**March 2026**	
Next anticipated review	**March 2029**	
Executive director	**Executive Director for Quality and Safety (Chief Nurse)**	
Policy lead	**Lead Nurse for Non-Medical Education and Development**	
Policy author *(if different from above)*	**Practice Educator for Preceptorship**	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	**Yes**	

Policy context

This preceptorship policy is for all newly qualified, and internationally educated nurses, nursing associates, allied health professionals, those returning to practice, preceptors, preceptorship lead, preceptorship champions, line managers, practice educators and all those involved directly or indirectly in the preceptorship of newly registered practitioners working within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). The purpose of preceptorship is to support the transition of newly registered practitioners into professional practice, early career development and support the retention of staff which is a national priority.

Policy requirement (see Section 2)

This policy provides information and guidance on the multiprofessional preceptorship programme for those involved directly or indirectly in the preceptorship of newly qualified practitioners working within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

This includes nurses, nursing associates, internationally educated nurses, allied health professionals, nurses and AHPs returning to practice.

Change Record

Date	Version	Author (Name & Role)	Reasons for review / Changes incorporated	Ratifying Committee
Nov 2024	1	Practice Educator for Preceptorship	New Policy	CGC
Nov 2025	2	Practice Educator for Preceptorship	1 yearly review due to it being a new Policy, no major changes to note.	CGC

Contents

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

- Equality and diversity policy
- Trust induction policy
- Mandatory training policy
- Disciplinary policy
- Appraisal and supervision policy
- Probation period guidance
- Staff Development Policy

1. Introduction

1.1 Rationale

The primary focus of the Multi professional Preceptorship Programme (MPP) is to ease the transition to qualified practitioner (DoH,2009). Birmingham and Solihull Mental Health NHS Foundation Trust's (BSMHFT) preceptorship programme follows the guidelines of the National Preceptorship Framework (2022) and includes newly qualified nurses and nursing associates, internationally educated nurses, newly qualified allied health professionals and those returning to practice from these staff groups. For the purpose of this policy all of these staff groups will be referred to as NQP. This policy is underpinned by guidance from the Nursing and Midwifery Council (NMC) and Health and Care professions council (HCPC) Principles for Preceptorship (2023). A review by Health Education England (HEE,2014) identified a high turnover of NQP's within the first year of qualification. To reduce variation and improve the quality of preceptorship, the NHS England's National Retention Programme established the National Preceptorship for Nursing and Allied Health Professionals project to develop and deliver a collectively agreed framework for good practice in implementing preceptorship. The core purpose and expected outcome is improved retention for NQPs.

BSMHFT recognise that the period following registration as a health care professional can be a challenging time, it is acknowledged that newly qualified practitioners (NQP) may feel overwhelmed by increased accountability and do not always feel adequately prepared for the demands of their first role (Smythe and Carter 2022). This transition from student to qualified practitioner is a period of high stress described as transition shock (Duchscher 2009) and it is recognised as a time that requires ongoing support (Smythe et al 2022).

Professional bodies in healthcare strongly recommend that all NQPs have a period of Preceptorship on commencing employment to assist in this initial transition. BSMHFT preceptorship programme enables newly qualified practitioners to socialise with peers, build on existing knowledge and skills and increase confidence (Frögéli et al 2019, Kerin 2020, Jenkins et al 2021). Within BSMHFT all NQPs should receive preceptorship within their first-year post-registration.

Co production with preceptees, preceptors and experts by experience is at the essence of the preceptorship programme and therefor an evaluation of the programme is carried out at mid-point and end point of each cohort and changes to content are made in response to feedback.

1.2 Scope

The preceptorship policy provides a framework and set of common standards and support for NQP's. BSMHFT mandates a preceptorship period of 12 months, this preceptorship policy is intended as a resource for all those involved in the preceptorship of NQP's within the organisation.

1.3 Principles

- NQP's will receive a preceptorship that will consist of a period of structured support inclusive of cultural, pastoral and wellbeing as they transition into their new roles. Once on the preceptorship programme all NQP's will be referred to as preceptees.
- The programme will follow the principles of preceptorship as defined by NMC (2020) and HCPC (2023) These principles form the basis of a framework and set of standards for preceptorship programmes developed through NHSE which has been incorporated into the National Preceptorship Frameworks and approach.
- Co production is integral to the preceptorship programme, therefore evaluations and feedback from preceptees, preceptors, preceptorship champions, ward managers, clinical leads and education leads contribute to the dynamic development of the BSMHFT multi professional preceptorship programme.

2. The policy

BSMHFT mandates a preceptorship period of 12 months, this preceptorship policy is intended as a resource for all those involved in the preceptorship of NQP's within the organisation.

This policy is based on the guidance and standards established by the NHSE (National Health Service England), National Preceptorship Framework for Nursing (2022), NHSE AHP Preceptorship Standards and Framework (2023), HCPC Principles for Preceptorship (2023), Health Education England preceptorship standards (2015). It complies with the guidance set out by the Nursing and Midwifery Council (NMC, 2020).

This policy will support BSMHFT to achieve a gold standard preceptorship programme that will align with the national preceptorship framework.

This policy will set a pathway for preceptees, preceptors and managers in supporting staff through the preceptorship period enabling a consistent framework for professional's trust wide.

3. The procedure

1. The line manager is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and the preceptorship programme. The line manager also advises the preceptorship team of each newly registered professional with start date and name of preceptor via email to bsmhft.preceptorshipprogramme@nhs.net.
2. Each preceptee will be allocated a nominated preceptor within the first week of joining the organisation by their line manager.

3. The preceptee will meet with their allocated preceptor within the first two weeks of joining with the purpose of agreeing a charter and developing learning objectives for the preceptorship period.
4. Meetings between the preceptee and preceptor should take place monthly as a minimum requirement these meetings should be around an hour long and include protected time for both preceptee and preceptor all meetings should be documented using the standard templates.
5. The line manager will support attendance and participation in the organisation's preceptorship programme.
6. By the end of the preceptorship period all preceptees will have had a career conversation to identify future development needs and objectives the preceptee will have completed their programme of learning and solution focused coaching training, will have developed confidence and competence and achieved final sign-off as an autonomous practitioner.

For some preceptees (international registrants / returners to practice / nursing associates / new to clinical settings) an accelerated preceptorship programme may be offered upon commencing employment, however support should continue throughout the first six months.

3.1 Supernumerary period

3.1.1 Nursing, nursing associates and return to practice nurses

BSMHFT mandates a minimum of two weeks' supernumerary period for the nursing preceptee, which equates to 75 hours. This should be in addition to induction requirements, however individual needs should be recognised as required by the nursing and midwifery council (NMC), the two-week supernumerary period can be extended beyond two weeks if felt this is needed to support the preceptee and should be discussed and reviewed by the line manager and preceptee. In addition to the supernumerary period the preceptee will be given protected time for preceptee development and meetings with their preceptor.

3.1.2 AHP and AHP return to practice

AHP preceptees should be non-caseload bearing for 2 weeks.

3.1.3 Internationally educated nurses

IENs will receive twelve weeks supernumerary period however will gradually be integrated into the nursing numbers one shift per week from week six of their supernumerary period.

3.1.4 Newly Qualified Nurses joining Temporary Staffing Solutions

Newly Qualified Nurses joining Temporary Staffing Solutions will commence the next available programme. As they are employed as temporary staffing workers, supernumerary time will not be applicable. Participants will be allocated a preceptor for the duration of the programme, who will arrange protected time with the preceptee in accordance with Section 3.3

BSMHFT is committed to the supernumerary period as a supportive measure (when applicable) therefore any non-adherence should be reported through the trust incident reporting system (Eclipse).

3.2 Compliance with the programme

The preceptorship programme is mandatory for all NQP's.

NQP's will be allocated to a cohort by the preceptorship team who will then send out the 12-month preceptorship programme schedule to the preceptee, Line manager and allocated preceptor, all scheduled preceptorship dates will be added to the preceptees e roster as a study day by the line manager.

All preceptorship study days are mandatory if a preceptee cannot attend their allocated study day this will need to be discussed with their line manager and preceptorship team so that where possible they can be allocated to an alternative date.

It is the responsibility of the preceptee to ensure that if they are unable to attend any of their scheduled preceptorship study days due to sickness that they follow the trust sickness/absence reporting policy.

A register will be taken at each study day to monitor attendance.

3.3 Protected time for preceptee and preceptor duties

Preceptees will be given protected time to attend all mandatory preceptorship study days in addition to this the preceptees will be given protected time for preceptee development and 1 hour per month protected times for meetings with their preceptor.

A core standard of twelve hours' protected time is recommended for each preceptor per year to accommodate their development, meetings, and peer support needs.

For AHP preceptors a core standard of twenty hours protected time is recommended for each preceptor per year.

3.4 Moving to other ward areas to support clinical demand

As a trust it is our aim for all preceptees to be protected from moving to other wards/directorates until they have had a minimum of 12 weeks experience within their allocated ward/directorate to enable them to begin their transition to autonomous practitioner. If preceptees are required to move within this time frame it should be within their employing directorate.

However, there may be instances where to maintain patient and department safety a preceptee may have to be moved to another ward/directorate within this initial 12-week period. If this is unavoidable, the preceptee should have the rationale explained to them. To ensure this is communicated clearly.

If the preceptee is moved, they should be orientated to the ward/area and key information should be shared on arrival and should not be allocated as nurse in charge or lone practitioner during this period the preceptee should be given information and names of who they can contact for support.

The preceptee should be aware of their own limitations when moving areas and only practice within their own scope of competence.

If a preceptee is to be moved within the 12-week period, the preceptee should complete the trust eclipse form and add this to safe care.

3.5 Raising concerns

Preceptees will have the opportunity to raise any concerns they may have during their preceptorship period through the facilitated reflective practice groups, 1:1s with their preceptor, clinical supervision and management supervision. Preceptees will also have access to freedom to speak up guardians and the eclipse system to raise or escalate any concerns.

Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager and appropriate procedures followed.

4. Responsibilities

Post(s)	Responsibilities	Ref
All Staff	To be aware of the policy and their role within preceptorship.	**Policy**
Service, Clinical and Corporate Directors	To be aware of the policy and their role within preceptorship.	
Policy Lead/ Preceptorship team	The Preceptorship lead is responsible for coordination, evaluation, and monitoring of the preceptorship programme. The responsibilities of the preceptorship lead are to: • Act as central point of contact within the trust • Development and review of programme and policy • Maintain a register of preceptors and ensure there are sufficient trained preceptors. • Provide a development programme and support network for preceptors. • Promote the value and benefits of preceptorship within their own organisation. • The development of a support network of preceptorship champions • Allocate or delegate the responsibility for identifying preceptors in time for the preceptee's start date. • Facilitate preceptorship study days as part of the trust preceptorship programme. • Monitor and track completion rates for all preceptees.	

	• Measure the effectiveness and impact of preceptorship programs on retention and staff engagement. Act as point of escalation to maintain the relationship between preceptor and preceptee.	
Executive Director	To have oversight of the policy and programme within BSMHFT.	
Preceptor	The preceptor should be a registered professional of an equivalent or senior level to the preceptee with a minimum of 12 months experience and working in the same profession as the preceptee. They should have a minimum of 12 months' working in the work area or setting, have access to ongoing support and training and have completed their multi professional preceptor E compendium training and face to face coaching skills workshop. Access to the E compendium training and workshop is via the preceptorship connect page and trust training prospectus Multi-professional Preceptorship Programme (sharepoint.com). Nursing associates with a minimum of 12 months experience post registration may act as a preceptor for newly registered nursing associates. Each preceptor should be allocated no more than two preceptees at one time. The preceptor should participate in preceptorship forums and support networks to maintain up-to-date knowledge and will receive 12 hours per year of protected time to accommodate their development, meetings and peer support needs for their preceptorship duties. AHP preceptors will receive 20 hours per year of protected time to accommodate their development, meetings and peer support needs for their preceptorship duties. The role of the preceptor is to provide guidance to the preceptee by facilitating the transition from student to qualified practitioner (or transitioning professional) by gaining experience and applying learning in a clinical setting during the preceptorship period. A minimum of 12 hours per year protected time is allocated to each preceptor to carry out preceptorship responsibilities to: • Plan, schedule, conduct and document regular meetings with the preceptee. • Work weekly with the preceptee and hold minimum monthly meetings to track progress and document achievements, action plan developmental needs.	

	• Assess learning needs and develop an individual learning plan with the preceptee. • Provide support and constructive feedback to the preceptee. • Act as a role model for professional practice and socialisation. • Possess a good understanding of the preceptorship framework requirements and communicates these to the preceptee clearly and concisely. • Act as a professional friend, peer and advocate. • Participate in preceptorship forums, clinical supervision, and support networks to maintain up to date knowledge. • Be involved in evaluation of the programme and improvements of the programme where needed.	
Preceptee	The Preceptee is responsible for their development and commitment to their preceptorship programme. Preceptees will be expected to attend the 12-month preceptorship programme and engage in reflective practice groups as part of this. in addition to attendance at the preceptorship programme preceptees will also be given 12 hours per year of protected time for development and meetings with their preceptor. It is the preceptees responsibility to ensure regular check-ins with preceptor are agreed and take place at a mutually convenient time. AHP preceptees will receive 36 hours per year of protected time for development and meetings with their preceptor. Protected time is given for all responsibilities to: • Attend all organised training and participate in all learning opportunities. • Prepare for and attend meetings with their Preceptor monthly for 1 hour at the agreed times. • Work in collaboration with their Preceptor to identify, plan and achieve their learning objectives, this includes developing individual learning plan and completing all documentation within required timeframes. • Escalate concerns, reflecting on own practice, and taking ownership of own professional development. • Submit feedback via evaluation forms after every training session/workshop. • Submit evaluation at midpoint and end of the preceptorship period.	
Line Manager	The role of the line manager is to ensure the implementation of the preceptorship policy within own area. The responsibilities are:	

	• To allocate a preceptor to each newly registered practitioner within one week of their joining date. • To ensure completion of all induction, mandatory and statutory training for the preceptee • To provide a minimum supernumerary/non caseload holding period of 75 hours for the preceptee • To ensure the preceptee and preceptor are given protected time 12 hours per year for nurses, nursing associates and 36 hours per year for AHPs for meetings at outset of programme and every month. • To work collaboratively with Preceptorship Lead to ensure there are sufficient trained preceptors within work area, to provide support and evaluate the impact of preceptorship.	
Preceptorship Champion	The role of the preceptorship champion is to promote the value and benefit of preceptorship for all newly registered nurses nursing associates allied health professionals and those returning to practice. and to support implementation within their area and/or organisation / ICS /ICB. The preceptorship champion role should be held by an experience preceptor who is passionate about preceptorship. The responsibilities are to: • Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation • Engage with the organisation's preceptorship team to continue the evolution of the preceptorship work internally and across region as appropriate. To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice. • Provide feedback to organisation's preceptorship team when improvement and education is required in areas or where newly qualified staff require additional input.	

5. Development and Consultation process

This policy has been co-produced through consultation with past and present preceptees, preceptors, reflective practice facilitators, educators, and the preceptorship team.

Consultation summary	
Date policy issued for consultation	November 2025

Number of versions produced for consultation	1
Committees / meetings where policy formally discussed	**Date(s)**

Where received	Summary of feedback	Actions / Response

6. Reference documents

- NHSE National Preceptorship Framework for nursing (2022) NHS England » National preceptorship framework for nursing
- NHSE AHP Preceptorship Standards and Framework (2023), Allied Health Professions (AHP) Preceptorship Standards and Framework (hee.nhs.uk)
- HCPC Principles for Preceptorship (2023), Principles for preceptorship | (hcpc-uk.org)
- Health Education England preceptorship standards (2015),
- Nursing and Midwifery Council principals for preceptorship (NMC, 2020) Principles of preceptorship - The Nursing and Midwifery Council (nmc.org.uk)
- The PRESS model (Smojkis 2009, 2018)

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Smojkis M, Begum R (2022) Findings from an evaluation: Does taking part in a virtual interdisciplinary Preceptorship Programme increase support, confidence, and knowledge for Newly Qualified Practitioners during the COVID-19 pandemic. Conference Paper RCN International Nursing Research Conference.

Smythe A, Carter V (2022) The experiences and perceptions of newly qualified nurses in the UK: An integrative literature review. Nurses Education in Practice. 62 (2022) 103338

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8. Glossary

Term	Definition
Accelerated preceptorship	Intensive preceptorship programme lasting approximately six weeks

AHP	Allied health professional
CEO	Chief Executive Officer
CN	Chief Nurse
HCPC	Health and Care Professionals Council
HEE	Health Education England
ICS	Integrated care system
ILP	Individual learning plan
NA	Nursing associate
NMC	Nursing and Midwifery Council
NQP	Newly qualified practitioner
NRN	Newly registered nurse
Practitioner	Registered professional, i.e. nurse, nursing associate, midwife, allied health professional
Preceptee	Person receiving support and guidance from the preceptor, usually the newly registered practitioner
Preceptor	Person providing support and guidance to the preceptee
Preceptorship champion	Designated role to promote value of preceptorship within organisation
Preceptorship lead	Central point of contact and lead for preceptorship within organisation or ICS
Preceptorship model	Short version of the preceptorship framework
Preceptorship period	Designated period of support and guidance for new practitioner in 6-12 months post registration
RTW	Returner to work

9. Audit and assurance

Evaluation of the preceptorship programme will be completed annually by the preceptorship lead this will include:

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Evaluation of preceptorship experience.	Preceptorship team.	Preceptee feedback questionnaires.	Mid-point and end point of programme .	People committee
Allocation of preceptor.	Preceptorship team.	Microsoft forms Data	Three times per year (once for each cohort).	People committee
Supernumerary status	Preceptorship team.	Preceptorship team to review ESR/checklist in preceptorship workbook.	Three times per year (once for each cohort).	People committee
Feedback from preceptors.	Preceptorship team.	Preceptor Forums and end point feedback form.	Monthly during forums and end point of the programme .	People committee
Feedback from line managers / practice educators / preceptorship champions/ lead AHPs.	Preceptorship lead	Preceptorship team meetings	Bimonthly	People committee
Feedback will be analysed after each workshop or training session.	Preceptorship team	Online evaluation forms of individual sessions.	After each session.	People committee
Course evaluations will be analysed at the end of each programme.	Preceptorship Team, guest facilitators, preceptorship champions	End of programme evaluation meeting.	End of each programme (12 months)	People committee
Analysis of retention statistics at 12 months and 24 months' post	Preceptorship team.	Collaboration with HR looking at statistics	12 and 24 months post registration	People committee

10. Appendices

The following documents form part of the BSMHFT preceptorship policy.

- Appendix 1 - Equality Analysis Screening Form
- Appendix 2 - Preceptorship Programme Structure

Appendix 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
http://connect/corporate/humanresources/managementsupport/Pages/default.aspx

Title of Policy	**Preceptorship policy**		
Person Completing this policy	Practice Educator for preceptorship	**Role or title**	Practice Educator
Division	Nursing and quality	**Service Area**	Corporate Nursing
Date Started	24/11/25	**Date completed**	24/11/25
Main purpose and aims of the policy and how it fits in with the wider strategic aims and objectives of the organisation.			
This policy provides information and guidance on the multiproffessional preceptorship programme for those involved directly or indirectly in the preceptorship of newly qualified practitioners working within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT). This policy will set a pathway for preceptees, preceptors and managers in supporting staff through the preceptorship period enabling a consistent framework for professional's trust wide.			
Who will benefit from the policy?			
This Policy will benefit newly qualified and internationally educated nurses, nursing associates, allied health professionals, those returning to practice, preceptors, preceptorship leads, preceptorship champions, line managers, practice educators and all those involved directly or indirectly in the preceptorship of newly registered practitioners working within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).			
Does the policy affect service users, employees or the wider community? ***Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward***			
This policy does not impact service users but does improves experiences for all new employees.			
Does the policy significantly affect service delivery, business processes or policy? ***How will these reduce inequality?***			
This policy does not affect service delivery, business processes or policy.			

Does it involve a significant commitment of resources? ***How will these reduce inequality?***				
Commitment of resources includes staff to deliver training and use of CPD budget to ensure sustainability. The preceptorship offers all staff in scope the opportunity to access support during their early careers. Equality diversity and inclusion has been considered and captured within the policy itself.				
Does the policy relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
This policy relates to Recruitment and retention and Improving diversity within workforce.				
Impacts on different Personal Protected Characteristics – *Helpful Questions:*				
Does this policy promote equality of opportunity? *Eliminate discrimination?* *Eliminate harassment?* *Eliminate victimisation?*			*Promote good community relations?* *Promote positive attitudes towards disabled people?* *Consider more favourable treatment of disabled people?* *Promote involvement and consultation?* *Protect and promote human rights?*	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	**No/Minimum Impact**	**Negative Impact**	**Positive Impact**	**Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.**
Age			X	As part of the Equality Act – Age is a protected characteristic, however, is collated through our recruitment process, dependent on individuals being open about their age. The employees are reasonably evenly spread between 26-40 ages range 10.56% to 12.48% and ages 41 to 60 groups ranging from 13.13% to 14.38%. Therefore, there is a reasonable balanced profile with no one age group negatively impacted therefor age will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their age.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your policy?				

Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability			X	The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will collaborate with colleagues from learning disabilities services and other organizations, to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately to support this. Our current workforce is showing as **8.02%** colleagues across our Trust reporting having a long-term condition or illness. Where reasonable adjustment is identified the Trust will support staff where required.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender			X	Gender data is collated, there is a disparity around gender pay gap and our current gender pay gap for 2025 is 9.29. It is anticipated that gender will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their gender identity.
This can include male and female or someone who has completed the gender reassignment process from one sex to another. Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your policy?				
Marriage or Civil Partnerships	X			Although this is a protected characteristic, this is not recorded. It is anticipated that marriage or civil partnership will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of their marriage or civil partnership. This is dependent on staff feeling comfortable about being open about their Marriage or Civil Partnership.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters. Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				

Pregnancy or Maternity	X			Although this is a protected characteristic, this is not recorded. It is anticipated that pregnancy and maternity will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. However, the Trust will provide necessary support and reasonable adjustment for an employee who is pregnant or on maternity, paternity or adoption leave, and this may be pausing the Preceptorship programme for a temporary time.
This includes women having a baby and women just after they have had a baby. Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation into pregnancy and maternity?				
Race or Ethnicity			X	It is anticipated that Race or Ethnicity will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief			X	It is anticipated that religion or belief will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation			X	It is anticipated that sexual orientation will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this.
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being ‘out’ or would office culture make them feel this might not be a good idea?				

Transgender or Gender Reassignment			X	It is anticipated that Transgender or Gender Reassignment will not have a negative impact in terms of discrimination as this policy ensures that all employees should be treated in a fair, reasonable and consistent manner irrespective of this. This is also dependent on staff feeling comfortable about being open about their being Transgender or undergoing Gender Reassignment.
This will include people who are in the process of or in a care pathway changing from one gender to another. Have you considered the possible needs of transgender staff and service users in the development of your policy or service?				
Human Rights			X	This policy is written to promote equality and remove any discrimination to ensure that everyone can fulfil their full potential within a Trust that is inclusive, compassionate, and committed. This is keeping in line with our Trust values.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				

	Yes	**No**		
What do you consider the level of negative impact to be?	**High Impact**	**Medium Impact**	**Low Impact**	**No Impact**
			x	

If the impact could be discriminatory in law, please contact the **Equality and Diversity Lead** immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.

If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the **Equality and Diversity Lead** before proceeding.

If the policy does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the **Equality and Diversity Lead.**
Action Planning:
How could you minimise or remove any negative impact identified even if this is of low significance?
Preceptorship lead will work with the organisation to reduce any negative impact experienced by reports of concern. The preceptorship team will provide a preceptorship programme ensuring that the preceptorship Frameworks and standards are followed details are outlined within the policy.
How will any impact or planned actions be monitored and reviewed?
Feedback from reports of concerns and preceptee/ preceptor evaluations. The preceptorship team will complete Ongoing reviews of the programme after each session there will also be 6month and 12-month review points that will be carried out by the preceptorship lead.
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
The preceptorship team will promote the preceptorship programme trust wide both electronically and face to face in ways accessible to all staff, the preceptorship team form part of the trust induction and this allows the team to meet all new starters face to face to discuss the programme and share information. Through review periods we are also able to share good practice.
Please save and keep one copy and then send a copy with a copy of the policy to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net. The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis

Appendix 2 Programme structure (subject to change based on evaluation and feedback)

At BSMHFT the multi professional preceptorship programme runs over a 12-month period.
For the first 6 months Day 1 – 13 preceptees attend a full study day fortnightly and this consists of a morning Taught session and afternoon reflective practice.
For the last 6 months Day 14 – 19 preceptees attend a full study day once per month and this consists of taught sessions and afternoon reflective practice.

All preceptees will be allocated into small, closed groups on their first day of preceptorship and will attend reflective practice groups using the PRESS model (Smojkis 2009, 2018) with their group while completing the preceptorship programme.

Days	Morning	Afternoon
Day 1	Welcome introduction to preceptorship. • Wellbeing and resilience • The role of the PNA • Clinical supervision	Introduction to preceptee document and reflective practice
Day 2	Working in Teams (MDT) • Scope of Practice • Professional identity • Professional Standards	Facilitated reflective practice
Day 3	Getting to know your patients • Care Planning • Early warning signs • Family and carers	Facilitated reflective practice
Day 4	Allied Health Professionals awareness	Facilitated reflective practice
Day 5	Working in Teams • Delegation • Communication skills when delegating • How to delegate to senior and Junior staff	Facilitated reflective practice
Day 6	Mental health Act	Facilitated reflective practice
Day 7	Treatment and Intervention / Medication management. • treatments available (talking therapy, art therapies etc) • use of the mental health act and mental capacity act regarding treatment • difference between mental health symptoms and physical	Facilitated reflective practice

	health symptoms • advocacy • culturally sensitive treatment • constipation • contraindications of treatment • side effects of treatment • LUNSERS and GASS	
Day 8	Being Trauma Informed: psychologically informed approaches to benefit patients, staff and our organisation.	Facilitated reflective practice
Day 9	COMPASS	Facilitated reflective practice
Day 10	Learning Disability awareness	Facilitated reflective practice
Day 11	Practice Supervisor training (Nurses and Nurse Associates). Introduction to education role and ambassador training (Allied Health Professionals)	Facilitated reflective practice
Day 12	Managing the unexpected • Incident reporting (eclipse) • Patient safety • Coroners Court	Facilitated reflective practice
Day 13	Evidence based care and Recovery and midpoint evaluation • Definition of recovery • What is evidence-based care • Where to find evidence • The role of Nice • Practical activities around reviewing evidence	Facilitated reflective practice
Day 14	Equality and Diversity NMC Session (Nurses and Nurse Associates) & HCPC Session (Allied Health Professionals)	Facilitated reflective practice
Day 15	Physical health long term condition training and risk prevention	Physical health long term condition training and risk prevention
Day 16	Preceptee led session	Facilitated reflective practice
Day 17	Practice Assessor training (Nurses Only)	Facilitated reflective practice

	Nursing associate workshop (NAs) Equipment training for AHPs	
Day 18	Solution Focused coaching skills for preceptors (preceptor training). Research and Development	Career development marketplace
Day 19	End of programme evaluation and celebration	Facilitated reflective practice