PRECEPTORSHIP POLICY FOR NURSES, NURSING ASSOCIATES, MIDWIVES AND ALLIED HEALTH PROFESSIONALS

POLICY

Reference	CPG-TW-PrecepPol
Approving Body	V3.0, Nursing, Midwifery and AHP Committee V3.1, Nursing, Midwifery and AHP Committee
Date Approved	V4.0 – Nov-2025
For publication to external SFH website	**Positive confirmation received from the approving body that the content does not risk the safety of patients or the public:**

YES	**NO**	**N/A**
X		

Issue Date	26-November-2025
Version	4.0
Summary of Changes from Previous Version	V3.1 • Section 6, General Principles, page 10 – information added regarding preceptor and preceptee having protected time V3.0 • Planned review undertaken • Programme now 52 weeks • Policy encompasses overseas nurses • Appendix A includes table of topics and themes covered
Supersedes	Version 3.0, Issued 28th February 2023 to Review Date October 2025 Version 4.0 Issued October 2025 to review date October 2027
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Date of Completion of Equality Impact Assessment	May 2022 October 2025
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Legal and/or Accreditation Implications	To help ensure compliance with professional and health regulatory requirements
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Sponsor (Position)	Chief Nurse
Author (Position & Name)	V4.0 – Corporate Director of Nursing, Associate Director of Nursing – Workforce and Preceptorship Support Nuse V3.1 • Amends by Corporate Head of Nursing, Yvonne Simpson V3.0 • Preceptorship Lead Nurse, Julie Goward; and • Preceptorship Support Nurse, Becky Holmes
Lead Division/ Directorate	Corporate

Lead Specialty/ Service/ Department	Nursing
Position of Person able to provide Further Guidance/Information	Associate Director of Nursing – Workforce & Preceptorship Support Nurse

Associated Documents/ Information	**Date Associated Documents/ Information was reviewed**
Not Applicable	Not Applicable
Template control	June 2020

CONTENTS

1.0 INTRODUCTION

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 Council's (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 HCPC recognises that preceptorship should welcome and integrate the preceptees into a new role and encourage a culture in which individuals are supported to continue on their journey of career-long learning and development. The HCPC state preceptorship applies to staff in periods of career transition that may apply to individuals who are, newly qualified, returning to practice, internationally educated professionals practising in the UK for the first time or those changing to a significantly different role or work environment.

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 in order 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. At Sherwood Forest Hospitals NHS Foundation Trust this support is delivered as Preceptorship Programme.

Preceptorship is a structured programme for the newly qualified Registered Nurse, Registered Midwife, Registered Nursing Associate and 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, in order 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.

2.0 POLICY STATEMENT

The Trust is committed to providing all Preceptees with a structured Preceptorship programme, which supports their transition into acute 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.

Staff

This Policy applies to all newly qualified Registered Nurses, newly qualified Registered Midwives, newly qualified AHPs 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), and Registered Nurses/AHPs who are new or unfamiliar with working in an acute setting.

3.0 DEFINITIONS/ ABBREVIATIONS

Term	Definition
The Trust (SFHFT)	Sherwood Forest Hospitals NHS Foundation Trust Incorporating: Kings Mill Hospital, Newark Hospital and Mansfield Community Hospital
Newly qualified Registered Nurses/ Registered Midwives/ AHPsNursing Associates, registrant/s Practitioners.	A person who has successfully completed a period of training /diploma/degree course in a higher education institution (HEI) and is entered onto the NMC or HCPC register.
Return to Practice (RtP) nurses	A Return to Practice course is designed to enable qualified nurses, who have worked fewer than 100 working days or 750 hours in the preceding five years in nursing, to demonstrate both clinical and academic competence in order to re-register with the NMC and to return to practice with confidence and competent skills and knowledge. They are required to complete a period of study with an approved programme provider (3 months) and practical placements of between 75 - 450 hours (must be completed in 3 months) (NMC,2019) **Following successful completion and entry onto**

	the NMC register the nurse will begin their preceptorship on substantive employment at the Trust.
Return to Practice (RtP) AHPs need to comply with HCPC and professional body guidelines	AHP RtP is self-directed study that consists of supervised practice, formal study and private study as defined by the HCPC. 2 to 5 years out of practice requires 30 days of updating, 5 or more years out of practice requires 60days of updating. (1 day is 7 hours). The individual must meet the appropriate requirements of the HCPC in order to practice safely, within the scope of practice and in line with professional standards to re-register.
Preceptorship	A period of structured transition for the Preceptee during which time he or she will be supported by a named Preceptor. They will develop their confidence as an autonomous professional, refine and improve knowledge, skills, values and behaviours and to continue on their journey of life-long learning
Preceptor/ associate Preceptor	A registered practitioner with a minimum twelve month's clinical experience in the same area of practice as the Preceptee. The Preceptor must have the necessary knowledge and skills to help build confidence, be sensitive to the needs of the Preceptee, possess the ability to teach assess and appraise competency and at all times act as an exemplary role model. The preceptor will be identified as suitable to undertake the role by their line manager
Preceptee	A newly registered practitioner/ qualified practitioner, Nurse/AHP returning to practice after a career break/ international practitioner registering with a UK regulatory body/ individuals changing their area of work or field of practice/ a qualified practitioner who has not worked in an acute setting for a long period of time
Induction/ Supernumerary period	A supernumerary member of staff, although part of the team, is not counted in the team's establishment figures. The supernumerary role frees the individual to learn unencumbered by other responsibilities.

	The preceptee will undertake a minimum period of 4 weeks supernumerary practice. This will include the Trust Orientation Day and Nursing and Midwifery Induction Programme. During this supernumerary period the preceptee should be provided with a local induction pertinent to their ward/department as indicated in the SFHFT Induction Policy
Preceptorship Lead Nurse Preceptorship Support Nurse	A senior registered nurse who facilitates and supports the development of the Preceptee in the clinical area and the learning environment. The Preceptorship Support Nurse is responsible for the implementation of the Preceptorship programme and oversees the content of Preceptorship focused study days, they also ensure that registrants are fully enrolled on the programme and facilitate a degree of pastoral support. Where needed the Preceptorship Support Nurse may spend time working clinically alongside preceptees as a means of additional support. The Preceptorship Support Nurse additionally maintains records of progress through the programme to its completion and intervenes and supports where issues arise.

4.0 ROLE AND RESPONSIBILITIES

4.1 Executive Chief Nurse

Has overall responsibility for ensuring that all appropriate staff have undertaken a formal Preceptorship period as part of their introduction to the organisation.

4.2 Divisional Directors of Nursing

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

4.3 Chief AHP

Is responsible for ensuring the AHP workforce are supported and included in the preceptorship programme and senior staff are given the time to support their preceptees and adhering to this policy. This includes the monitoring of the effectiveness of the Preceptorship programme and the enforcement of this policy.

4.3 Matrons/AHP Team Leaders

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, Midwives, Operating Department Practitioners and Advanced Clinical Practitioners (Agenda for Change)

Will work with the Preceptorship Support Nurse / Ward and Department Sisters/Charge Nurses where issues relating to non-compliance with the policy are having a detrimental effect on the experience of the Preceptee or Preceptor.

4.4 Preceptorship Support Nurse / Preceptor support AHP

Is a key point of contact for Preceptees and Preceptors, working in partnership with the clinical teams by providing an educational programme and facilitating all of the required preceptorship programme outcomes to become a competent practitioner.

This is achieved by:

- Ensuring that Preceptorship remains a positive and supportive experience, sharing best practice within and outside of the organisation.
- Delivery of an educational training and support program for Preceptees
- 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 and access to IT resources (this list is not exhaustive).
- Providing verbal and written feedback to Ward Sisters/Charge Nurses, Matrons and Divisional Directors of Nursing on individual progress,
- Working clinically with Preceptees.
- Keeping contemporaneous records of the Preceptees progress.
- Providing support with all Preceptorship documentation including the Preceptorship Competency Pack and Medicines Optimisation Pack to Preceptees
- Verifying the quality and consistency of evidence provided within the Preceptorship Competency Pack on completion of an individual's Preceptorship Programme.
- Submitting evidence of completion to the ward/department sisters/charge nurses and updating details on Preceptorship database.
- Working in collaboration with the People Team, and assisting where possible, in the recruitment process with a focus on the Preceptorship Programme.
- 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 Spring 2023

4.5 Ward / Department Sisters / Charge Nurses/ AHP Team Leaders

Direct line management, performance monitoring and capability management remains the responsibility of employing wards and departments. The Preceptorship team will provide

support and guidance as required and in conjunction with the Ward/Department Sister and Matron.

Ward / Department Sisters / Charge Nurses/ 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.
- Make contact with the Preceptee before their start date to welcome them to the team and provide relevant information with regard to the clinical area.
- Ensure duty rosters are completed which maximize Preceptee and Preceptor contact time including review meetings. (where appropriate)
- 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 at 30, 60 and 90 days into their Preceptorship Programme in line with appraisal guidelines**.** 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 the relevant competency documentation and assessments associated with medicines optimisation.(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.

4.6 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.

The Preceptor will:

- 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 e Learning Preceptor package on the e academy.
- 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, through the utilisation of any competency assessment framework developed by the ward area.
- Provide initial and ongoing support to the Preceptee.
- Integrate Trust standards, competencies, objectives and CARE 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 /Department Sisters/Charge Nurses/AHP lead

4.7 Preceptee

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 CARE 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 are able to evidence this.
- Demonstrate adherence to the Contract of Preceptorship
- Be responsible for arranging their 6/15/20 week reviews 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 and within the requirements of the framework.
- Fully complete the Preceptorship Programme competency document.
- Complete the programme in **52 weeks** for those Preceptees working full time. Preceptees working part time can negotiate an extension with their Ward Sister/Charge Nurse/team leader but this must not be disproportionately long.

4.8 People Recruitment Team

- The People department will provide advice on the implementation of this policy to ensure that it is applied consistently across the Trust
- Are responsible for ensuring all individuals eligible to take part in the Preceptorship programme are notified to the Preceptorship Support Nurses on confirmation of their start date.

5.0 APPROVAL

This policy (v3.0) has been approved by the Nursing, Midwifery and Allied Health Professional Committee

6.0 DOCUMENT REQUIREMENTS (POLICY NARRATIVE)

(See also Appendix A – Preceptorship Guidance)

General principles

To ensure the maximum benefits to the individual and the organisation the following principles must be applied consistently:

- To ensure continuing support for the Preceptees and in comparison, with the recommendations stated within the national guidelines for student nurses it is recommended that Preceptees work a minimum of 40% of their rostered shifts with their Preceptor while the Preceptee is in Preceptorship (NMC, 2018). AHPs will have separate guidance to follow
- To ensure safe and effect practice all Preceptees must ensure they fully comply with the Trust's Roster Management Policy for Nurses, Midwives, Operating Department Practitioners and Advanced Clinical Practitioners (afc). N/A for AHP staff.
- To support good practice the preceptor and preceptee will have at least 12 hours of protected time to meet and complete appropriate documentation and to discuss development plan and progress. The preceptor will provide the Ward Sister with an update on the preceptees progress. The protected time will be based on the individuals' requirements and progression.
- Adherence to the minimum four weeks supernumerary status for Registered Nurses and Midwives and six weeks for Registered Midwives, with AHP having supernumerary at the discretion of their line manager- this includes the corporate induction and a ward program study day. This provides additional support and training from a variety of stakeholders, and allows the Preceptee to work clinically under the direct supervision of their Preceptor and senior members of staffTime allocation for the Edward Jenner is at the discretion of the Ward/ Department Sister/ Charge Nurse, with time allocated during days/nights at work.

Preceptorship Programme

The Preceptorship Programme is 52 weeks in duration, in line with best practice (Middlesex University Hospitals, 2022). NHS England have recommended a national Preceptiorship programme following this review.

It is mandated by the Trust and consists of:

- Trust Orientation.
- Trust Induction.
- Ward programme study days – see programme below.
- 4 weeks supernumerary status for Registered Nurses, 6 weeks for Registered Midwives and AHP's supernumerary status is at the discretion of their line manager.
- Completion of the medicines Management Optimisation Pack where applicable.
- 3 Focus Study Days throughout their Preceptorship (Focus Day 1 will be bespoke to each speciality), in addition to providing peer support and on-going support from the Preceptorship Support role
- Attendance at study sessions as advised or required for their development and learning.
- 1 clinical Skill Study Day.
- Quality Improvement training.
- Completion of the Edward Jenner Leadership Programme.

Nurses in Preceptorship working on the nurse bank

- Following completion of their supernumerary period Preceptees may, with the permission of their ward sister/charge nurse work shifts through the nurse bank on their base ward only, and this will be from six months into the Preceptorship Programme.
- Ward Sisters/Charge Nurses must inform the Temporary Staffing Office that the individual has completed their supernumerary period and confirm that they may work in their clinical area.
- The Temporary Staffing Office will allow access for the Preceptee nurse to book shifts on their base ward only.
- Following completed sign off of their Preceptorship programme competency documentation, the Preceptorship Support Nurse will inform the Temporary Staffing Office that the individual has completed their preceptorship – allowing them to book on all available registered nurse shifts in all Trust areas.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Attendance of Preceptees at ward programme and Focus Support Days	Preceptorship Support Nurse	Registers	Monthly	Matrons Sisters/ Charge Nurses and /AHP Leaders
Completion of Preceptorship programme	Preceptorship Support Nurse	Database	Monthly	Matrons Sistes/ Charge Nurses/AHP Leaders Corporate Director of Nursing
Rostered Shifts – minimum 40% with Preceptor	Ward Sisters/Charge Nurses	Health Roster	4 weeks	Matron

8.0 TRAINING AND IMPLEMENTATION

- The Preceptorship Support Nurse will provide education and advice for the Preceptors in the clinical area
- The Preceptorship Support Nurse will provide education and advice for the Ward Sisters/Charge Nurses.
- E learning Package for Preceptors
- National Preceptorship Framework
- Capital Nurse Preceptorship Framework

9.0 IMPACT ASSESSMENTS

- This document has been subject to an Equality Impact Assessment, see completed form at Appendix B.
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

Care Quality Commission: Regulations for service providers and managers (2017) https://www.cqc.org.uk/guidance-providers/regulations-enforcement/regulation-19-fit-proper-persons-employed#guidance accessed 24th April 2019

NMC (2018) The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates https://www.nmc.org.uk/standards/code/ accessed 24th April 2019

NMC (2018) https://www.nmc.org.uk/standards-for-education-and-training/standards-to-support-learning-and-assessment-in-practice/ accessed 24th April 2019

NMC (2019) Return to Practice Course. https://www.nmc.org.uk/registration/returning-to-the-register/return-course/ accessed 24th April 2019

Related SFHFT Documents:

- Roster Management Policy for Nurses, Midwives, Operating Department Practitioners (odp) and Advanced Clinical Practitioners (acp) (afc))
- Trust Capability policy

11.0 KEYWORDS

Newly registered staff; new; bank, nurse; midwife, AHP, AHPs, professional, registrant, registrants, regulate, regulated, return to practice, health care, healthcare, preceptor, preceptors, preceptee, preceptees, return, returning, practitioner, practitioners, international, overseas, practising,

12.0 APPENDICES

Appendix A – Preceptorship Guidance
Appendix B – Equality Impact Assessment Form

Appendix A

AHP preceptorship guidance will be added once publication of the National AHP preceptorship policy has been published (2023).

Preceptorship Guidance

The Preceptorship Programme is 52 weeks in total and is undertaken by all newly qualified Registered Nurses, Registered Midwives, Nursing Associates, International Registered Nurses and Return to Practice Registered Nurses. Each one is assigned a named Preceptor. The Preceptor provides on-going support and signs off all the competencies in the Preceptorship programme competency pack.

The Preceptorship Programme is mandatory and consists of:

- The Trust orientation and induction programme
  4 weeks supernumerary for Registered Nurses, 6 weeks for Registered Midwives and AHP supernumerary is at the discretion of their line manager, which includes additional support and training from a variety of stakeholders as well as working on the ward /department areas under close supervision from their Preceptor and senior members of staff
- Regular reviews by the Preceptor and Ward /Department Leader /Clinical Educator
- Focus Support Days and a ward programme study day providing on-going support from the Preceptorship Support Lead Nurse/Preceptorship Support Nurse and the Practice Development Team.
- Intravenous Fluid and Medication Infusion Study Day (if applicable to their area)
- Managing challenging Behaviours e learning
- Acute Illness Management or Paediatric Immediate Life Support
- Mental capacity and deprivation of liberty e learning
- Clinical Skills study day
- Quality Improvement Training and quality improvement project to present;
- Edward Jenner Leadership Development training.

What we expect from the Preceptee:

- That they adhere to the Trust Values and Behaviours at all times.
- They attend all study sessions as arranged.
- Use the mechanisms of support available.
- Complete the Medicines Optimisation pack during their supernumerary period.
- Complete their Preceptorship in a timely manner within the 52 week from start of contract.

Preceptees are prohibited from:

- Being the 2nd nurse checker for two nurse check medication until they have completed the medication optimisation pack including all assessments
- Being the 2nd nurse checker for IV medication until they have passed the IV calculation test
- Giving IV medication until they have passed the IV calculation test, have attended the IV study day and have completed the IV competency pack.

- Undertaking extended roles until they have attended appropriate Trust study days and completed appropriate competency packs.

Focus day:	Topic:	Themes covered:	Delivered by:
	Ward Programme	Requirements of preceptorship Role of the preceptee Role of the preceptor Programme content	Preceptorship Support Nurse
1	Fundamentals of care	Infection Prevention & Control Sepsis End of Life Falls Dementia/ EPO Nutrition MCA Tissue Viability	Clinical Nurse Specialists
2	Patient Safety	IV calculations assessment Patient Experience Role of the GSU Acuity and Dependency scoring: safe staffing	Preceptorship Support Nurse Chief Nurse Clinical Fellow Head of Patient Experience
3	Leadership	Leadership Restorative Clinical Supervision Professional Nurse Advocate	PNA Lead
4	Clinical Skills Day	Catheterisation ECG Venopuncture, cannulation Blood pressure Diabetes	PETT
5	Quality Improvement	Introduction to Quality Improvement	Service Improvement Team
6	AIMs course		Resus Team
7	IV study day		PETT

These focus/ training days will be delivered over the 52 weeks of the Preceptorship Programme, and between month six and month 12 the Preceptee will be supported to complete the Edward Jenner Leadership Programme.

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Equality Impact Assessment (EIA) form
EIA form stage 1:

NAME of EIA Assessor: Rebecca Herring	**Date of EIA completion:02/12/2025**
Department: Corporate Nursing	**Division: Corporate**
Name of service/policy/procedure being reviewed or created:	**Preceptorship**
Name of person responsible for service/policy/procedure:	**Rebecca Herring**
Brief summary of policy, procedure of service being assessed: Nursing, Midwifery and AHP Preceptorship Policy which underpins the preceptorship process for newly qualified registrants in these professions.	
Please state who this policy will affect: Staff,	

Protected characteristic	**Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)**	**Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening.** **Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.**
Race & Ethnicity	NO	Preceptorship is available for all new registrants and those new to acute health care across NMAHP disciplines
Sex	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Age	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Religion & Belief	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Disability	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Sexuality	NO	Preceptorship is based solely on professional registration as a qualifying factor.

Pregnancy & Maternity	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Gender reassignment	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Marriage & Civil Partnership	NO	Preceptorship is based solely on professional registration as a qualifying factor.
Socio-Economic factors	NO	Preceptorship is based solely on professional registration as a qualifying factor.

What consultation with protected characteristic groups including patient groups have you carried out? Not applicable

As far as you are aware are there any Human Rights issues to be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? No

On the basis of the information/evidence/consideration so far, do you believe that the document will have a positive or negative adverse impact on equality? (delete as appropriate)

Positive			Negative			
High			**Nil**			

If you identified positive impact, please outline the details here:
Ensures transparency and consistency in the preceptorship offer available to the identified registrants.

EIA Form stage 2:

If you have answered 'yes' to any of the above in stage 1, please complete Stage 2 of the EIA

Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity		
Gender		
Age		
Religion		
Disability		
Sexuality		
Pregnancy and Maternity		
Gender Reassignment		
Marriage and Civil Partnership		
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)		

Signature: *I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form* **RHerring**
Date:.0/12/2025