
Preceptorship - public consultation on principles

Executive Summary

Earlier this year the HCPC agreed to develop guiding principles for preceptorship following a commission from Health Education England (HEE).

During the summer, draft principles for consultation have been prepared, following wide ranging stakeholder engagement. The consultation document is appended at Annex A. An equality impact assessment has been prepared and is appended at Annex B.

Early draft principles were reviewed electronically by the Education and Training Committee (ETC) in August 2022 and were discussed at ETC's meeting on 7 September 2022. The draft principles proposed in the attached consultation document, along with focus areas for consultation, were approved by ETC electronically on 22 September 2022.

Previous consideration	ETC considered this work at its September meeting and have since made a recommendation to Council to approve the draft principles and consultation approach outlined in this paper. Updates on the progress of this project have been provided to Council within regular CEO reports.
Decision	Council is asked to approve the launch of a public consultation and the consultation document at Annex A informed by the Equalities Impact Assessment which will be published alongside the consultation.
Next steps	<p>Pending Council's approval, we plan to launch the public consultation later in October 2022. The consultation is due to run for 8 weeks, with analysis taking place in the New Year. We will seek ETC's input on final principles in the New Year, returning to Council in February 2023 for approval to publish final principles.</p> <p>This timeline is designed to balance the need to ensure effective stakeholder engagement and also to meet the pressing timetable set by HEE, who are funding this work.</p>
Strategic priority	This programme of work supports strategic objectives 2, 3, 4 and 6 of HCPC's corporate strategy.

Financial and resource implications	<p>HCPC has been allocated £100,000 by HEE to undertake work to develop principles on preceptorship. We anticipate that the current agreed work with HEE will be covered by this funding.</p> <p>The HCPC is not obliged to consult on these principles, as they will form non-statutory guidance outside our regulatory framework. Nonetheless, in view of the impact of, and interest in, this work, public consultation will be an important opportunity to engage stakeholders and ensure the principles are as helpful and impactful as they can be, prior to publication and dissemination.</p>
EDI impact	<p>High quality preceptorship programmes that are designed around individual's needs are likely to promote equality and inclusion.</p> <p>A full Equalities Impact Assessment has been developed and is at Annex B. We will seek feedback from respondents on equality impacts as part of the public consultation process.</p> <p>We are also monitoring the characteristics of those engaging with us on this work, by collecting information of those attending workshops and responding to our consultation. While disclosure is voluntary, we hope this will help us to identify any underrepresented groups and focus our engagement.</p>
Author	<p>Sara Harris, Policy Manager Sara.harris@hcpc-uk.org</p>
Sponsor	<p>Naomi Nicholson, Executive Director of Professional Practice & Insight naomi.nicholson@hcpc-uk.org</p>

Preceptorship - public consultation on principles

Background to this project

1. The HCPC has not had rules, guidance or a specific organisational position on preceptorship. However, we had some early indication from the 2021 New Graduate Survey (NGS) that this might be an area to further explore. In the NGS, statements relating to preceptorship elicited lower levels of agreement in comparison to other aspects.
2. There has been growing focus and momentum on preceptorship in the nursing professions across the UK and at national NHS level¹, largely as a result of the [Nursing and Midwifery Council Preceptorship Principles](#). Early engagement with key stakeholders indicated an appetite for a similar set of principles to consolidate good practice and understanding of preceptorship across the HCPC's varied registrant groups.
3. In late 2021, the HCPC agreed to a programme of work to develop principles for preceptorship, in partnership with HEE. This work supports our wider strategic ambitions, particularly around promoting high quality professional practice. As part of this collaborative project, HEE commissioned research led by Professor Chris Burton at Canterbury Christ Church University. The research used a realist approach to synthesise a complex evidence base about how AHP Preceptorship can be best organised and delivered. An early set of draft principles for preceptorship were produced as an output of this research.
4. Alongside the HEE commissioned research, we have undertaken a review of the data we hold as a regulator with a view to understanding the length of time new registrants stay on the register and factors that may influence this. The analysis is not yet complete but early findings indicate a 94% retention rate. While this seems positive, it means 1 in 17 new registrants leave the register within the first four years of joining. Evidence suggests that this number is higher in smaller professions.
5. Taking the evidence from the internal data analysis and principles arising from the research, we've undergone a comprehensive period of pre-consultation engagement. During this time, we have tested and redrafted the principles to the point at which they are now ready for public consultation.

¹ England - [Preceptorships for newly qualified staff | NHS Employers](#); Scotland - [Preceptorship | NHS Education for Scotland](#); Northern Ireland - [Preceptorship | NIPEC \(hscni.net\)](#); Wales - [Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals \(wales.nhs.uk\)](#)

6. During the pre-consultation period we engaged with all 15 professions, all four UK nations and hosted three public events. Overall, the feedback has been positive and there is a real sense that this work is welcome in the wider health and care sector. Engaging broadly ahead of the public consultation has helped mitigate the primary identified risk for this project which centred around our wider remit in comparison to HEE's remit (Allied Health Professionals and England only).
7. This project supports HCPC's strategic objectives to promote high-quality professional practice to deliver excellent healthcare. Nonetheless, we are mindful of the environment into which this consultation will be launched, with particular regard to the continuing pressure on the health and care sector. We have been addressing this in all of our communication and engagement to mitigate the risk of this work being viewed as an additional burden. This will continue to be a key feature of our communication as we launch the consultation and later when we publish final principles.

Consultation approach

8. Council is asked to approve the consultation document at Annex A. With Council's approval, we plan to launch an 8-week public consultation later this month. The rationale behind the consultation timing and approach is based on a number of factors including:
 - a. Comprehensive pre-consultation engagement that was held prior to the consultation period, reducing the need for a longer (e.g. 12-week) consultation.
 - b. The need to support HEE's timeframe; HEE are keen to publish and begin using the principles as soon as possible.
 - c. Any extension of the consultation period would be unlikely to deliver significant additional benefit for stakeholders, as this would extend over the Christmas period. However, this would likely have a negative impact on final delivery dates.
 - d. While the guidance we are consulting on is not compulsory or enforceable on registrants, we believe the principles will benefit from the engagement and feedback opportunity that public consultation provides.
 - e. The need to coordinate with other HCPC consultations (the review of Standards, Conduct and Ethics and Fees Strategy). We have worked with colleagues across the organisation to stagger each consultation and minimise overlap of key dates, such as consultation opening and closing dates, aiming to avoid stakeholder fatigue.
9. Once approved, the consultation document will be published on the HCPC webpage with FAQs and links to relevant work. The survey response will be

hosted online via Smart Survey with an option for respondents to access a pdf version if required. We have also offered Welsh language and accessible versions of the document should individual respondents require this. We have a detailed communications and engagement strategy to promote the consultation including use of social media and virtual events to publicise the work.

10. Post consultation, a period of analysis will take place. We will reconvene the project advisory groups after Christmas, with a view to taking a draft of final principles for approval later in the new year.

Equality analysis

11. A full equality analysis for the preceptorship project has been included as part of the consultation document (see Annex B).
12. This guidance presents a real opportunity to help address some of the inequality of outcomes experienced by registrants. We have identified that registrants at the start of their career, women, those with caring responsibilities and internationally educated registrants are most likely to be impacted by this guidance since they are more likely to experience periods of transition.
13. We will be using the consultation as vehicle to capture additional equality impacts to inform and further improve our impact analysis.

Consultation document

Consultation on principles for preceptorship

October 2022

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Foreword

I am pleased to present this consultation on the introduction of guiding principles for preceptorship. The HCPC's role as a professional healthcare regulator is to protect patient and service user safety and the development of these guiding principles forms a key part of our [corporate strategy](#) to promote high-quality professional practice.

Employers, and the support they provide, play a key role in ensuring the delivery of safe and effective treatment and care. While the HCPC does not regulate employers, we know that when our registrants are well-supported by good workplace cultures and structures, they can perform at their best. And that this, in turn, impacts positively on patient safety, and patient outcomes.

Pressures on the health and care sector remain high and HCPC registrants play a vital role in the prevention, diagnosis and treatment of a huge number of health conditions. We know that, across the four UK nations, there are a wide range of initiatives to support current workforce retention and plan for the future workforce¹.

These principles aim to support consistently high-quality preceptorship provision, for use by registrants, employers and all those who support registrants at key career transition points. We hope that this will help support the future workforce to feel valued, to increase confidence of those in new roles and to support HCPC registrants to stay in their chosen professions long term.

The value of preceptorship also extends to organisations and to those providing preceptor support. These principles are part of a bigger picture; organisations, employers and registrants will be fundamental in the success of this work.

We are grateful to Health Education England for their collaboration on this project and extend our thanks to all other stakeholders across the four nations of the UK who have supported the development of these principles and are continuing to contribute.

We look forward to receiving your feedback on these principles, so that they can be used for the maximum benefit of employers, registrants, the wider health system and, ultimately, to support the delivery of high-quality healthcare provision to patients and service users.

Naomi Nicholson
Executive Director, Professional Practice and Insight

¹[Workforce planning for health, public health and social care - GOV.UK \(www.gov.uk\)](#), [Workforce | Care Inspectorate Hub](#), [Department of Health launches Health and Social Care Workforce Strategy | Department of Health \(health-ni.gov.uk\)](#), [Health and Social Care Workforce Strategy - HEIW \(nhs.wales\)](#)

Introduction

The HCPC

The HCPC's statutory role is to protect the public by regulating healthcare professionals in the UK. We promote high quality professional practice, regulating over 300,000 registrants across 15 different professions by:

- setting standards for professionals' education and training and practice;
- approving education programmes which professionals must complete to register with us;
- keeping a register of professionals, known as 'registrants', who meet our standards;
- taking action if professionals on our Register do not meet our standards; and
- stopping unregistered practitioners from using protected professional titles

This consultation

This document sets out proposals to publish guiding principles for preceptorship. Preceptorship programmes are common in the health and care sector but there is evidence to suggest provision varies between professions and employers. The proposed principles aim to support consistently high-quality preceptorship provision.

The principles set out how registrants, employers and the wider health and care sector can work together to gain the benefits of effective preceptorship programmes. They do not seek to increase the burden on employers or replace effective preceptorship programmes - rather, the intention is to consolidate good practice into a single set of high-level principles which support the delivery of safe and effective care.

We are consulting on the proposed principles to ensure that they provide the best support they can for registrants, employers and the wider health and care sector. We will review responses carefully and consider how we might reflect feedback in the final principles to ensure this work reflects the needs of our diverse stakeholders and registrant groups.

Navigating this document

[Section 1](#) of this document sets out our interpretation of key terms used in the principles. [Section 2](#) provides the background to this work and explains how the principles have been developed. [Section 3](#) sets out the proposed principles with consultation questions included at the end of the section. [Sections 4 & 5](#) set out questions in relation to the implementation of the principles and the equality impacts. You can find details of how to respond to this consultation at [Section 6](#).

Section 1 – What is preceptorship?

Preceptorship has been defined in similar, but sometimes different ways². We do not seek to create new definitions as part of this work however it is important that the terms we use in these principles are understood and interpreted consistently.

On the basis of discussions during our pre-consultation phase we use key terms in our draft principles in the following ways:

Preceptorship is described as a period of structured support and development during periods of career transition, during which a **preceptee** is supported by a **preceptor** to develop their confidence as an autonomous and accountable professional.

The **preceptee** is described as an individual who receives support and guidance with the **preceptor** being the individual who provides this support to the **preceptee**.

Preceptorship should welcome and integrate the **preceptee** into a new role and encourage a culture in which individuals are supported to continue on their journey of career-long learning and development.

Periods of career transition can cause a sense of instability which can be challenging for individuals and organisations and preceptorship can be an effective way of supporting individuals during such times.

We take **periods of career transition** to apply broadly, for example, **preceptorship** 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 environment³.

² For example the Department of Health define preceptorship as ‘A period of structured transition for the newly registered practitioner during which time 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.’ (2010). NHSE preceptorship framework for nursing ‘Preceptorship is a structured start for newly qualified practitioners. The main aim is to welcome and integrate newly registered practitioners into their new team and place of work. Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers. Preceptorship isn’t designed to replace appraisals or be a substitute for a formal induction and mandatory training’ (2022)

³ Please note this is not an exhaustive list.

Section 2 - Development of the principles

Approach

We have considered a number of sources to inform our work in developing these principles, including feedback from stakeholder engagement, internal analysis of the length of time new registrants stay on the register, our 2021 New Graduate Survey, as well as research commissioned by Health Education England (HEE).

We know HCPC registrants often work as part of multidisciplinary teams and the proposed principles reflect this way of working. As well as being designed around the diverse needs of the 15 professions regulated by the HCPC, the principles also build on, and learn from, the work of others. This includes the Nursing and Midwifery Council's [Principles of preceptorship](#), [NHSE National Preceptorship Programme](#) for nursing professions, Scotland's [Flying Start](#) program, the Welsh [Preceptorship Guidelines](#) for nursing professions and Northern Ireland's [Preceptorship Framework](#).

Feedback from stakeholder engagement suggests that access to, and the quality of, support varies widely between professions, sectors and across the UK. The stakeholder engagement carried out by HEE indicates that some healthcare professionals are increasingly not feeling valued or well supported in new roles and that this has a contributing impact on workforce retention⁴. This is further supported by The National Education and Training Surveys⁵ and The Reducing Pre-registration Attrition and Improving Retention (RePAIR) project⁶.

Internal analysis

Early analysis of UK-route registrant⁷ leaving rates, for those who registered with the HCPC between 2013 and 2018, suggests that 94% of new registrants remained registered after four-years. This means that approximately 1 in 17 new registrants left their registered profession during that four-year period.

The four-year leaving rate varied across professions and in some cases was as high as 1 in 8⁸. A strong relationship has been observed between the size of the profession and length of time on the register as indicated in Figure 2, with smaller professions experiencing higher leaving rates. While individual registrants' decisions to leave the register may be based on any number of factors, it is possible that effective preceptorship support through periods of transition may go some way in helping to support registrants remain in their professions longer.

⁴ Awaiting source from HEE

⁵ <https://www.hee.nhs.uk/our-work/quality/national-education-training-survey>

⁶ <https://www.hee.nhs.uk/our-work/reducing-pre-registration-attrition-improving-retention>

⁷ 'UK route registrant' refers to those who qualified in the UK by undertaking an approved programme of study

⁸ A full breakdown of leaving rates for each profession will be shared when this work is published later this year.

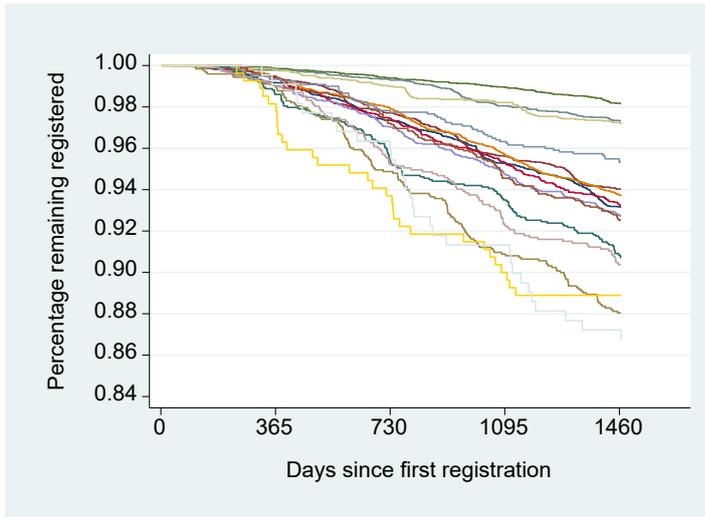


Figure 1 - This diagram indicates considerable variation between our 15 professions ranging from 98% to 87% remaining registered after 4 years.

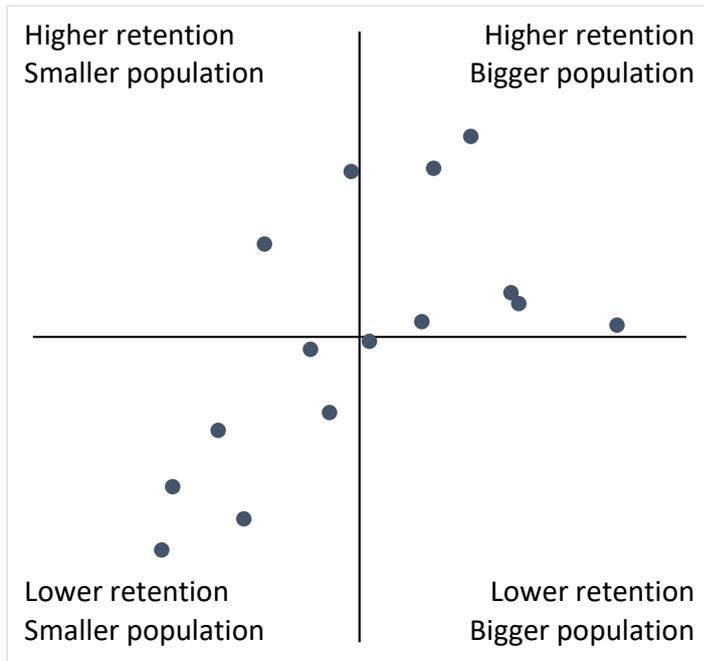
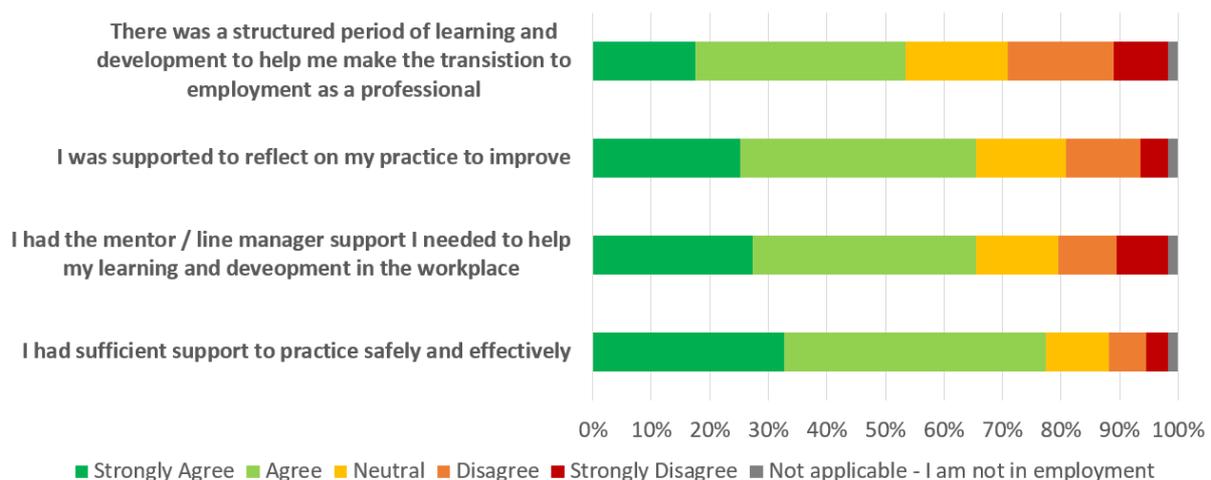


Figure 2 - Indicates a strong relationship between profession sizes and retention rates where smaller professions have a lower retention rate at 4 years.

New graduate survey

In 2021 we ran a survey to understand the experiences of new graduates joining the register for the first time⁹. This survey asked new graduates to rate a series of statements on a scale ranging from 'strongly agree' to 'strongly disagree'.

While the sample rate for this survey was relatively low, so the findings are an indication only, this survey suggests new graduates may feel less supported in preceptorship in comparison to other areas.



Health Education England research

Over summer 2022, HEE commissioned research on effective preceptorship for Allied Health Professionals (AHP). The research used a realist approach to synthesise a complex evidence base about how AHP Preceptorship can be best organised and delivered¹⁰.

This research was used as a key source to draft initial principles and we have worked with HEE, and consulted with our advisory groups and stakeholders, to further develop the proposed principles set out in this consultation at [Section 3](#).

HEE's research will be published later this year. In the meantime, you can find further information on this research and the wider HEE programme of work [here](#).

⁹ [new-graduate-survey-2021---highlights-report-final.pdf \(hcpc-uk.org\)](#)

¹⁰ <https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-ahp-foundation-preceptorship>

Stakeholder engagement

We carried out a range of engagement with stakeholders to help inform this work and to refine and develop these principles. We engaged with over 500 people through a range of approaches. Engagement included:

- **Three interactive, virtual workshops.** We hosted these events jointly with HEE and they were attended by a range of stakeholders from across the UK including registrants, students, higher education institutes, employers, representatives from the private and voluntary sector, workplace preceptorship leads and more. A recording of the main webinar content and a summary of feedback themes can be found [here](#).
- **Engaging directly** with individuals, organisations, professional bodies and others to understand different perspectives and how preceptorship applies in their work environments and/or experience. HEE have also engaged extensively across their networks and shared feedback themes to inform this work.
- **Testing with our project advisory groups.** Three advisory groups have been established to support this work, reflecting a broad range of stakeholders. The groups were developed collaboratively and are hosted jointly with HEE. The first group is made up of representatives from professional bodies across HCPC's 15 regulated professions, the second provides a four-nation perspective with representatives from Northern Ireland, Scotland and Wales. The third group has representation from the health and care sector more broadly including the NHS, private sector, education providers, trade unions, EDI specialists and representatives from employers in primary and secondary care.

Key themes of feedback from engagement include:

- Inconsistency in understanding, availability and quality of preceptorship support between different employers, professions and geographical location;
- Widespread agreement that there is need for consistency and clarity and that guidance from the regulator will help to achieve this;
- Recognition that other health and care professions already have structured preceptorship support and there is a need to align with this where appropriate, but to also tailor the principles to reflect the diverse professional identities and needs of HCPC registrants; and
- The need for principles to be relevant and practicable to all professions and work environments – including those who are self-employed or typically lone workers.

Section 3 – The proposed principles

Principle 1 - Organisational culture and preceptorship

Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into a new role. Preceptorship helps to establish an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.

Effective preceptorship should:

- a) be embedded in healthcare workforce and organisational systems to enable preceptee access and engagement;
- b) comply with equality legislation and take account of national and local equality, diversity and inclusion policies;
- c) provide opportunities for preceptees to develop confidence and to support their future career;
- d) prioritise preceptee and preceptor health and wellbeing; and
- e) promote a culture of learning, self-reflection and safe practice.

Principle 2 - Quality and oversight of preceptorship

Preceptorship is an important investment in a registrants' professional career. All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence.

To enable effective preceptorship there should be:

- a) processes to identify registrants who require preceptorship and their individual needs;
- b) processes in place to support an appropriate mix of profession-specific and multi-profession learning and development within organisations or with wider system and professional networks;
- c) integration with induction to professional role where appropriate;
- d) recognition of wider system challenges and reasonable steps to mitigate these;
- e) systems in place to monitor, evaluate and review preceptorship programmes;
- f) professional and organisational governance frameworks which allow the process to be audited and reported; and
- g) understanding of, and compliance with, national and local policies, and the relevant governance requirements required by the four countries of the UK.

Principle 3 - Preceptee empowerment

Preceptorship should be tailored to the individual preceptee, their role and their work environment. Preceptorship should not retest clinical competence but instead, empower the preceptee to reflect on what they bring to their role and identify support needed to develop their professional confidence.

Effective preceptorship should provide registrants' with:

- a) access to a preceptorship programme which instils the importance of continuing professional development;
- b) appropriate resources and guidance to develop confidence and support continuing professional development;
- c) a tailored programme of support and learning reflecting individual needs;
- d) a nominated preceptor for the duration of their preceptorship; and
- e) autonomy to influence the duration and content of their preceptorship in partnership with their preceptor, others in their organisation and wider professional networks.

Principle 4 - Preceptor role

The preceptor role is a fundamental part of effective preceptorship. Preceptors should have appropriate training, time and support to understand and perform their role. Preceptors do not need to be from the same profession as preceptees.

In effective preceptorship, preceptors should:

- a) act as a professional role model and be supportive, constructive and kind in their approach
- b) help to facilitate multi-professional aspects of preceptorship where appropriate;
- c) support preceptees to reflect on their development and signpost to relevant support and development opportunities;
- d) support preceptees to engage with their wider profession, and help build networks locally or through external professional networks;
- e) share effective practice and learn from each other;
- f) be encouraged to see the personal and professional benefit of taking on the role of preceptor; and
- g) have access to feedback on the quality and impacts of all aspects of their work as preceptors.

Principle 5 - Delivering preceptorship programmes

Preceptorship programmes should reflect the differences in routes to registration, range and intensity of previous practice experiences, and the variety of services and settings in which registrants work. These principles apply to all registrants working in any health or social care setting across UK, including but not limited to, the NHS, the social care sector, and the independent and charitable sectors.

Preceptorship programmes should:

- a) be tailored to take account of the environment the individual preceptee is working in;
- b) be flexible to support various types of transition in a timely way;
- c) have flexibility to deliver common themes of preceptorship in a multi-professional way while ensuring profession specific elements are provided where necessary;
- d) have a structured design which describes how the programme delivers success for preceptees;
- e) vary in length and content according to the needs of the individual preceptee and the organisation. Individual countries, regions or organisations may set minimum or maximum lengths for preceptorship; and
- f) have awareness of, and align with, other profession specific and workforce development programmes.

Consultation questions (for each principle in turn):

Q1: To what extent do you agree or disagree with this principle?

Q2: Do you have any comments on the principle, or any suggestions for improving this principle?

When responding to question two, you may wish to reflect on areas such as: the structure of the principles, the accessibility of the language, whether anything is missing or whether the principle successfully achieves its aim.

Section 4 – Implementing the principles

The principles set out fundamental aspects of preceptorship that should be considered and factored into preceptorship programmes. However, they are not prescriptive about how preceptorship should be implemented on a practical level.

It is important that the principles are sufficiently flexible in how they apply across all 15 professions and to ensure that different organisations can deliver preceptorship in a way that works for their particular working environment and practices.

The success of the principles will be closely linked to the way they are implemented. Implementation work will continue across the UK, led by national bodies, employers and service providers within the wider health and care sector.

We will share anonymised themes of feedback received from this consultation regarding implementation with these organisations, and will also reflect on feedback to consider how best the drafting of the principles can enable effective implementation.

Consultation questions:

Q3: To what extent are these principles practicable in your working environment?

Q4: What benefits do you see in these principles being implemented?

Q5: Do you think there will be any challenges to implementing them?

Q6: Do you have any suggestions about how any identified challenges to implementation might be addressed. For example, what support might be helpful?

Section 5 - Equality Impact Analysis

Our equality impact assessment of these proposals can be found [here](#). We know that certain groups of registrants, such as those with caring responsibilities, women and internationally educated registrants are more likely to be impacted by periods of transition and therefore this guidance is particularly important to those groups.

We have included an optional equality monitoring form at the end of the [consultation response](#) so that we can identify any patterns in responses of certain groups and consider how we might respond to this.

Q7: In addition to those equality impacts set out in the Equality Impact Assessment document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics?

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

Q8: Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

Section 6 - How to respond

Whether you are a registrant, patient, service user or are responding on behalf of an organisation such as a professional body or employer, we welcome your views on the proposed principles. Your feedback will be used to develop the guidance further before we publish final principles in 2023.

You can respond to this consultation by following [this link](#). We encourage responses from all interested parties.

This consultation will close at 23:59 on [XX](#) December 2022.

If you are unable to respond using the online platform, or would like a version in Welsh or in an alternative format, please email consultation@hcpc-uk.org or write to:

Health and Care Professions Council,
Park House, 184-186 Kennington Park Road
London, SE11 4BU

Equality Impact Assessment

Section 1: Project overview

What are the intended outcomes of this work?

- There are multiple definitions for preceptorship but it is generally understood to be a period of structured support to guide practitioners through periods of career transition and to develop their professional confidence. This is commonly associated with the transition from learner into autonomous professional, but for the purpose of this work we take preceptorship to apply to all periods of career transition. Other types of career transition include, but are not limited to: registrants returning from a career break, international graduates joining the UK register for the first time, registrants moving sector/role or taking on new responsibility.
- Preceptorship programmes are not intended to make up for shortcomings in pre-registration education and should not be viewed as a retest of competence – from the point of registration all registrants are autonomous professionals and are expected to meet their professional Standards.
- However, preceptorship is about recognising that periods of career transition can cause instability and can be challenging times for individuals. Effective support can help to empower individuals during periods of career transition and in some cases may even help retain them as a professional.
- Good preceptorship programmes increase the level of support for all those involved and may be particularly important for specific groups of people who are likely to be more impacted by periods of career transition, such as those with a disability, women and those with caring responsibilities. Preceptorship programmes are common in the health and care sector but there is evidence to suggest provision varies between professions and employers. The proposed principles aim to support consistently high-quality preceptorship provision.
- Providing principles endorsed by the professional regulator aims to help to shine a light on the importance and value of this type of structured support. Preceptorship plays a key part in identifying the individual needs of a registrant and making sure they are appropriately supported to prosper in their professional career. This can help to reduce unequal outcomes later on.
- The intended outcome of this work is to publish guiding principles for preceptorship that will apply to all 15 HCPC professions with a view to standardising the quality and availability of preceptorship programmes.
- This work supports HCPC's strategic commitment to being a proactive and compassionate regulator by seeking opportunities to support high-quality professional practice. By supporting registrants to perform at their best, patients and service users are more likely to receive quality care and treatment which directly supports our core regulatory objectives. This work also indirectly contributes to national programmes to address wider workforce retention issues.
- This project takes a complementary approach to the Nursing and Midwifery Council principles¹, recognising that HCPC registrants often work alongside nursing colleagues, but will be tailored to the diverse needs of the HCPC's varied professional groups. We will also seek to learn from good practice and align with programmes of work across the UK including

¹ [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/principles-of-preceptorship/)

Scotland's Flying Start programme², the Welsh government preceptorship approach for nurses³ and Northern Ireland's Preceptorship framework⁴.

- The guidance will take the same approach as the NMC in that the status of the guidance will be voluntary, but its use will be encouraged by the HCPC and also promoted and used by national health bodies that oversee health education / employers. The guidance document sets out the benefits of preceptorship to individual registrants, those providing preceptor support, organisations and the wider health and care sector.
- An 8-week public consultation and supporting stakeholder engagement will be carried out to inform this work with a view to publishing final principles in early 2023. While the HCPC are responsible for producing the principles, we do not regulate employers or have a remit to lead implementation work. Implementation will continue across the UK led by national NHS organisations and individual employers/service providers. The success of the principles will largely depend on the way in which they are implemented.

Who will be affected?

- registrants and potential registrants, including students or trainees;
- education and training providers; and
- health and care providers, professional bodies and consumer groups.

Section 2: Evidence and Engagement

What evidence have you considered towards this impact assessment?

1. HCPC's registrant database which provides information on the breakdown of protected characteristics across our current registrant population.
2. Ongoing internal data analysis looking at retention rates broken down by each profession, and then again by specific characteristics to identify any trends in leaving rates across certain groups. We do not yet have findings regarding the characteristic breakdown but early analysis indicates a correlation between small professions and higher leaving rates. As part of the next steps of analysis we will consider the demographic of the smaller professions to identify any trends which may be connected to lower retention.
3. HCPC's New Graduate Survey 2021 which looked at the recent experiences of new graduates. While the sample rate for this survey was relatively low, so the findings are an indication only, this survey suggests new graduates felt less supported in preceptorship in comparison to other areas. Due to the low response rate, there was insufficient demographic information to allow trend analysis.
4. Research commissioned by Health Education England (HEE) which looked specifically at 'what works for AHP preceptorship, for whom and in what circumstances'.
5. Work undertaken by other health and social care regulators⁵.

These proposals are also informed by internal discussions, including with HCPC's Council.

How have you engaged stakeholders in gathering or analysing this evidence?

² [Flying Start NHS : definitive guide to the programme | Turas | Learn](#)

³ [all-wales-preceptorship-guidelines-for-newly-appointed-ward-sisters-charge-nurses.pdf \(gov.wales\)](#)

⁴ [Preceptorship | NIPEC \(hscni.net\)](#)

⁵ For example the [Principles of preceptorship - The Nursing and Midwifery Council \(nmc.org.uk\)](#)

1. The HCPC registrant database is held within HCPC, populated by information provided by registrants.
2. The project is supported by three advisory groups including: 1) **Central advisory group** with representation from the wider health and care sector, private and NHS employers, educators, students, Equality, Diversity and Inclusion (EDI) representation, trade unions and others 2) **Professional representative group** with invited representation from each of the 15 HCPC regulated professions and 3) **Four nations group** looking specifically at preceptorship across the four nations of the UK.
3. Alongside this we hosted a number of pre-consultation public workshops jointly with HEE with c.500 attendees where we looked at the proposed principles in detail and asked specific questions on inclusivity and EDI. These workshops were recorded and shared with interested parties who were unable to attend the live events.
4. We presented this work at the HCPC's EDI quarterly forum on preceptorship and took feedback and comments from attendees. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations. We will continue to engage with the EDI forum as this work develops.
5. An 8-week public consultation will be carried out. The consultation will ask respondents, who we anticipate will primarily be employers and registrants, to provide additional feedback on how the principles relate to them. The consultation will specifically ask for feedback on understanding of preceptorship more generally and any barriers in implementing the principles. We will also ask respondents to complete an optional EDI form at the end of their consultation response so that we can understand any significant patterns of difference across demographics.
6. Proposals have been discussed with HCPC's Education and Training Committee, which includes both registrant and lay members.

Section 3: Analysis by equality group

Summary

The principles are deliberately pitched at a high level to enable a consistent standard to be set but to also allow individual organisations to deliver their preceptorship programmes in ways which work for their circumstances and demographics.

We anticipate that preceptorship principles are likely to have a greater positive impact on registrants more likely to be in periods of career transition – likely those at the start of their career who are likely to be younger, those with caring responsibilities and females who are more likely to take career breaks.

The proposal to publish guidance in this area contributes to a well-equipped and effective workforce which ultimately ties into the HCPC's fundamental statutory duty to protect the public.

Our public consultation will ask questions to specifically test the inclusivity of the principles and to understand and specific challenges or barriers experienced by certain groups.

Age

- Younger registrants are generally more likely to be at the start of their careers and therefore in a period of career transition. The guidance may contribute positively to supporting this

group. The guidance aims to be clear that it applies across different career stages and aims to be drafted to be inclusive of older registrants who are also going through career transitions.

Disability

- Registrants with disabilities may be more likely to benefit from individual tailored support at points of career transition. People with disabilities often need to share enhanced information about their disability and, for example, reasonable adjustments with different parties during periods of career transition, having guidance in place aims to support this process by having a central point of contact in their preceptorship.
- Providing a single set of principles for preceptorship programmes aims to support high quality programmes that are tailored to individual needs, including in relation to disability. An effective set of principles should contribute to a more supportive working environment that supports people with disabilities in the workplace by providing a greater degree of consistency in approach to issues like any support an individual may need. Registrants with disabilities may be more likely to leave the profession early if they are not supported with tailored support during challenging times of career transition.

Gender reassignment

- Undergoing gender reassignment during a period of career transition may pose additional challenges and a preceptee may have additional needs that the preceptorship programme can support with. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such preceptees, benefitting those registrants and their employers.

Marriage and civil partnerships

- No differential impacts have been identified relating to registrants who are married or in civil partnerships. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

Pregnancy and maternity

- Registrants who are pregnant or who have childcare responsibilities may be more likely to take more frequent and/or longer career breaks. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such career transitions, benefitting those registrants and their employers. Such support may support registrants returning to work, rather than leaving the regulated workforce.

Race

- There is a well-evidenced ethnicity attainment gap in healthcare professions like nursing and medicine⁶. While data for Allied Health Professions (AHPs), practitioner psychologists and scientists is not well understood at present, we want to ensure that the tools currently being tested in other professions are supported by these principles. These tools include personalised support and learning programmes, recognising the additional challenges that some groups experience through periods of career transition, and our principles actively support this approach (e.g. through tailored programmes of support). Information about other healthcare professions, suggests that the provision of consistent, high-quality preceptorships,

⁶ [Differential attainment project - GMC \(gmc-uk.org\)](https://www.gmc-uk.org/differential-attainment-project)

which the proposed principles aim to support, are likely to positively impact on HCPC registrants from ethnic minority groups.

- Moving into the UK workforce for registrants who have been educated and trained internationally constitutes a major career transition. Internationally educated professionals who are joining the UK register for the first time are likely to benefit from enhanced, tailored support that acknowledges those circumstances. The HCPC also provides support for international registrants entering the UK workforce, via regular seminars for new international registrants, 'Joining the UK workforce'.

Religion or belief

- Preceptorship support aims to ensure all registrants receive structured support tailored to their individual needs. Effective preceptorship may help to ensure that registrants who follow a particular religion or have a particular belief are supported and included in the workplace.

Sex

- Available evidence indicates that women are more likely to be carers (children, relatives, partners with ill-health or disabilities) and are therefore more likely to take career breaks.
- As set out above (see pregnancy and maternity), registrants who are pregnant or who have childcare responsibilities may be more likely to take more frequent and/or longer career breaks. Consistent, high-quality preceptorship provision, which the proposed principles aim to support, are likely to support such career transitions, benefitting those registrants and their employers. Such support, may support registrants returning to work, rather than leaving the regulated workforce.

Sexual orientation

- No clear differential impacts have been identified relating to registrants in relation to sexual orientation. We are seeking feedback on equality impacts in our consultation and will ensure any identified impacts are considered in our analysis and response.

Other identified groups

No additional groups have been identified as a result of this analysis. We will consider whether any other identified groups arise as a result of the feedback during the consultation.

Four countries diversity

We have been, and will continue to, engage stakeholders across the UK nations to seek their feedback on our proposals. Any issues identified through our consultation and engagement process that are specific to any of the UK nations will be carefully considered and responded to, to ensure that the principles are suitable for use across the four UK nations.

Section 4: Welsh Language Scheme

How might this project engage our commitments under the Welsh Language Scheme?

These proposals can be provided in Welsh on request.

Section 5: Summary of Analysis

Summary

This equality impact assessment identifies possible impacts of our proposals. Any proposal to produce proactive, clarifying guidance to support the delivery of effective preceptorship programmes is likely to have a positive impact on those sharing protected characteristics. Preceptorship, where it is done well, can be a very valuable tool in addressing some of the causes and impacts of inequality.

During periods of career transition, registrants may struggle to achieve their full potential and could decide to leave their profession. There may also be additional pressures on the groups identified in Section 3.

In developing a set of high level principles, that encourage consideration of individual circumstance, we have sought to ensure that opportunities to promote equality and inclusion are reflected in our approach.

Section 6: Action plan

Summary of action plan

As set out above, **through** public consultation we will be seeking views on the following:

1. How preceptorship is understood across different groups, professions and across the UK countries
2. How the principles relate in practice for health and care professionals
3. Equality impacts of these proposals, and how any negative impacts may be mitigated

An 8-week public consultation on these proposals will be carried out, supported by ongoing stakeholder engagement. There has been significant pre-consultation engagement prior to the public consultation. The consultation will ask respondents, who we anticipate will primarily be employers and new registrants, to help provide additional evidence about the likely impacts. The consultation will specifically ask for additional information about the potential negative or positive equality impacts of these proposals and for information about potential mitigations to any identified negative impacts on those with protected characteristics.

In addition, we will continue to seek further feedback on these proposals from HCPC's Equality, Diversity and Inclusion (EDI) Forum. Members of the forum are external stakeholders with expertise in EDI and lived experience; membership includes registrants and EDI professionals in relevant stakeholder organisations.

We will continue to engage with all three arms of the project advisory group which covers a broad range of perspectives.

We will carefully consider and reflect on all feedback to our consultation before determining the final format of the principles.

Implementation of the principles falls outside of the HCPC's remit. However, we are including questions on this area to support stakeholders we are working with, who will be responsible for implementing the principles. We will pass on our findings from the responses we receive to those bodies across England, Northern Ireland, Scotland and Wales.

How will the project eliminate discrimination, harassment and victimisation?

Part of the focus of the principles is around developing a workplace culture that is supportive, encouraging of learning and kind. This helps to shape expectations and behaviour at both an individual and organisational level. Preceptees should be working in an environment that is safe, free from abuse, discrimination, harassment and victimisation and that has proper oversight and effective mechanisms for tackling inappropriate behaviours.

How will the project advance equality of opportunity?

Producing a single set of guiding principles for preceptorship that apply to all registrants regardless of profession, or the environment in which they work, will help to standardise the quality and access every registrant has to preceptorship.

A key focus of the principles is the need to make sure programmes have mechanisms in place to identify the individual needs of registrants and tailor support programmes appropriately. While the success of this will come down to the way each programme is delivered on a local level, having these high-level principles issued by the regulator aims help to advance equality of opportunity by ensuring each registrant is supported in a tailored way through challenging times of career transition.

How will the project promote good relations between groups?

Bringing good practice together under one set of guiding principles may help to promote good relations between our varied registrant groups, as, for example, the principles support the development of positive workplace cultures and good relationships between preceptors and preceptees.