

11 September 2024

Further work to develop preceptorship materials for registrants working outside the NHS

Executive Summary

Our work to develop new materials to support preceptorship began in 2022, and involved [a formal consultation](#) with stakeholders, including professional bodies, and the approval of a set of 'Preceptorship Principles' by the HCPC Council in February 2023. The work was funded by Health Education England and was developed in concert with their work to create a Preceptorship Implementation Framework for Allied Health Professionals (AHPs).

In November 2023, we [published our principles](#) alongside further information and a glossary designed to support all professionals registered with the HCPC, working in any part of the UK, to access preceptorship when and where they need it, to support them at key transition moments in their careers and to help them in providing safe, compassionate and high-quality care.

Following the publication, some professional bodies reached out to ask for materials that would be useful to their members who are self-employed or employed outside the NHS. These registrants may work in settings like schools or prisons and Young Offender Institutions or work as part of a small multi-disciplinary team and therefore lack the institutional support of other registrants in accessing preceptorship. The HCPC committed to working with other stakeholders to create more tailored resources for these registrants.

The report sets out the process we plan to follow to co-produce these materials with our key stakeholders through the formation of an ad-hoc working group. It also suggests some of the content we may use, including case studies.

We wish to update the Education and Training Committee (ETC) on the development of these materials and seek a steer on their contents. We aim to bring the finalised materials to the ETC for approval before the end of the year.

Previous consideration	The papers have been approved by the Executive Director of Education, Registration and Regulatory Standards.
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The ETC discussed the results of the 2022 consultation at its workshop on 1 February 2023 and Council approved the revised principles and consultation analysis document for publication at its [February 2023 meeting](#).

Decision	The Committee is asked to provide a steer and support on the development of the materials.
Next steps	We plan to form a working group to develop materials with stakeholders. We will bring the materials back to the ETC before the end of the calendar year for approval. A draft timeline is included in the annexed paper.
Strategic priority	Strategic priority 2: Promote high quality professional practice Strategic priority 6: Promoting the value of regulation
Financial and resource implications	The proposals will be implemented within the agreed Financial Year 2024-25 budget and staffing plans.
EDI impact and Welsh Language Standards	We have conducted an Equality Impact Assessment (EQIA) which is annexed here (Annex A). An EQIA was completed in 2022 for the preceptorship principles and our latest EQIA builds on this evidence. We believe that our proposal has positive impacts for groups with protected characteristics. The materials will be translated into Welsh and available on our website. Our comms and engagement plan will include promotion of the Welsh version of the materials.
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Further work to develop preceptorship materials for registrants working outside the NHS

Introduction

Preceptorship is an essential part of any new registrant's practice and provides the support registrants need when beginning their career or when transitioning into a new phase of their career.

In November 2023, we published our new principles of preceptorship alongside further information to help registrants and their employers to support all professionals registered with the HCPC to access preceptorship when and where they need it, to support them at key transition moments in their careers, and to help them in providing safe, compassionate and high-quality care.

We know that our registrants work in a diverse range of settings and take on a wide range of roles in those settings. Our principles are set at a high level to allow registrants and their employers the flexibility they need to make preceptorship work for registrants no matter their role. While our principles can be applied to any setting, we know that the diversity of our registrants means that not all of our registrants will have access to the formal support and structure that registrants working in large NHS organisations would expect.

Background

Our five principles of preceptorship are:

- **Principle 1 - Organisational culture and preceptorship**

Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment.

- **Principle 2 - Quality and oversight of preceptorship**

All registrants should have access to a quality preceptorship programme. It demonstrates the value of individual registrants' health, wellbeing and confidence during times of transition.

- **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.

- **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 but should be the most appropriate individual to provide support.

- **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.

In our [Principles for Preceptorship](#) materials, we note that the 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. We also note that many HCPC registrants are employed or work outside the NHS structures, where preceptorship is less well known and may be more difficult to access. Our principles are clear that while preceptorship is not a requirement for HCPC registration, there is a wealth of evidence that providing it, as described in our principles, is beneficial to individual registrants' professional practice and well-being, and supports organisations in recruiting and retaining staff.

We provide information in the document for registrants who are working:

- in organisations delivering health and care services
- in organisations delivering non-health and care services
- independently

We have since been approached by professional bodies who have asked us to expand on this work and ensure that professionals working settings like schools or prisons and Young Offender Institutions or work as part of a small multi-disciplinary team are given more information about making use of preceptorship.

Objectives

We want to develop a short e-publication carrying information that can support HCPC registrants who are not covered by the schemes in place across the NHS.

The scope of the content will be influenced by the reference group, but there are core elements that we want to address in it:

- Generic information
 - Making sure that employers know that preceptorship is beneficial to registrants, no matter their role or work setting.
 - Recognising that not all registrants will have access to the same support and materials depending on their role and work setting.
 - Practical advice about how to access preceptorship support for registrants not working in the NHS.
 - Ensure that registrants who may work in the NHS but who are not AHPs get bespoke and practical advice they need.

While developing the this supplementary information, we want to better understand several issues which will enable us to provide support to even more of our registrants. These issues include:

- The role that health boards in Northern Ireland, Scotland and Wales play in supporting those registrants delivering healthcare but not directly employed by NHS bodies. How is this different to the role played by Integrated Care Boards in England?
- Understanding the role of government/state agencies employing HCPC registrants to encourage them to establish preceptorship schemes:
 - Departments for Education across the four nations – registrants working in education.
 - HM Prison Services across the four nations – registrants working in forensic services.
 - Sport UK and devolved nation sports bodies – registrants working in sport and exercise organisations.
 - Large employer representative bodies (Confederation of British Industry, British Chambers of Commers, Institute of Directors) – registrants working in occupational health.

Methods

Co-production of the materials is essential, and we will be working closely with a reference group of professional bodies, organisations and individuals to ensure that the materials reflect the needs of our registrants working across a wide range of settings. The working group will largely work by correspondence including by responding to online survey tools.

Between these workshops, we may also have ad hoc meetings with stakeholders representing large numbers of our registrants and representatives of groups that may be under-represented.

Whilst we want as many registrants as possible to find these materials useful, we will not be able to include information which is exactly applicable to every registrant working in every setting. It is our intention that these materials help provide the

framework for our registrants working outside the NHS and enable them to apply the principles of preceptorship to meet their own needs.

Draft timeline	
Action	Date
Invite and basic 'terms of reference' for working group completed	22 August 2024*
Invite sent out	2 September 2024*
Stakeholders confirm representatives	11 September 2024
Materials for first workshop sent out	18 September 2024
First workshop	25 September 2024*
Materials sent out	9 October 2024*
Second workshop	15 October 2024*
Finalise materials	
HPCPC governance processes	
Welsh translation and publication	End of November/ early December 2024
*Not exact date. Activity to take place week in week beginning on this date	

Membership

This list of key stakeholders will be iterative, but we want to ensure representation for our registrants who largely work outside of the NHS in England, and especially those registrants who are likely to work in small teams or as sole practitioners.

The following organisations have been invited to take part in the working group and will be asked to indicate if they wish to take part via correspondence only or wish to attend the workshops.

- Representatives of the Chief Officers for the Sciences and Psychology
- ADASS – Association of Adult Social Care Services
- Alliance of Private Sector Chiropody and Podiatry Practitioners
- Association of Independent Hearing Healthcare Providers (AIHHP)
- Association of Speech and Language Therapists in Independent Practice (ASLTIP)
- British Academy of Audiology (BAA)
- British Association for Music Therapy (BAMT)
- British Association of Art Therapists (BAAT)
- British Association of Dramatherapists (BADth)
- British Chiropody and Podiatry Association (BCPA)
- British Dietetic Association (BDA)
- British Society of Audiology (BSA)

British Society of Hearing Aid Audiologists (BSHAA)
Chartered Society of Physiotherapy (CSP)
Clinical scientists professional bodies
Independent Healthcare Providers Network
Institute of Biomedical Science (IBMS)
Institute of Chiropodists and Podiatrists (IOCP)
Local Government Association (LGA)
National Council for Voluntary Organisations (NCVO)
Practitioner psychologists – the BPS have already provided contacts for the modalities they think would find this guidance especially helpful
Royal College of Occupational Therapists (RCOT)
Royal College of Podiatry (RCPod)
Royal College of Speech and Language Therapists (RCSLT)
Sport UK
Universities UK

Annex A: Equality Impact Assessment (Level 2)

For background information on how to complete this form, read **Appendix 2**. Delete **guidance text** as you complete the form. Guidance text is suggested (not required) content.

Section 1: Project overview

Project title: Further work to develop preceptorship materials for registrants working outside the NHS	
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Name of assessor: Matthew Clayton	Version: 1
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What are the intended outcomes of this work?

The development of a short e-publication carrying information that can support HCPC registrants who are not covered by preceptorship schemes in place across the NHS.

We will be working closely with a reference group of professional bodies, organisations and individuals to ensure that the materials reflect the needs of our registrants working across a wide range of settings.

Whilst we want as many registrants as possible to find these materials useful, we will not be able to include information which is exactly applicable to every registrant working in every setting. It is our intention that these materials help provide the framework for our registrants working outside the NHS and enable them to apply the principles of preceptorship to meet their own needs.

The scope of the content will be influenced by the reference group, but there are core elements that we want to address in it:

- Generic information
 - o Making sure that employers know that preceptorship is beneficial to registrants, no matter their role or work setting
 - o Recognising that not all registrants will have access to the same support and materials depending on their role and work setting.
 - o Practical advice about how to access preceptorship support for registrants not working in the NHS.
 - o Practical advice for registrants who may work in the NHS but who are not Allied Health Professionals (AHPs) and sometimes overlooked in preceptorship programmes

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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

Lack of data should not prevent a thorough EIA. Be proactive in seeking the information you need.

What evidence have you considered towards this impact assessment?

Principles for preceptorship were developed by the HCPC and our stakeholders following a public consultation in 2023. This included a consultation process and the development of a full EQIA of the materials being developed.

Our new materials are an extension of the work completed in 2023 and so we are drawing on the evidence collected through that process to inform this work.

We will not be conducting a full consultation exercise for these new materials but will be working with a reference group as well as taking the materials to the EDI Forum and Professional Body Forum for input. When working with these three bodies we will be explicitly asking for advice and support on how to mitigate potential negative impacts based on protected characteristics as well as how to ensure positive impacts where possible.

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

Through the development of the materials we will engage with

- our reference group
 - o Our reference group is made up of professional bodies and other key stakeholders representing the registrant groups we are intending to reach with this work.
- the Professional Bodies Forum
- The EDI Forum
- The Education and Training Committee
- Members of the Executive Leadership Team (ELT)

Section 3: Analysis by equality group

The Equality and Human Rights Commission offers information on the [protected characteristics](#).

Describe any impact to groups or individuals with the protected characteristics listed below that might result from the proposed project. Draw upon evidence where relevant.

For all characteristics, consider **discrimination, victimisation, harassment and equality of opportunity** as well as issues highlighted in the guidance text.

Age (includes children, young people and older people)

Younger registrants are generally more likely to be at the start of their careers and therefore in a period of career transition where they will benefit from preceptorship.

The materials may contribute positively to supporting this group. The materials aim 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 (includes physical and mental health conditions. Remember 'invisible disabilities')

Registrants with disabilities may be more likely to benefit from individual tailored support at points of career transition.

Registrants with disabilities may find it more difficult to access the support they need outside of the NHS or other large employers. These materials aim to provide support to these registrants as well as their employers.

Gender reassignment (consider that individuals at different stages of transition may have different needs)

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 (includes same-sex unions)

No differential impacts have been identified relating to registrants who are married or in civil partnerships. We are seeking feedback on equality impacts through our working group and other engagements and will update this assessment with any new information.

Pregnancy and maternity (includes people who are pregnant, expecting a baby, up to 26 weeks post-natal or are breastfeeding)

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.

Registrants who take career breaks as a result of pregnancy or maternity may find it more difficult to access the support they need outside of the NHS or other large employers. These materials aim to provide support to these registrants as well as their employers.

Race (includes nationality, citizenship, ethnic or national origins)

Our 2022 EQIA noted that setting principles for preceptorship could be beneficial for black and minority ethnic registrants – especially in light of documented attainment gaps among health and care professionals¹.

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.

Registrants who make a career transition when they move the UK may find it more difficult to access the support they need outside of the NHS or other large employers. These materials aim to provide support to these registrants as well as their employers.

Religion or belief (includes religious and philosophical beliefs, including lack of 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. These materials will continue to build on the support offered in our 2023 materials.

Sex (includes men and women)

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.²

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. These registrants may find it more difficult to access the support they need outside of the NHS or other large employers. These materials aim to provide support to these registrants as well as their employers.

Sexual orientation (includes heterosexual, lesbian, gay, bi-sexual, queer and other orientations)

No clear differential impacts have been identified relating to registrants in relation to sexual orientation. We are seeking feedback on equality impacts through our working group and other engagements and will update this assessment with any new information.

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.

¹ For example, Claridge, H., Stone, K. & Ussher, M. The ethnicity attainment gap among medical and biomedical science students: a qualitative study. BMC Med Educ 18, 325 (2018). <https://doi.org/10.1186/s12909-018-1426-5>

² For example, Office for National Statistics (ONS), released 13 February 2023, ONS website, article, Unpaid care by age, sex and deprivation, England and Wales: Census 2021

Four countries diversity

We will engage stakeholders across the UK nations to seek their feedback on our proposals. The terms of reference for our working group specifically mention the need to understand:

- The role of health boards in Northern Ireland, Scotland, Wales play in supporting those registrants delivering healthcare but not directly employed by NHS bodies. How is this different to the role played by ICBs in England?
- The HCPC's role in engaging with government / state agencies employing HCPC registrants to encourage them to establish preceptorship schemes:
 - Departments for Education across the four nations – registrants working in education.
 - HM Prison Services across the four nations – registrants working in forensic services.

Section 4: Welsh Language Standards

What effects does this policy have on opportunities for persons to use the Welsh language and engage with our commitments under the Welsh Language Standards?

We want to ensure that registrants are able to use the Welsh language and have access to high quality preceptorship support. Our 2023 materials are available in Welsh and our new materials will also be available in Welsh. Our communications and engagement plan will include promotion in Welsh of the materials.

How does this policy treat the Welsh language no less favourably than the English language?

We believe that the availability of the materials in Welsh will have a positive impact for peoples to use the Welsh language. We do not foresee any negative impacts on peoples' ability to use the Welsh language.

We will promote the materials in Welsh through our communications and engagement plan and by specifically reaching out to stakeholders in Wales.

Section 5: Summary of Analysis

What is the overall impact of this work?

Preceptorship principles that more accurately reflect the working lives of our registrants will better support them through these periods of transition. These materials can play an important role in addressing some of the root causes in inequality and unfairness.

Section 6: Action plan

Summarise the key actions required to improve the project plan based on any gaps, challenges and opportunities you have identified through this assessment.

Include information about how you will monitor any impact on equality, diversity and inclusion.

Summary of action plan

This project is already a response to an issue which was identified when the principles were published at the end of 2023. This project takes meaningful steps to ensure that registrants are able to access preceptorship, regardless of where they work. We will continue to focus on EDI issues as we move the project through the working group and when we present update principles to the EDI forum and our governance structures.

Below, explain how the action plan you have formed meets our public sector equality duty.

How will the project eliminate discrimination, harassment and victimisation?

This work is unlikely to address harassment or victimisation, as this is not the aim of preceptorship, but successful delivery of the principles will play a role in ensuring that some groups are not indirectly discriminated against

How will the project advance equality of opportunity?

This project aims to provide additional support to help registrants working in a diverse range of settings meet the principles of preceptorship in the same way as other registrants are able to.

How will the project promote good relations between groups?

The additional advice will mean that employers will have a better understanding of how to meet the individual needs of registrants – including groups of registrants who share protected characteristics.

An action plan template is appended for specific action planning.



EDI should be an ongoing consideration throughout any project.

Where EDI issues are raised after this impact assessment and action plan have been agreed, you should make a note and update this document if necessary. Alternatively, you might choose to record changes using an EDI reflection form.

Any project identified as unlawfully discriminatory must not be progressed.

Reflection completed by:	Date:
Reflection approved by:	Date:

Appendix 1: Action plan template

This template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your project.

Issue identified	Action(s) to be taken	Person responsible and their Directorate	Target date for delivery
	We will complete this section as issues are identified in our working groups or other meetings.		

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Appendix 2: How to complete this form

This form is intended for use in **new or major** projects or policies. It is structured to consider the 9 protected characteristics set out in the Equality Act 2010. It is therefore important that you complete every section of the form.

You should consider and document **positive and negative** impacts which might result from the proposed project. Impacts might be **indirect**. If you consider that there will be **no impact** to groups or individuals with a particular protected characteristic, this **should still be documented**.

The equality impact assessment is not intended as a 'tick box' exercise. Instead, it offers a tool to help you embed equality, diversity and inclusion throughout your work planning and delivery. We encourage you to consult with colleagues, stakeholders and where possible, people with protected characteristics throughout this process.

For more guidance and information, please refer to the **Equality impact assessment guidance** document.

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