

# Allied Health Professions (AHP) Preceptorship Standards and Framework

Empowering new beginnings - building confidence for AHPs transitioning into new roles or workplaces.



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# Contents

## Table of Contents

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<b>Allied Health Professions (AHP) Preceptorship Standards and Framework</b>	<b>1</b>
<b>Contents</b>	<b>2</b>
<b>Foreword</b>	<b>3</b>
<b>Part One: Background and Context</b>	<b>4</b>
<b>Part Two: AHP Preceptorship</b>	<b>7</b>
<b>Part Three: The AHP Preceptorship Standards and Framework</b>	<b>12</b>
<b>Glossary</b>	<b>40</b>
<b>Acknowledgements</b>	<b>42</b>

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## Foreword

As part of the ambition to ensure sustainable future staffing and improve patient care, the [NHS England Long Term Workforce Plan](#) identifies good quality preceptorship for the wider workforce as key to supporting recruitment, supporting staff to integrate into their places of work, and supporting staff retention.

Allied Health Professionals (AHPs) have been providing support to newly registered AHPs and those transitioning into the workforce or new roles for many years, but from our work with services across the country, we know there is wide variation in the content and delivery of that support offer.

Ensuring AHPs have inclusive access to evidence-based, high-quality preceptorship across a range of transitions into employment, will help them grow in confidence as autonomous and accountable practitioners, enhance their career development, improve recruitment and retention, and ultimately improve patient care. This also supports the development of a diverse AHP workforce fit for the future by embracing the principles and focus of the [AHP Strategy for England:2022-2027 AHPs Deliver](#), in ensuring that there are AHPs in the right place, at the right time, with the right skills whilst acknowledging the need to bridge the gap between education and work by optimising the confidence and capability of those new to role.

We have worked closely with a wide range of partners to develop the AHP Preceptorship Standards and Framework, which should be used in conjunction with the [Health and Care Professions Council \(HCPC\) Principles for Preceptorship](#), to provide best practice guidance on the application of these principles for AHPs.

In line with the NHS England Long Term Workforce Plan the AHP Preceptorship Standards and Framework will play a fundamental role in ensuring we retain, upskill, and maximise the potential of AHPs for the future.



Professor Suzanne Rastrick OBE

Chief Allied Health Professions Officer (England)

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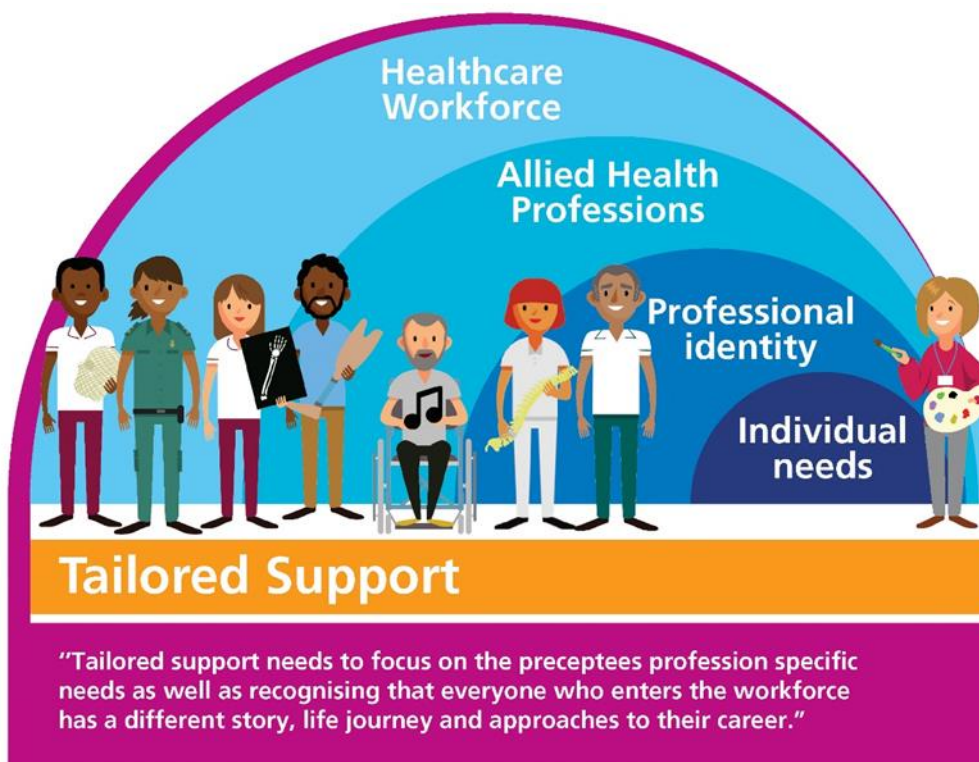
# Part One: Background and Context

## Introduction and Overview of AHP Preceptorship

Preceptorship can be a powerful workforce intervention. Starting a new career or experiencing a workplace transition can be both a rewarding and challenging time. Ensuring AHPs have access to support during key transition points in their career is essential for successful professional development.

AHP Preceptorship is a period of structured support provided to AHPs at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation. Delivered well, it can give AHPs in these situations the confidence to act as an autonomous practitioner.

The purpose of preceptorship is to ensure individuals develop confidence in their abilities and can apply and develop their knowledge in everyday practice. Preceptorship does this by providing a personalised programme of uni-professional and multi-professional development opportunities with support from an experienced professional. To be most effective it is important that preceptorship is a tailored intervention, meeting each individual's needs. This tailored approach should build on their personal journey into their profession, reference their experience and consider their personal career development.



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Preceptorship is not workplace induction, probation, or a substitute for mandatory training. It is distinct from clinical supervision and performance management. It is a supportive intervention to ensure that individuals' workforce transitions are successful for both individuals and the organisations in which they work.

The positive impacts of preceptorship are evident across the workforce for:

- the individual (i.e., improving their confidence)
- the organisation (i.e., improving employer ability to recruit and retain staff, ensuring a culture of patient safety)
- the system (i.e., workforce sustainability)

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## Who are AHPs?

AHPs form the third largest clinical workforce in the National Health Service (NHS). AHPs are professionally autonomous practitioners educated to at least degree level. They comprise fourteen distinct occupations:

- Art therapists
- Dietitians
- Dramatherapists
- Music therapists
- Occupational therapists
- Operating department practitioners
- Orthoptists
- Osteopaths
- Paramedics
- Physiotherapists
- Podiatrists
- Prosthetists and Orthotists
- Diagnostic and Therapeutic radiographers
- Speech and language therapists

AHPs provide system-wide care. AHPs assess, treat, diagnose, and discharge patients across health, social care, housing, education, early years, schools, the criminal justice system, independent and voluntary sectors.

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## Part Two: AHP Preceptorship

### Why is AHP Preceptorship important?

The [NHS Long Term Workforce Plan](#) published in 2023, acknowledges the importance of a comprehensive programme of support for AHPs, and preceptorship is one component of this.

Well-constructed and delivered preceptorship support can build the confidence of individual professionals as they transition into the AHP workforce for the first time. This helps them to establish their scope of professional practice as registrants and continue their professional development.

Preceptorship can also provide wrap-around support for AHPs at other points of transition within their professional careers, such as:

- Return to practice after a lengthy period away, for example from a career break.
- Join the UK workforce as an internationally educated or recruited worker.
- Change their work setting or sector.
- Return to a role after a break, for example from maternity or carers leave.

Organisations which provide AHPs with preceptorship demonstrate a commitment to an employee's wellbeing and professional development. This benefits recruitment and retention within organisations.

The [HCPC Year in registration survey 2022](#) identified that:

- 32% of respondents reported that they did not have a structured period of learning on entering the workplace.
- 24% reported that the period of structured support they received lasted less than three months.

Professional networks and employers working together across systems have the capacity to drive up excellence in the provision of preceptorship. This will improve early experience in role and support the aim to retain AHPs within the NHS after the first year (currently 11% AHPs leave the NHS in their first year - [Electronic Staff Record \(2023\)](#) – NHSE analysis).

A baseline data collection activity by the AHP Preceptorship and Foundation Support programme in 2023 found that there is variation in the AHP Preceptorship landscape. From the 172 organisational responses across NHS, social care and private, independent, or voluntary settings:

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- 64% of organisations offer all their AHPs preceptorship.
    - 24% of organisations offer to some of their AHPs
    - 12% of organisations do not offer preceptorship to AHPs.
  - 57% of organisations reported offering a multi-professional preceptorship programme.

## What is unique about AHP Preceptorship?

Preceptorship is a workforce intervention that can benefit all health care professionals. The Nursing and Midwifery Council published their Principles for Preceptorship in 2022 with the national nursing preceptorship framework produced in October 2022 and the national midwifery preceptorship framework produced in March 2023. The three preceptorship frameworks are relatable to one another, however there are specific elements which mean that preceptorship for AHPs has unique considerations. These are:

- The role of the different professional development frameworks produced by Professional Bodies. These support the shaping of AHP's careers and therefore considered in the development of content for AHP preceptorship programmes.
- The building of AHPs' professional identity and belonging. This needs to be integrated within multi-professional preceptorship. This may be challenging to achieve for some of the small and vital professions of the AHP workforce within an organisation.
- The difficulty for AHPs from small and vital professions or those who work more independently to access same-profession support. Assistance will be required to access that support across the Integrated Care System (ICS).
- The variation in access to in-time supervision and support for the different AHPs. This is due to differences in ways of working and employment.
- The variation in the number of individuals within the different AHP groups. Local, system and regional infrastructure will need to support preceptorship for smaller professional groups.
- The different expectations about preceptorship and on-going career development across AHPs.

These unique considerations form the basis for organisation and systems working collaboratively to deliver successful AHP Preceptorship. Partnership collaboration will ensure preceptees have access to both uni-professional and multi-professional preceptorship, regardless of their professional background or their employing organisation. This also provides opportunities for the identification and scaling-up of good practice in AHP Preceptorship across different organisations.



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## Organisations and Systems

The AHP Preceptorship Standards and Framework acknowledges that successful implementation requires the commitment of individual organisations, including AHP leadership, and the systems which they are part of.

A system should be considered as an ICS. The ICS comprises of a network of organisations, working together in a geographically defined area, to plan and deliver integrated health and care services.

AHP leadership is a key enabler for AHP Preceptorship at an organisation and system level. This leadership includes accountability and assurance that preceptorship support is integrated within areas of work including workforce planning, professional practice, education, and human resources. Chief AHP roles within organisations and at a system level ensure a culture of continuous improvement is built around AHP Preceptorship and facilitate collaboration to achieve access and equity of preceptorship offer.

The [NHS Long Term Workforce Plan](#) reinforces the role of ICSs in creating an integrated architecture for workforce development and innovation. It is expected that each ICS will support the development of context-specific workforce plans that recruit and retain AHPs. ICSs are therefore in a key position to facilitate collaboration and partnership working that support the implementation of AHP Preceptorship.

Moreover, ICSs are well-placed to develop an architecture of professional networks and other resources that ensure that access to AHP Preceptorship is comprehensive. AHPs working in smaller health organisations, independently, across health and social care, or even in other public service areas such as education, will require opportunities outside of their employing organisations to access an appropriate mix of uni-professional and multi-professional development opportunities within their preceptorship.

Our regional networking events were an excellent opportunity to meet up and share our experiences of our own preceptorship programmes. There's definitely more sharing of good practice now.

*Trust AHP Preceptorship lead*

The AHP Faculty Lead was able to put me in touch with dietetic service leads from other Trusts. We have been able to form a network to support us as new graduates as we settle into the NHS.

*Recently Registered Dietitian*

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## Approaches to AHP Preceptorship

AHP Preceptorship programmes and their implementation should be:

**Strengths-based** – AHP Preceptorship should be a personalised experience which enables individual AHPs to achieve their potential as they transition within the workforce. Based on a needs assessment, building on previous learning experiences, and personal and professional strengths ensures that preceptorship is tailored to the individual rather than a one-size fits all approach.

**Co-designed** – The implementation, review, and continuous improvement of AHP Preceptorship should be a collaborative process. This brings together the insights of different stakeholders, including individual AHPs with experiences of different career transitions. In this way, programmes will achieve greater implementability within the context of local systems and ways of working.

**Empowering** – The implementation of AHP Preceptorship should empower individual AHPs to engage in their own development. This is different from workforce interventions such as induction and performance management.

**Inclusive** – AHP Preceptorship should be inclusive in design and implementation. This ensures that all AHPs that could benefit from preceptorship are able to do so. At a programme level, this may require embedding preceptorship within human resources processes, including recruitment. At an individual level, this means that preceptors are familiar with differences in learning and development needs, and how these can be addressed through different styles of engagement.

AHP Preceptorship should support delivery of the following strategic aims:

**Workforce sustainability** – AHP Preceptorship can contribute to a sustainable workforce by encouraging and supporting employee wellbeing and retention in organisations and professions.

**Environmental sustainability** – The design of AHP Preceptorship should reflect principles of environmental sustainability, using, for example, digital solutions that facilitate record-keeping and professional networking.

**Health and wellbeing** – AHP Preceptorship has the potential to achieve a wide range of outcomes important to workforce systems, organisations, and professions. At the heart of these outcomes should be the professional, career, and personal impacts of preceptorship or both preceptee and preceptor. These include their own health and wellbeing in the workplace, and practical mechanisms which protect a positive work-life balance.



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# Part Three: The AHP Preceptorship Standards and Framework

## Development of the Standards and Framework

The benefits and impacts of AHP Preceptorship may be influenced by a range of external factors. These elements include differences in the training and education of AHPs, as well as organisation and allocation of work. There is evidence for multi-professional preceptorship but there are also key differences between professions such as nursing, midwifery and AHPs. This means that the evidence of effectiveness in one context cannot be simply transferred to another.

Consequently, at the core of the AHP Preceptorship Standards and Framework is a review of the evidence of 'what works for AHPs'. This was developed from a realist synthesis of the scientific and professional literature, and the views of stakeholders.

The research was used to collaborate and codesign the development of the five Principles for Preceptorship by the HCPC to support the professions it regulates. On publication of this research, it will be accessible from the [AHP Preceptorship Toolkit](#).

### The HCPC Principles for Preceptorship

The key elements of the five principles are:

1. Organisational culture
2. Quality and oversight
3. Preceptee empowerment
4. Preceptor role
5. Delivering preceptorship programmes

AHPs engaged in preceptorship programmes are referred to as 'preceptees', and those supporting preceptees are referred to as 'preceptors'.

The development of the principles utilised commissioned research and widespread stakeholder engagement:

- with regulatory and professional bodies.
- across the NHS including acute, community and primary care settings.
- with social care, private and independent practitioners.

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- with regional and system communities of practice.
  - with preceptorship leads, preceptees and preceptors.
  - with nursing and midwifery national preceptorship programme.

Please note that although osteopaths are regulated by the General Osteopathic Council, the exploratory research and work to develop this guidance was inclusive of all AHPs, including osteopaths, and is therefore applicable to all AHPs. Although produced to support NHS settings in England, the content is also applicable and transferable across all sectors.

The AHP Preceptorship Standards and Framework, should be used in conjunction with the HCPC Principles for Preceptorship, to provide best practice guidance on the application of these principles for AHPs\*.

*\*It should be noted that the HCPC guidance is UK wide and the categorisation of AHPs in the devolved administrations differs to that within England*

## **AHP Preceptorship Standards and Framework**

The information in this document sets out what AHP Preceptorship means and expands on the HCPC Principles for Preceptorship, to provide standards and a best practice implementation framework to support AHPs in England.

The underpinning evidence base for the AHP Preceptorship Standards and Framework is awaiting publication. On publication the research will be accessible from the [AHP Preceptorship Toolkit](#).

This research was augmented by leadership interviews across professional bodies, and wider engagement through a series of online webinars. This ensured validity and reliability of the findings.

To address gaps in the evidence, several high-performing AHP Preceptorship programmes were reviewed, and consensus-development work conducted. This involved a committee of experts and online surveys with the AHP workforce.

This work produced best practice statements which were tested with AHPs. This was completed through webinars with AHPs experiencing different career transitions, such as returning to work after an extended period of leave, joining the NHS workforce from abroad, or moving into new roles and settings. Interviews with AHPs in system leadership roles enabled the integration of their insights into the implementation of AHP Preceptorship.

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## The evidence base for AHP Preceptorship

The research undertaken identified that:

- The outcomes of AHP Preceptorship are achieved at an individual, organisational, and at system level.
- AHP Preceptorship works best when built on the individual knowledge and experiences of individual AHPs, rather than taking a one-size-fits-all approach to their design and delivery.
- In organisations where there are higher numbers and a greater mix of AHPs and supported by strong collaboration with other professional groups such as nursing, more elements of AHP Preceptorship can be multi-professional. This provides better opportunities for learning about multi-professional aspects of practice and how organisations work.
- AHP Preceptorship helps AHPs who are entering the workforce for the first time as new registrants, Return to Practice AHPs or as international recruits, develop their sense of professional identity.
- Where AHPs have limited access to same-profession preceptorship, professional networks, and guidance from professional bodies, can facilitate professional identity. For example, in industry, independent practice or smaller healthcare organisations.
- Systems and employers working together can ensure there is an appropriate mix of multi- and uni-professional preceptorship for AHPs.
- Ensuring that AHP Preceptorship is well-designed and fully integrated into workforce and organisational systems demonstrates employers' commitment to their AHP workforce.
- Preceptorship embedded within a wider organisational culture of professional development, can provide a foundation for AHP career development.

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## How to use the Standards and Framework

The standards and the framework provide a rich source of information and advice for organisations and systems that are working to ensure their AHPs have access to high-quality preceptorship.

The AHP Preceptorship Standards and Framework are not intended to replace existing programmes of preceptorship but instead provide guidance for improvement and enhancement of the quality and sustainability of AHP preceptorship programmes.

It also assists preceptees, preceptors, and all organisations or systems where AHPs work, to consider how AHPs develop and maintain confidence as they transition into and across the workforce.

Organisations can use this resource to develop an effective, flexible, and bespoke strategy for providing preceptorship that best fits the needs of their AHP workforce.

We have expanded the five HCPC Principles for Preceptorship to provide twenty standards of AHP Preceptorship. These standards can be used to evaluate the preceptorship offering.

The framework then provides the best practice guidance of how to achieve high-quality preceptorship using a quality improvement model of continuous improvement. The framework derives from the evidence and consensus work with experts, and triangulated with stakeholder interviews, webinar or case study information. This research, which is awaiting publication, provides a robust evidence-based approach to AHP Preceptorship.

Our standards and framework support AHP Preceptorship by providing:

- i. Standardisation and guidance for continuous improvement.
- ii. Core components for inclusion within AHP Preceptorship.
- iii. A blueprint of activities that an organisation, or network of organisations working together, can use to implement AHP Preceptorship.
- iv. A tool to develop collaboration and a whole-system approach to AHP Preceptorship.

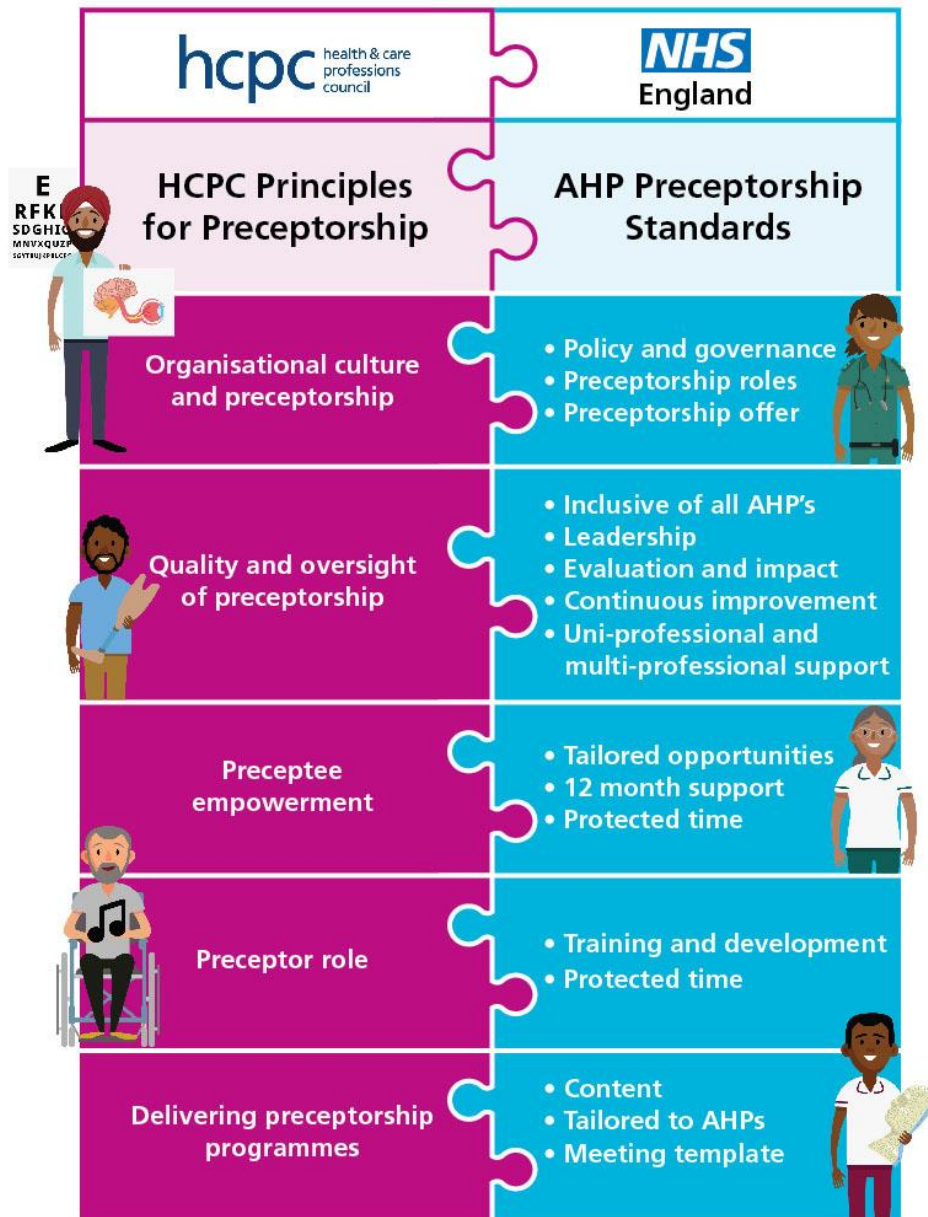
## AHP Preceptorship Standards

<p style="text-align: center;"><b>HCPC Principles for Preceptorship</b></p>	<p style="text-align: center;"><b>NHS England AHP Preceptorship Standards</b></p>
<p><b>Principle 1 - Organisational culture &amp; preceptorship</b></p> <p>Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role. Preceptorship contributes to an organisational culture in which registrants are supported to achieve their potential whilst delivering safe and effective care and treatment</p>	<p>1.1 The organisation has a policy and governance framework for AHP Preceptorship.</p> <p>1.2 The organisation has role descriptors for preceptees, preceptors, preceptorship champions and AHP preceptorship leads.</p> <p>1.3 The organisation has processes for offering preceptorship to eligible staff, and for staff to request preceptorship.</p>
<p><b>Principle 2 - Quality &amp; oversight of preceptorship</b></p> <p>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 during times of transition.</p>	<p>2.1 Preceptorship is inclusive of all AHPs within an organisation and supports different career and workplace transitions.</p> <p>2.2 The organisation has clear leadership and accountability for AHP Preceptorship.</p> <p>2.3 The organisation evaluates the impact of the preceptorship programme annually.</p> <p>2.4 The organisation uses evaluation data as the basis for improving AHP preceptorship with the AHP workforce.</p> <p>2.5 The organisation ensures preceptees have access to uni-professional support if there is a multi-professional preceptorship programme.</p>
<p><b>Principle 3 - Preceptee empowerment</b></p> <p>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</p>	<p>3.1 The preceptee and preceptor agree how they will implement the tailored preceptorship and document how they will work together.</p> <p>3.2 Preceptorship includes opportunities for preceptees to guide, review and evaluate their preceptorship.</p>



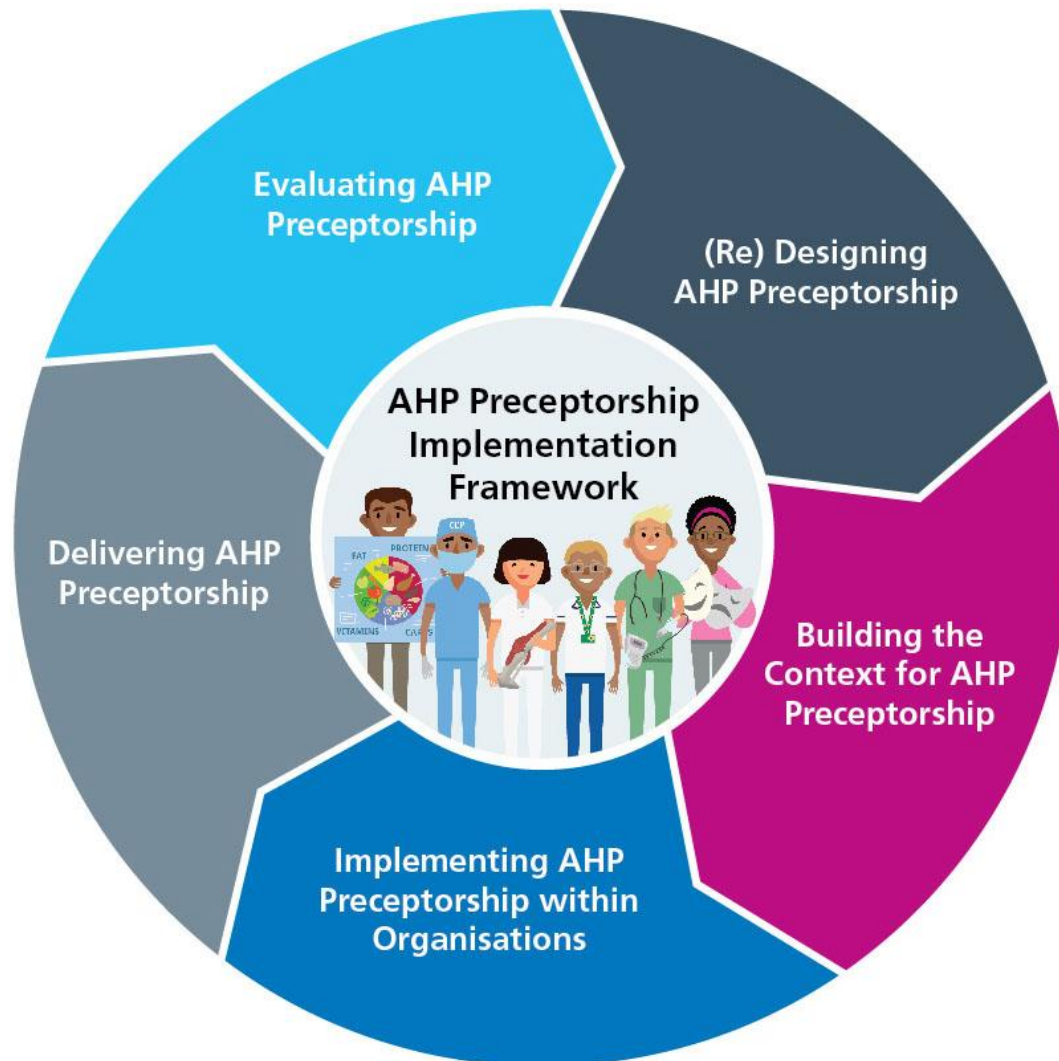
<p>needed to develop their professional confidence.</p>	<p>3.3 The organisation offers preceptorship for a suggested 12-month period.</p> <p>3.4 The organisation provides protected time for the preceptee to attend preceptorship activities.</p>
<p><b>Principle 4 - Preceptor role</b></p> <p>The preceptor 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.</p>	<p>4.1 The organisation provides initial and ongoing training and development for preceptors.</p> <p>4.2 The organisation provides protected time for the preceptors to attend preceptorship activities.</p>
<p><b>Principle 5 - Delivering preceptorship programmes</b></p> <p>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 the UK, including but not limited to, the NHS, the social care sector, and the independent and charitable sectors.</p>	<p>5.1 Organisations establish the content for programmes based on the knowledge, skills and behaviours required for AHP Preceptorship.</p> <p>5.2 The organisation can demonstrate the tailoring of preceptorship to meet the needs of their AHPs.</p> <p>5.3 The initial preceptorship meeting occurs within the first week of the preceptee's transition.</p> <p>5.4 Meetings between preceptor and preceptee are scheduled once per month as a minimum.</p> <p>5.5 Meetings between preceptor and preceptee are of a minimum of one hour in duration.</p> <p>5.6 The organisation provides a template to guide and record AHP Preceptorship meetings.</p>

# Health and Care Professions Council Principles for Preceptorship and NHS England AHP Preceptorship Standards supporting high quality AHP Preceptorship



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## AHP Preceptorship Implementation Framework



The AHP Preceptorship Implementation Framework is designed using a continuous improvement methodology. This enables organisations and systems to review, evaluate and improve the quality of their preceptorship offer at different stages of a preceptorship programme lifecycle. This includes:

- (Re) designing AHP Preceptorship
- Building the context for AHP Preceptorship
- Implementing AHP Preceptorship within organisations
- Delivering AHP Preceptorship
- Evaluating AHP Preceptorship

The framework is supported by the [AHP Preceptorship Toolkit](#) which provides a developing resource pack and templates to enhance the evidence and quality of AHP Preceptorship.

### (Re)designing AHP Preceptorship

	Actions	Activities	Link to AHP Preceptorship Standards
R1	<p><b>Build networks across the system to support AHP Preceptorship</b></p>	<p>Systems facilitate agreements across organisations to support AHP Preceptorship and provide opportunities for organisational AHP Preceptorship leaders to meet on a regular basis.</p> <p>There are examples of different types of organisations working together to ensure that preceptees from the smaller allied health professions can access same-profession advice and support within their preceptorship programme. This is important where organisations are not able to provide same-profession support for a variety of reasons.</p> <p>AHP faculties set up AHP Preceptorship working groups across the system to build networks of AHPs who can meet regularly (ideally monthly). These networks enable:</p> <ul style="list-style-type: none"> <li>• AHPs to have profession-specific conversations to provide opportunities for those AHP professions with smaller numbers to share.</li> <li>• discuss ideas or challenges that may be uniquely relevant to their roles.</li> <li>• collaborative events designed to generate a sense of ownership, shared purpose, and achievement for all stakeholder participants.</li> </ul> <p>Preceptorship Champions (<a href="#">AHP Preceptorship Toolkit</a>) can play a key role in facilitating and maintaining the development of these AHP preceptorship networks.</p>	<p>1.2 2.1 2.4 2.5</p>
R2	<p><b>Awareness and access to best available evidence and guidance for AHP Preceptorship</b></p>	<p>Sources of the best available evidence and practical guidance for AHP preceptorship are available online:</p> <ul style="list-style-type: none"> <li>• <a href="#">AHP Preceptorship and Foundation Support Webpage</a></li> <li>• <a href="#">AHP Preceptorship and Foundation Support Learning Hub</a></li> </ul>	<p>1.2 2.2 2.4 5.1</p>

		<p>AHP Preceptorship Champions (<a href="#">AHP Preceptorship toolkit</a>) play a key role in promoting awareness of key guidance documents.</p> <p>Systems generate awareness and understanding for AHP Preceptorship by providing a forum for AHPs to share their thoughts and experiences. This could be achieved through AHP Preceptorship newsletters, Teams or Zoom seminars, or, if feasible, in person meetings.</p> <p>Systems highlight examples of best practices in AHP Preceptorship, present (anonymised) cases to collectively explore enhanced ways of working or share innovative ideas to improve the quality of AHP Preceptorship.</p> <p>Sharing examples of good practice and AHP Preceptorship tools can be achieved for example:</p> <ul style="list-style-type: none"> <li>• a system resource (such as SharePoint; Teams or Dropbox) could be introduced that is accessible to all AHPs in organisations and across systems.</li> <li>• Utilisation of NHS Futures Platform</li> <li>• Utilisation of NHS Learning Hub</li> <li>• System communication such as newsletters, bulletins, social media.</li> </ul>	
<b>R3</b>	<b>Draw on feedback for redesign</b>	Engagement with current and former preceptees through various approaches, such as focus groups, interviews or surveys, ensures their feedback is used for the continuous improvement of the redesign of AHP Preceptorship.	2.4
<b>R4</b>	<b>Establish preceptorship content</b>	<p>Preceptorship content considers the knowledge, skills and behaviours required to support a preceptee to transition into their role. This includes but is not limited to:</p> <ul style="list-style-type: none"> <li>• Understanding the preceptorship offer and journey,</li> <li>• Understanding the roles of others,</li> <li>• Understanding organisational structures and processes,</li> </ul>	2.5 5.1 5.2 5.4 5.5

- Communication,
- Multi-professional Team working,
- Time management,
- Confidence building activities,
- Self-reflection activities,
- Practicing positivity,
- Being inquisitive,
- Health and wellbeing activities,
- Signposting to internal and external sources of formal and informal support including:
  - Workshops, study days, meetings or forums as part of multi-professional preceptorship programmes within organisations,
  - System meetings, forums or events for AHPs.
- Preceptorship includes a range of activities which facilitate preceptees' networking. Across different organisational and system contexts, different approaches may be required to ensure AHPs have access to strong professional networks and communities.
- If accessing a multi-professional preceptorship programme, preceptees are supported and encouraged to network within their own profession. This will encourage building professional identity and continuing to build an appropriate scope of professional practice in the context of workforce transitions. These are key components of AHP Preceptorship and complement those components which are multi-professional in nature.

Preceptorship is designed or redesigned in conjunction with the AHP Preceptorship Standards and Framework. Other regional or system evidence or guidance should also be considered as well as references available resources from regulatory and AHP professional bodies.

		<p>Identification of preceptorship content and aspects for personalisation ensures programmes achieve a threshold for quality whilst enabling the tailoring of content to individual needs.</p> <p>Preceptorship will vary according to individual circumstances but is expected to include a range of learning and development opportunities. This achieved by:</p> <ul style="list-style-type: none"> <li>• Protected time to enable working alongside experienced AHPs,</li> <li>• Organisational study days and workshops which build knowledge and confidence in organisational practices,</li> <li>• One-to-one support for a preceptee from a preceptor, including reflective, action learning and coaching conversations,</li> <li>• Tailored programme of learning and development, co-designed by the preceptee and preceptor.</li> </ul> <p>The preceptorship content is confirmed or updated each time that an organisation's AHP preceptorship is reviewed.</p> <p>Preceptee and preceptor meetings are scheduled at a minimum frequency of once per month for a suggested 12 months. Any changes to the meeting length or frequency should be jointly decided by the preceptor and preceptee and documented in the preceptee's portfolio. Meetings will draw on a range of reflective, action learning or coaching approaches to facilitate the preceptee's development.</p>	
<b>R5</b>	<b>Design programmes using examples of best practice</b>	<p>Examples of best practice are collated and shared across systems and networks and collected as part of annual or end of preceptorship evaluations. This could include examples of best practice documented, collated, and fed into the development of organisational preceptorship design guidelines through:</p> <ul style="list-style-type: none"> <li>• Preceptees providing examples of best practice they have observed during their preceptorship and how these examples could be used to develop the programme.</li> </ul>	2.4

		<ul style="list-style-type: none"> <li>Preceptors providing examples of best practice and how they drew on those in providing preceptees with the best possible experience.</li> </ul>	
<b>R6</b>	<b>Utilise a tailored and strength based approach</b>	<p>Preceptorship content is used as the basis on which to personalise the experience of preceptorship at an individual level. It is important to tailor preceptorship in a positive way that empowers preceptees to develop their professional confidence, it should not be used to test clinical competence.</p> <p>Organisations build upon existing workforce development strategies and approaches when designing AHP Preceptorship. For example, networking activities may already be in place for those new to role that can be used as part of AHP Preceptorship.</p> <p>AHP Preceptorship should be tailored to meet the needs of different transitions (e.g., internationally trained or returning from parental leave) in the workplace, for example by including support from a registrant with recent experience of the transition.</p> <p>An individual AHP's professional knowledge, skills and strengths are identified in the initial meeting during the first week, documented, and then reviewed at the end of the programme. <a href="#">Growth-based career planning</a> can support these conversations. Following this discussion preceptorship is tailored to their individual needs and expectations, for example:</p> <ul style="list-style-type: none"> <li><u>Learning needs</u>, which are likely to vary between preceptee. For example, additional support if they are experiencing a workplace transition such as international recruitment or Return to Practice by: <ul style="list-style-type: none"> <li>being matched with preceptors who have experienced the same transition within the organisation or system.</li> <li>Opportunities to meet, or networks developed across systems to support for preceptees who are experiencing similar transitions.</li> </ul> </li> <li><u>Frequency of meetings</u> – some preceptees will need additional support from their preceptors, especially during the first few months of preceptorship. Therefore, meetings should be</li> </ul>	2.1 2.4 2.5 5.2 5.3



		<p>held on a more frequent basis, for a set amount of time, if mutually agreed between preceptors and preceptees.</p> <ul style="list-style-type: none"> <li>• <u>Their role</u> – there are more AHPs in certain roles than others, for example, there are many more occupational therapists and physiotherapists than orthoptists or dietitians. Therefore, it is important to tailor preceptorship for AHPs from smaller professions to include networking within their own profession.</li> <li>• <u>Their work environment</u> – self-employed or lone workers may feel disconnected from their colleagues and peers. For them, preceptorship should include access and introduction to wider networks of AHPs who are in similar situations.</li> </ul> <p>Time in subsequent meetings can be allocated to identifying if their individual learning needs are being met, or if adjustments should be made.</p>	
<b>R7</b>	<b>Establish governance for AHP Preceptorship</b>	<p>Robust AHP Preceptorship governance and clear lines of accountability and reporting can be established through a range of leadership roles to support AHP preceptorship:</p> <ul style="list-style-type: none"> <li>• Executive level sponsorship, leadership and accountability for AHP preceptorship.</li> <li>• Chief AHP or equivalent roles</li> <li>• Preceptorship Leads, who are responsible for the implementation of AHP preceptorship within employing organisations.</li> <li>• Preceptorship Champions, whose role it is to promote preceptorship across organisations and systems.</li> </ul> <p>Preceptorship links into <a href="#">Investing in chief allied health professionals: insights from trust executives - a guide to reviewing AHP Leadership for trust boards and clinicians</a> which recommends that organisations strengthen AHP leadership to recognise AHP potential with alignment to organisation priorities and create a workforce fit for the future. The report finding includes the impact of Chief AHP roles on innovation</p>	<p>1.1 1.2 1.3 2.1 2.2</p>

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with recruitment and retention, as well as the impact on productivity.

Strategic and operational leadership for AHP Preceptorship ensures engagement, transparency and inclusivity of the preceptorship offer. This also provides the oversight to utilise this framework in a continuous improvement model using audit and evaluation to monitor quality and accessibility.

Organisations can make AHP Preceptorship participation mandatory for preceptees and preceptors. Evidence shows that this action has positive benefits on recruitment and retention.

Organisations develop their own policy for AHP Preceptorship which is shared alongside other organisational policies. This is achieved through:

- Organisational Multi-professional Preceptorship Policy or AHP Preceptorship Policy
- System level AHP Preceptorship Policy that is agreed by all organisations within the system.

Organisations will:

- consult local and national policy documents/frameworks to ensure their preceptorship is aligned with both national and region goals and agendas.
- link policies to professional development frameworks provided by recognised AHP professional bodies. This will support alignment with wider career development, and aid AHPs to meet their regulator's CPD requirements.

Organisational policy for AHP Preceptorship should ensure consistency, equality, and inclusivity for all preceptees regardless of age, gender, sexuality, race or religion.

Organisational policies for AHP Preceptorship are reviewed on a yearly basis to ensure it continues to meet national standards.

Organisations can maximise preceptorship impact:

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|  | <ul style="list-style-type: none"><li>• by making explicit expectations about the design, content, and delivery of preceptorship</li><li>• by providing a focus for workforce development around which different organisational stakeholders can collaborate.</li><li>• by providing a basis for preceptorship activities, such as action learning or coaching between the preceptee and preceptor.</li><li>• by integrating within workforce planning, training and education, human resources and wider workforce policies.</li><li>• by providing a focus for the evaluation, review, and re-design of AHP Preceptorship programmes</li></ul> |  |
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Systems ensure that AHP Preceptorship is a standing agenda item on their regular AHP faculty and or council meetings. This ensures that policies relevant to AHP Preceptorship, such as workforce planning and Equality, Diversity, and Inclusion (EDI), can be effectively disseminated.

## Building the Context for AHP Preceptorship

	Actions	Activities	Link to AHP Preceptorship standards
B1	<p><b>Establish resources available to support AHP Preceptorship</b></p>	<p>Organisations determine whether they have adequate resources to effectively support preceptees. This should include:</p> <ul style="list-style-type: none"> <li>• number of AHP Preceptees per year</li> <li>• an audit of training for AHP preceptors</li> <li>• how many preceptees an individual preceptor has supported within a calendar year.</li> <li>• Evaluation of AHP preceptor capacity to ensure sufficient support for the different professions. It is recommended that an AHP preceptor supports no more than two preceptees at a time.</li> </ul> <p>Systems regularly assess the resources that are available for AHP preceptorship including preceptorship leadership, preceptor capacity and preceptorship champions. The timeframe for this can vary depending on local circumstances but is recommended at least annually.</p> <p>Systems facilitate working across organisations to achieve access to AHP Preceptorship support for preceptees that may be the only one/only one of their profession within an organisation.</p> <p>Systems can facilitate capacity and capability building activities, such as commissioning and providing training, to ensure that AHP preceptees are provided with the same standard of support, regardless of the organisation they work for.</p> <p>Organisations and systems utilise alternative support where required such as:</p> <ul style="list-style-type: none"> <li>• access to another organisational preceptorship programme,</li> <li>• access to a preceptor from another organisation in the system</li> <li>• access to professional networking support</li> </ul>	<p>1.2 1.3 2.1 2.5 4.1 5.1 5.2</p>

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|  |  | <ul style="list-style-type: none"><li>• Legacy Mentors <a href="#">NHSE Legacy Mentoring</a></li></ul> |  |
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## Implementing AHP Preceptorship within Organisations

Actions		Activities	Link to AHP Preceptorship Standards
I1	<b>Offer preceptorship to all eligible staff</b>	<p>To ensure inclusivity of development opportunities, all eligible staff should be offered access to preceptorship.</p> <p>Within organisations, there are clear mechanisms for identifying eligible staff, or for staff to request preceptorship. This is achieved through:</p> <ul style="list-style-type: none"> <li>• employment policies and processes during recruitment and onboarding</li> <li>• introduction to preceptorship during induction.</li> <li>• employee welcome packs</li> <li>• self-referral to the organisational Preceptorship Lead</li> </ul>	1.3 2.1
I2	<b>Protected time for preceptees</b>	<p>Preceptees have protected time to engage in preceptorship. This protected time ensures engagement in preceptorship and access to programme activities and training. This is achieved through:</p> <ul style="list-style-type: none"> <li>• Job planning</li> <li>• Work allocation</li> <li>• Organisations allocating mandatory time for preceptorship training and activities.</li> </ul> <p>It is recommended that Preceptees are given at least 1 hour per month protected time to engage with preceptorship related tasks, for example: meeting with their preceptor. Monthly meetings with their preceptors are part of the programmes core content. Attending any mandatory preceptorship related training, workshops, or seminars are also part of the programme's core content, for which additional time should be allocated.</p> <p>It is suggested, from the research for this framework, preceptees be given a further 2 hours per month (24 hours per year) to complete preceptorship tasks, such as their reflective</p>	3.4

		<p>diaries, searching for developmental opportunities, professional networking or investigating areas of post-preceptorship support.</p> <p><b>Therefore, the recommendation is for a total protected time of 12-36 hours per year for the preceptee (in addition to attending any organisational/system programme study days).</b></p> <p>Preceptees and preceptors identify how protected time is allocated to ensure individual needs are met. This is achieved through a preceptee/preceptor agreement (<a href="#">AHP Preceptorship Toolkit</a>)</p>	
13	<b>Identify preceptor training and support</b>	<p>The preceptor role description (<a href="#">AHP Preceptorship Toolkit</a>) contains clear expectations of preceptorship whilst providing a source of information to guide the development of preceptors.</p> <p>All preceptors are given mandatory training to standardise their approach to supervising preceptees.</p> <ul style="list-style-type: none"> <li>• Preceptors undertake the Multi-professional Preceptor eCompendium training provided by the Learning Hub at NHS England. Access via <a href="#">Learning hub - Multi-professional Preceptor E-compendium</a></li> <li>• Additional training includes topics such as: <ul style="list-style-type: none"> <li>• The expectations of preceptors</li> <li>• Information on what meeting with preceptees should include and how often they should be held.</li> <li>• Challenges and difficult conversations within preceptorship</li> <li>• How to identify preceptee’s individual learning needs</li> <li>• Familiarisation with the preceptorship meeting templates.</li> <li>• The organisational and system support options available to preceptees experiencing workplace transitions.</li> <li>• Understanding and familiarity with multi-professional resources for AHP Preceptorship</li> </ul> </li> </ul>	4.1

		<p>And skills-based training including:</p> <ul style="list-style-type: none"> <li>• Coaching skills</li> <li>• Supervision skills</li> <li>• Reflective skills</li> </ul> <p>Action Learning Sets can be useful in providing support and learning opportunities. All preceptor training should be evaluated and updated accordingly on a yearly basis. This includes feedback from all stakeholders.</p> <p>Annual anonymised reports on preceptor training should be formulated from preceptee and preceptor feedback and made available to all appropriate stakeholders. An action plan should be developed from the feedback that guides future preceptor training and development opportunities.</p>	
<p><b>I4</b></p>	<p><b>Protected time for preceptors</b></p>	<p>Preceptors have protected time to engage in the delivery of preceptorship. This protected time for preceptors ensures engagement in preceptorship, and to access training and support for their role. This is achieved through:</p> <ul style="list-style-type: none"> <li>• Job planning</li> <li>• Work allocation</li> <li>• Organisations prioritising time for preceptorship training and activities.</li> </ul> <p>Preceptors are given at least 1 hour protected time per month per preceptee they are supervising (12 hours a year). It is recommended from the research for this framework, that preceptors be given a further 8 hours protected time per year to engage in development opportunities related to the preceptor role such as training, reflection, and evaluation.</p> <p><b>Therefore, the recommendation is for a total protected time of 20 hours per year for the preceptor.</b></p> <p>Preceptees and preceptors identify how protected time is allocated to ensure individual needs are</p>	<p>4.2</p>



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		<p>met. This is achieved through a preceptee/preceptor agreement (<a href="#">AHP Preceptorship Toolkit</a>)</p> <p>Preceptors have access to peer support and supervision within their role.</p> <p>Preceptors have clear line management for the role.</p>	
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## Delivering AHP Preceptorship

Actions		Activities	Link to AHP Preceptorship Standards
D1	<b>Preceptee completion of Pre-preceptorship activities</b>	<p>Preceptees access the NHS England Step to Work programme prior to starting or on commencement of role to support transitioning into their role.</p> <ul style="list-style-type: none"> <li>• Step to Work access via <a href="https://www.e-lfh.org.uk/programmes/step-to-work/">https://www.e-lfh.org.uk/programmes/step-to-work/</a>.</li> <li>• Outside of the United Kingdom access via <a href="https://portal.eintegrity.org/eintegrityregistration/register/413">https://portal.eintegrity.org/eintegrityregistration/register/413</a></li> </ul>	1.3 2.1 5.1
D2	<b>Preceptors and preceptees establish ways of working</b>	<p>Preceptors and preceptees meet during the preceptee's first week at the organisation. This meeting is used to establish the ways in which they will work together and to identify the individual learning needs of preceptees.</p> <p>A jointly created and co-agreed bespoke development plan (<a href="#">AHP Preceptorship Toolkit</a>) is in place for preceptees. This is achieved through:</p> <ul style="list-style-type: none"> <li>• Reflecting on individual experiences,</li> <li>• Driven by agreed success criteria.</li> <li>• Consideration of regulatory body, professional and career development frameworks</li> </ul>	3.1 5.3
D3	<b>Length of Preceptorship</b>	<p>It is strongly recommended that AHP Preceptorship last a suggested 12-month period.</p> <ul style="list-style-type: none"> <li>• If there are individual circumstances, for example – related to different transition types or individual career paths, then a shorter or longer period may be warranted. This should be mutually agreed between the preceptor and preceptee. <p>This is achieved through:</p> <ul style="list-style-type: none"> <li>• Monthly meetings with Preceptor to review progress with any potential timeframe challenges discussed and documented.</li> <li>• Final Meeting (<a href="#">AHP Preceptorship Toolkit</a>) as a formal review of the success of preceptorship</li> </ul> </li></ul>	3.3

		<ul style="list-style-type: none"> <li>○ This review should include signposting to follow-on learning opportunities that the preceptee may like to consider as part of their professional development.</li> </ul>	
<b>D4</b>	<b>Preceptorship meetings</b>	<p>Standardised templates for preceptorship meetings are available within organisations so that all preceptees and preceptors have access to the same materials.</p> <p>Preceptorship meeting records are used to document all preceptee and preceptor meetings. During the first meeting, preceptors explain the template content to preceptees and answer any questions they may have.</p> <p>Meeting templates include the following:</p> <ul style="list-style-type: none"> <li>• date and time of each meeting</li> <li>• date and time of next meeting</li> <li>• what preceptees want to gain from preceptorship</li> <li>• long-term goals and development plan</li> <li>• learning/development to be completed before next meeting – e.g., reading a journal article or exploring training options post-preceptorship.</li> <li>• review of development</li> <li>• any other comments or notes</li> <li>• the preceptee name and signature</li> <li>• the preceptor’s name and signature</li> </ul> <p>Mid-preceptorship period meetings include:</p> <ul style="list-style-type: none"> <li>• evaluations with both preceptors and preceptees to provide feedback on preceptorship strengths and challenges.</li> </ul>	<p>2.4 5.4 5.5 5.6</p>

		<p>This could be conducted in several ways depending on the focus of the evaluation and the data being collected. For example, preceptees' and preceptors' experiences of AHP preceptorship could be conducted through semi-structured interviews or focus groups with a topic guide.</p> <ul style="list-style-type: none"> <li>• Dedicated time to exploring post-preceptorship support.</li> </ul>	
<b>D5</b>	<b>Preceptorship portfolio</b>	<p>Preceptees document their preceptorship in the form of a portfolio (<a href="#">AHP Preceptorship Toolkit</a>) which includes, but is not limited to the following:</p> <ul style="list-style-type: none"> <li>• reflections on their experiences of preceptorship, both positive and negative, and how they have enriched their learning.</li> <li>• goals they have developed.</li> <li>• copies of their preceptorship meeting notes.</li> <li>• details of the support they have received outside of meetings with their preceptors, e.g., peer support networks.</li> </ul>	<p>3.2 5.3 5.4 5.5 5.6</p>
<b>D6</b>	<b>Signposting of Preceptees post-preceptorship</b>	<p>When finishing the preceptorship period, preceptees are signposted to ongoing support depending on their individual career goals. For example, if preceptees want to develop their management or leadership skills, preceptors should investigate training that is available to them.</p>	<p>3.2</p>

## Evaluating AHP Preceptorship

	Actions	Activities	Link to AHP Preceptorship Standards
E1	<b>Annual evaluation of organisational AHP Preceptorship</b>	<p>Organisations should continually monitor and improve AHP Preceptorship. This includes feedback from the preceptees, preceptors, preceptorship leads, preceptorship champions and the organisation's leadership/Board. Different ways of engaging with preceptees, preceptors, or those with recent experience of AHP Preceptorship is evident.</p> <p>Formal monitoring and evaluation of AHP Preceptorship should occur on an annual basis. This is achieved by:</p> <ul style="list-style-type: none"> <li>• completing the self-assessment tool found in the <a href="#">AHP Preceptorship Toolkit</a>.</li> <li>• conducting gap analysis to ascertain whether the objectives of AHP Preceptorship are being met.</li> <li>• an improvement action plan is formulated and shared with the organisation.</li> <li>• Review of key performance indicators including:               <ul style="list-style-type: none"> <li>○ Chief AHP or equivalent role</li> <li>○ AHP Preceptorship Lead</li> <li>○ AHP Preceptorship Champions</li> <li>○ Preceptorship completion data</li> <li>○ Impact on staff recruitment</li> <li>○ Impact on retention</li> <li>○ AHP attrition rates</li> <li>○ AHP sickness rates</li> <li>○ Preceptee experience covering topics such as satisfaction with preceptorship content; the preceptor/preceptee relationship; what could improve the preceptorship period; how well the preceptorship support has built confidence, welcomed them to their organisation and role.</li> <li>○ Preceptor experience covering topics such as how well their training prepared them for their preceptor role; any further support or training they need; examples of challenges</li> </ul> </li> </ul>	1.1 2.2 2.3 2.4 5.2

		they encountered and how they overcame them.	
<b>E2</b>	<b>Annual System evaluation of AHP Preceptorship</b>	<p>Systems should continually monitor and improve AHP Preceptorship. This includes feedback from the preceptees, preceptors, preceptorship leads, preceptorship champions and organisations.</p> <p>Formal monitoring and evaluation of AHP Preceptorship should occur on an annual basis. This is achieved by:</p> <ul style="list-style-type: none"> <li>• completing the self-assessment tool found in the <a href="#">AHP Preceptorship Toolkit</a></li> <li>• conducting a system gap analysis for AHP Preceptorship.</li> <li>• System improvement action plan formulated.</li> <li>• Review of organisational key performance indicators.</li> <li>• Accountable system leadership for AHP Preceptorship identified.</li> <li>• AHP Faculties and/or Councils reports.</li> </ul>	1.1 2.2 2.3 2.4
<b>E3</b>	<b>Review evaluation data for key themes and trends</b>	Continuous improvement through evaluations including the self-assessment tool, gap analysis and improvement action plans should be collated and analysed over several years and conducted to track key themes and trends. These key themes and trends should be referred to when redesigning preceptorship, this will ensure the content is current and relevant for AHPs.	2.3 2.4
<b>E4</b>	<b>AHP Preceptorship celebration</b>	<p>Organisations and systems celebrate AHP Preceptorship. This enables the acknowledgement of the contribution of AHPs to preceptorship and raise awareness of preceptorship across an organisation or system. This is achieved by:</p> <ul style="list-style-type: none"> <li>• Facilitation of the sharing of good practice.</li> <li>• Participation in preceptorship communities of practice</li> <li>• Utilisation of collaborative platforms such as NHS Futures.</li> </ul>	2.1 2.3 2.4

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		<ul style="list-style-type: none"><li>• Organisational celebration events including end programme events and Preceptorship conferences.</li><li>• System celebration events including end programme events and Preceptorship conferences.</li></ul>	
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## Glossary

### **Preceptorship**

a period of structured support provided to AHPs at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.

### **Preceptee**

an individual accessing a period of preceptorship.

### **Preceptor**

an individual providing one-to-one support to someone undertaking preceptorship.

### **Preceptorship Champion**

promotes the value and benefit of preceptorship within organisations and systems.

### **Preceptorship Lead**

acts as a central point of contact within the organisation or system, and is responsible for the co-ordination, evaluation, and monitoring of the preceptorship programme.

### **Continuing Professional Development or 'CPD'**

the way in which AHPs continue to learn and develop throughout their careers so they keep their skills and knowledge up to date and are able to practise safely and effectively.

### **Competence**

the abilities and knowledge that enable an AHP to safely and effectively manage tasks required by their role.

### **Induction**

processes used by organisations and teams to introduce someone into a new organisation or role.

### **Integrated Care System (ICS)**

comprises of a network of organisations, working together in a geographically defined area, to plan and deliver integrated health and care services.



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## **Multi-professional**

learning that brings together health and care professionals from a range of different professional groups.

## **Profession-specific**

learning that is focused on the knowledge and capabilities required for that profession.

## **Programme/s**

the supporting structure underpinning the delivery of preceptorship for AHPs, including the support for preceptors.

## **Protected time**

Designated time to complete preceptorship activities.

## **System**

an Integrated Care System (ICS).

## **System challenges**

internal and external factors, such as funding or staffing shortages, that may impact on the day-to-day delivery of preceptorship.

## **Tailored**

support that is adapted to an AHP's needs as required.

## **Transition/s**

changes in an AHP's situation that can benefit from support, such as being a newly qualified trainee, returning to work after parental leave, coming to work in the UK from abroad, taking up a new role, or moving to a new organisation.

## **Uni-professional**

support provided by the same profession and focused on profession specific issues.

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