



HCPC Consultation on preceptorship – NCHA response

Are you responding to this consultation on behalf of an organisation? *

☒ Yes

☐ No

Please tell us the name of your organisation? *

[NCHA – National Community Hearing Association](#)

Please select the category below that best describes your organisation. *

☒ Professional Body

☐ Public Body

☐ Employer

☐ Education Provider

☐ Lawyer / Legal Provider

☐ Other (please specify):

Where is your organisation active? *

☐ England

☐ Northern Ireland

☐ Scotland

☐ Wales

☒ UK-wide

☐ International

☐ Other (please specify):

Please tell us the contact email for your organisation *

healthpolicy@the-ncha.com

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.

Question 1. To what extent do you agree or disagree with this principle? *

- ☐ Fully agree
- ☒ Partially agree
- ☐ Neutral
- ☐ Do not agree
- ☐ Strongly disagree

As the professional representative body for primary care audiology providers in the UK, we agree that good workplace cultures and structures enable registrants to perform at their best and that this impacts positively on patient safety and outcomes. We also share the HCPC aim of supporting registrants to remain and flourish in their chosen HCPC profession and to encourage workforce retention long-term. This is what primary care audiology providers always seek to do through induction, training, sponsoring formal education and CPD, and we will be very interested to see the retention data by profession when the final version of this guidance is published.

We also welcome the HCPC's explicit goals of not adding to burdens on employers or disrupting existing effective arrangements and agree that, where preceptorship programmes are established, they should be embedded within existing HR structures in line with bullets a)-e) above for the maximum benefit for all parties including patients and service-users.

Against that background, we therefore welcome the publication of these principles and especially the flexibility the HCPC has built in to enable employers to apply the principles within their own structures and systems. This will enable preceptees to see preceptorship programmes as a benefit and positive development option as opposed to a system only there for when they are struggling or under-performing.

Question 2. Do you have any comments on the principle, or any suggestions for improving this principle? *

☒ Yes

☐ No

We consider that effective preceptorship should include realistic goal setting by the preceptee with the preceptor, in line with their career aspirations and the aspirations of their workplace.

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.

Question 1. To what extent do you agree or disagree with this principle? *

☐ Fully agree

☒ Partially agree

☐ Neutral

☐ Do not agree

☐ Strongly disagree

In our view, processes to identify those who would benefit from preceptorship should be formalised where appropriate to avoid concerns about unfairness or stigmatization. We agree that preceptorship is as important for registrants taking on a new challenge as it is for recent graduates.

We are not convinced however that all registrants should have access to a quality preceptorship programme. This may be the case for large NHS trusts employers but would be disproportionate in small providers where preceptorships should only be available to those who need them. For instance, in a small practice with no new recruits or significant changes in roles, there may be no need for preceptorships for long periods. We suggest the principle should be qualified by 'where appropriate'.

We fully support the HCPC aims for the quality of preceptorships and agree that assessing benefits and outcomes is part of good practice. However, such systems should be proportionate to the scale of preceptorships and size of provider. Large NHS trust systems would not be appropriate for small businesses. It would be helpful therefore if bullet f) were amended to read "Proportionate professional and organisational governance frameworks etc". Otherwise, small providers might be discouraged from offering preceptorships – the opposite of what the HCPC intends.

Question 2. Do you have any comments on the principle, or any suggestions for improving this principle? *

☒ Yes

☐ No

To ensure preceptorships are effective, whatever their scale, the role of preceptor and preceptee should be formalised in writing. Both parties would then be aware of the expectations of their roles and how the relationship operates to ensure positive outcomes for both parties.

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.

Question 1. To what extent do you agree or disagree with this principle? *

☐ Fully agree

- ☒ Partially agree
☐ Neutral
☐ Do not agree
☐ Strongly disagree

As a sector, we support the empowerment of all staff in their professional roles and agree that this could also apply to preceptees in partnership with their preceptors so that both parties' goals are met. However, some elements may be non-negotiable in terms of agreed practice procedures/SOPs for patient safety (although these would always be influenceable by staff through feedback, discussion and audit).

Question 2. Do you have any comments on the principle, or any suggestions for improving this principle? *

- ☒ Yes
☐ No

It is important that preceptorships are seen as positive support systems for staff at times of career transition and not a punitive process.

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
- g) have access to feedback on the quality and impacts of all aspects of their work as preceptors.

Question 1. To what extent do you agree or disagree with this principle? *

- ☐ Fully agree
☒ Partially agree
☐ Neutral

- ☐ Do not agree
- ☐ Strongly disagree

We agree and would expect primary care audiology employers to select preceptors who are trained to be professional i.e., supportive, constructive, and kind in their approach. While it is not essential for preceptors to be of the same profession as preceptees, there is a case to be made for similar experiences adding more value to the learning and development of the preceptee, and for employers to take this into account in setting up preceptorships.

Question 2. Do you have any comments on the principle, or any suggestions for improving this principle? *

- ☒ Yes
- ☐ No

Ideally preceptors should enjoy and have experience in coaching or mentoring. They should also focus on self-generated goals agreed between preceptee and preceptor as these will be the highest motivating force for the individual.

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
- d) are provided where necessary;
- e) have a structured design which describes how the programme delivers success for preceptees;
- f) 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
- g) have awareness of, and align with, other profession specific and workforce development programmes.

Question 1. To what extent do you agree or disagree with this principle? *

- ☐ Fully agree

- ☒ Partially agree
- ☐ Neutral
- ☐ Do not agree
- ☐ Strongly disagree

We agree that preceptorship programmes should vary in length and content depending on the individual. However, there should be clear, agreed milestones and/or time-based goals to ensure the programme is useful for both parties and on track to be successful for the individual and the service.

Question 2. Do you have any comments on the principle, or any suggestions for improving this principle? *

- ☒ Yes
- ☐ No

We welcome the emphasis placed on the importance of preceptorships being flexible and tailored to the individual. To facilitate consistency across professions and individual preceptorships, it might be helpful if the HCPC developed template documents to support the process. This would support a structured approach and could, for example, prompt specific elements of professional conduct to be built into programmes.

Question 3. To what extent are these principles practicable in your working environment? *

- ☐ Very practical
- ☒ Practical
- ☐ Neutral
- ☐ Impractical
- ☐ Very impractical
- ☐ Not applicable to my working environment

The principles are applicable to a wide range of workplaces, and will no doubt be applied proportionately by employers to suit local circumstances. In some, for example, small, stable practices where there are no significant career transitions for some time, preceptorship arrangements may not be implemented for long periods. However, they would remain as an option with the HR and development portfolio.

Question 4. What benefits do you see in these principles being implemented? *

Structured preceptorship support where necessary should result in more confident, fulfilled clinical colleagues doing their best for patients, and feeling embraced by and wishing to build their careers in their chosen profession.

Question 5. Do you think there will be any challenges to implementing them? *

☒ Yes

☐ No

There are already workforce shortages in our sector as we respond to demand for essential audiology services following the pandemic. Therefore, it may initially be difficult to find experienced and skilled employees able to take time out of their working day to guide a colleague in this way.

Occasionally, compatibility between preceptor and preceptee will be a problem which may be more acute in small organisations where there are fewer options available. However, employers of all sizes already have experience of addressing compatibility issues constructively and seeking to work out the best ways forward for both parties and the business.

Implementing the principles of monitoring, evaluation, audit and reporting should be a matter for each provider and proportionate to the size of the employing organisation. The aim should be to avoid a mountain of paperwork for both parties. The focus should instead be on self-reflected progress and outcomes, and greater confidence of the preceptee in their chosen profession.

Question 6. Do you have any suggestions about how any identified challenges to implementation might be addressed. For example, what support might be helpful? *

☒ Yes

☐ No

Employer awareness of the resources/support and time commitment required by a preceptor – as set out in these principles – should help raise the positive profile of the preceptor role.

In addition, a written agreement on the expectations of both preceptor and preceptee in individual cases (generated by the employer in a standard format) should ensure better understanding of what preceptorships is about from all parties. The HCPC could helpfully provide a model template for this.

A formalised qualification and/or titular recognition of preceptorship may help encourage employees to take on this role and incentivise it as part of professional practice rather than as an additional burden on already busy clinicians.

Equalities Impacts

You can find details of our assessment of how we believe the proposals will affect people with protected characteristics in our Equalities Impact Assessment.

Question 7. In addition to those equality impacts set out in the consultation document, do you think there are any other positive or negative impacts on individuals or groups who share any of the protected characteristics?

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

A preceptee holding a protected characteristic may find it difficult learning from someone who does not share a similar experience and/or has not had similar barriers in their career. Preceptors would have to work hard to overcome this and this could be part of basic training offered as CPD by, say, the HCPC.

Question 8. Do you have any suggestions about how any negative equality impacts you have identified could be mitigated?

Careful matching of preceptors with preceptees. Where this is not possible within an organisation, alternative forms of career transition support may be more suitable.