The Newcastle upon Tyne Hospitals NHS Foundation Trust

Agenda for Change ‘Preceptorship’ Policy

Effective From: 1 August 2008  Review Date: 31 July 2010

1. Introduction

This policy details the arrangements for the implementation of the Agenda for Change (AfC) ‘Preceptorship’ arrangements contained in the AfC Terms & Conditions of Service Handbook, paragraph 1.8.

For AfC Preceptorship increments that fall due before 1 April 2008, the arrangements in Appendix 1 shall apply.

Paragraph 1.8 states:

‘Staff joining pay band 5 as new entrants will have accelerated progression through the first two increments in six monthly steps (that is, they will move up one pay point after six months and a further point after 12 months) providing those responsible for the relevant standards in the organisation are satisfied with their standard of practice’.

The transition from student to registered practitioner is a challenging experience. This policy is intended provide support for newly registered practitioners for whom AfC Preceptorship applies to enable them to achieve the standards required.

This policy should be read in conjunction with:

a) the Staff Appraisal Policy
b) the NHS Knowledge and Skills Framework (KSF) Handbook
c) the Trust’s core KSF outlines

2. Eligibility for Preceptorship

To be eligible for AfC Preceptorship, an employee must:

a) complete a period of education and training for a professional qualification, and
b) enter (i.e. start at the minimum pay point of) band 5 in a post that has that professional qualification as an essential requirement (see 2.2 below), and
c) hold valid professional registration with the relevant professional/ regulatory body

The minimum qualified grade for a post referred to in 2.1 b) must open at band 5.

3. Scope

This policy applies to all employees employed under AfC Terms and Conditions of Service who satisfy the above eligibility criteria.

This policy applies to arrangements for the consideration of an accelerated increment after six months in post as a newly qualified band 5 (see section 2. above). Consideration of a further increment after a total of twelve months in post shall be dealt with in accordance with the Trust’s ‘Staff Appraisal’ policy.
Examples of posts eligible for AfC Preceptorship include: Staff Nurse; Radiographer; Physiotherapist; and Occupational Therapist.

Accelerated incremental progression will not apply to practitioners who enter a different field of practice and/or return to practice unless they satisfy the criteria in 2 above, however, a period of learning and development in accordance with these AfC Preceptorship arrangements will apply.

4. Process

AfC Preceptorship will be carried out and assessed using the following document (or equivalent): ‘Generic AfC Preceptorship Framework for Newly Qualified Practitioners (Band 5)’ - see Appendix 2.

A newly registered practitioner will be assigned a preceptor. This person will act as a role model and provide guidance and support, both professionally and personally.

The preceptor will facilitate the individual to experience day to day practice to enable competency and learning outcomes to be achieved in line with KSF requirements.

The exact nature of the role and relationship between the preceptor and the newly registered practitioner will depend on the individual needs of the practitioner, their role and the demands of the clinical area.

5. Role Responsibilities

Ward Sister/Charge Nurse/Departmental Manager

The manager should ensure:

a) all staff covered by this policy are allocated a Preceptor
b) policy, guidelines and locally agreed guidelines are adhered to
c) accurate records are maintained
d) approval to award incremental progression is notified to the Human Resources Department immediately
e) the preceptor and preceptee are able to work together on a regular basis
f) a preceptee’s progress is reviewed regularly
g) there are appropriate arrangements in place to intervene in situations where the preceptor-preceptee relationship appears to be failing

Preceptor

a) A preceptor will hold relevant professional registration and have a minimum of 12 months clinical practice within the same, or associated clinical field.

b) The preceptor should be a whole time or part-time practitioner who has demonstrated an aptitude and commitment for the role. (It is noted that specific professional bodies may insist on additional standards).

c) The preceptor will accommodate their responsibilities as part of their day to day work and in accordance with their own personal development under KSF.
d) The preceptor should:

i. identify and agree learning objectives
ii. teach, advise, support, facilitate learning and reflective practice
iii. assess progress against the core and agreed local competencies
iv. maintain their own personal and professional development, recognising own limitations
v. raise any concerns about progress with the preceptee and provide help to address them
vi. liaise regularly with their manager regarding the progress of the preceptee

e) The preceptor shall complete the on-line AfC Preceptorship pro-forma after assessment

Preceptee

The preceptee should:

a) contribute fully to complete agreed mandatory training objectives, KSF competencies and other learning outcomes through seeking opportunities to engage in developmental activities
b) utilise other health care practitioners within the multidisciplinary team as a source of knowledge, expertise and support under the guidance of their preceptor
c) ensure meetings are scheduled with the preceptor at the intervals agreed on commencement of the AfC Preceptorship period
d) ensure documentation is up to date and available for the preceptor to complete interim and gateway reviews in conjunction with the relevant manager

6. Preceptor-Preceptee Partnership

The preceptor should complete the on-line AfC Preceptorship pro-forma after assessment in conjunction with the preceptee. The form should be sent to the relevant manager for authorisation who should then email it to the Human Resources Department for action.

Emails should be addressed: ‘Preceptorship – Pay Progression’ and addressed to the Directorate Assistant HR Officer.

The Human Resources Department will update ESR for payroll purposes.

(For Human Resources Department only. The entry should be recorded as ‘Competence Attainment’ in the ‘Grade Step Placement’ record).

If a preceptee fails to achieve an acceptable standard of work, then the manager should undertake to support the individual through the development of an action plan in accordance with the ‘Failure to Achieve an Acceptable Standard of Work’ procedure - see Disciplinary Policy, Appendix C.

Such action should be the exception rather than the rule on the basis of a “no surprises” principle. In other words, the preceptor and/or line manager should ensure that the preceptee is informed at an early stage of any shortfall(s) in performance and given the opportunity to achieve the standards required. Standards should be achieved within a set
timeframe and include a level of help and support which, in the particular circumstances, are both reasonable and practicable.

Should either party feel that the relationship is such that the achievement of expected outcomes would be jeopardised, then advice should be sought from the preceptor’s line manager at the earliest opportunity.

Either party may refer an issue to the preceptor’s line manager for resolution. The manager will investigate the matter and seek views from both sides before making a decision.

If the preceptee remains dissatisfied with the manager’s decision the Grievance Procedure may be used.

7. Failure to Achieve Competency Standards

A preceptee that fails to achieve the required standards of competency after six months will have their incremental progression deferred until those standards have been achieved.

When the standards have been achieved, the increment will become payable from the date of assessment. Further incremental progression within the band will be payable on the employee’s incremental date subject to performance appraisal in accordance with the ‘Staff Appraisal’ policy.

8. Policy Audit

A review will be carried out by the Human Resources Department after two years to ensure decisions to award incremental progression, and decisions to defer increments, are carried out in accordance with this policy.

9. Policy Review

The Director of Human Resources is responsible for the review and amendment of this policy.
1. Introduction

The provisions for AfC Preceptorship contained in the AfC Terms & Conditions of Service Handbook, paragraph 1.8 were effective from 1 October 2004; however, agreement between Management and Staff Side to implement these was not achieved until this year.

In view of the above, it was resolved that the following arrangements shall apply to employees with an AfC Preceptorship period start date between 1 October 2004 and 31 March 2008.

In the interests of fairness and consistency, pre-existing records of an employee’s competence assessment must be at least equivalent to the requirements contained in the document at Appendix 2.

As an employee’s competency cannot be assessed retrospectively without reference to pre-existing records, any decision to award incremental progress shall only be made in strict adherence to this document.

2. Eligibility

To be eligible for AfC Preceptorship under these arrangements, an employee must have:

a) an AfC Preceptorship period start date between 1 October 2004 and 31 March 2008  
b) completed a period of education and training for a professional qualification, and  
c) entered (i.e. started at the minimum pay point of) band 5 in a post that had the professional qualification referred to above as an essential requirement (see 2.2 below), and  
d) held valid professional registration with the relevant professional/ regulatory body

The minimum qualified grade for a post referred to in 2.1 c) must open at band 5.

The earliest date an employee shall be eligible for payment of accelerated incremental progression is 1 April 2005.

Managers are required to verify the eligibility of staff for AfC Preceptorship in conjunction with the Human Resources Department. Records held on ESR and in personal files will assist this process. For assistance, managers should contact either Steve Emmerson, Workforce Planning Manager, Human Resources Department, Freeman Hospital, or their designated Human Resources Officer/Assistant Human Resources Officer.
3. Scope

This document applies to all employees employed under AfC Terms and Conditions of Service who satisfy the above eligibility criteria.

Examples of posts eligible for AfC Preceptorship include: Staff Nurse; Radiographer; Physiotherapist; and Occupational Therapist.

Accelerated incremental progression shall not apply to practitioners who entered a different field of practice and/or return to practice unless they satisfied the criteria in section 2. above.

4. Process

A central assessment panel shall oversee the implementation of these arrangements.

Membership of the panel shall be as follows:

- Deputy Director of Nursing & Patient Services (Chair)
- Head of Human Resource Services
- Relevant professional Head of Service (non-nursing only)

The assessment panel shall only be concerned with the assessment of competence for accelerated pay progression where the assessment period started after 1 October 2004 and before 1 April 2008.

Assessment shall be against the requirements of the ‘Generic AfC Preceptorship Framework for Newly Registered Practitioners (Band 5)’ at Appendix 2.

An employee that meets the above eligibility criteria should apply in writing to their departmental manager for the six-month increment under AfC Preceptorship.

Applications must be evidence-based from documentation that already exists. In other words, eligible individuals must be able to provide the record of competence they achieved within the first six months of their appointment as a newly registered practitioner at band 5. The record must be:

a) contemporaneous
b) signed and dated
c) attached to a copy of the Framework document at Appendix 2 which must be cross-referenced to the relevant evidence

Staff who cannot provide the necessary information will not be eligible for consideration of AfC Preceptorship.

Assessment of evidence shall be carried out within Directorates/Departments by a senior officer:

- for nurses, assessment should be carried out by the Matron
- for other professional staff, assessment should be carried out by the relevant professional head of service

The outcome must be recorded using the form at Appendix 1. This form must be
authorised by the Directorate Manager and emailed to Yvonne Holmes in the Human Resources Department for consideration by the assessment panel.

The assessment panel will review (i.e. audit) Directorate/Departmental assessments by selecting a random sample of staff from each return. The review is intended to provide assurance that AfC Preceptorship arrangements have been applied fairly and consistently and that there is appropriate evidence to demonstrate staff had achieved the standards expected in the AfC Preceptorship framework document at the required time.

The deadline for receipt of applications for retrospective application of accelerated incremental progression under AfC Preceptorship is Friday 14 November 2008. Late applications will not be accepted. The deadline will be strictly applied.

Managers should ensure that staff that are absent from work, for example due to long term sick leave or maternity leave, are notified of the deadline and what they need to do.

Directorates/Departments shall complete assessments within 4-6 weeks.

The assessment panel shall complete its assessments within 4-6 weeks and shall inform Directorates of the outcome.

Staff that are aggrieved at the outcome of the assessment of their application can request a meeting to discuss the reason(s).

The meeting shall be attended by the Directorate Manager and the Matron (or relevant professional head of service). The employee shall be entitled to be accompanied by a trade union representative, or a colleague.

Staff that remain aggrieved following this meeting shall be entitled to raise the matter with a panel consisting of the Deputy Director - Nursing & Patient Services and the Head of Human Resource Services. The employee shall be entitled to be accompanied by a trade union representative, or a colleague. The panel may seek views from the Directorate as required. The decision of the panel shall be final.

Where an aggrieved employee’s application has previously been considered by the panel members referred to in 4.17 above, this shall be declared to the employee who can then choose whether to proceed, or request that their application is considered by a fresh panel. A fresh panel shall consist of the Head of Nursing (Freeman Hospital) and the Senior Human Resources Manager.
Generic Agenda for Change (AfC) Preceptorship Framework for Newly Registered Practitioners (Band 5)

Name: ___________________________

Area of Work: ___________________________

Date Commenced: ___________________________

Name of Preceptor: ___________________________
AfC PRECEPTORSHIP – BAND 5 NEW ENTRANTS

Introduction
Preceptorship has been traditionally recognised as good professional practice to support the transition of individuals into new roles, ensuring and supporting development and public safety. Under AfC Terms and Conditions of Service, all individuals who have completed a period of education and training for a professional qualification and enter at band 5 can receive accelerated pay progression through the first two incremental points if they successfully complete a six month and 12 month AfC Preceptorship period respectively. Consideration of an increment after 12 months shall be dealt with in accordance with the ‘Staff Appraisal’ policy.

If all competencies are not achieved within six months of appointment, pay progression will be deferred until such a time as all competencies are met.

Aim of Preceptorship
Whilst it is recognised and acknowledged that Preceptorship has wider connotations and is necessary to ensure a smooth transition to a new role, it is also the aim of the six month AfC Preceptorship period to enable the preceptee to meet the competencies outlined in this Generic Preceptorship Framework. This then allows the progression to the second pay point in the band and supports on-going development to meet the Foundation Gateway standards at the end of the first year (i.e. the third pay point on the pay band).

Preceptee Requirements
- Achieve minimum competencies as outlined in the Generic Preceptorship Framework
- Work in partnership with preceptorship to meet competency standards
- Maintain accurate records of achieved competencies
- In addition, there may be a requirement to meet additional specific departmental competencies

Preceptor Role
The role of the Preceptor is that of a guide and support, both professionally and personally. The Preceptor should:
- have ability to teach, guide, assist and facilitate the preceptee
- facilitate relevant experience is provided to enable outcomes to be achieved in line with KSF
- have ability to assess the preceptee’s level of attainment in relation to the KSF outcomes
- Have ability to identify areas of practice where the preceptee may not achieve competency within the six month period and suggest strategies for overcoming these
The term “preceptorship” has been widely used in the past, however, in this instance, it refers specifically to the term contained in the AfC Terms & Conditions of Service Handbook, paragraph 1.8.

This document must be read in conjunction with the Trust’s Preceptorship Policy. The principles in the policy are applicable to all disciplines.

Guidance for Application

This Preceptorship document is designed to build on the Trust and Departmental inductions which all new employees must undertake. The Preceptorship period should not be “signed off” until induction has been completed.

This document identifies the core requirements for successful AfC Preceptorship and Directorates/Departments may identify their own specific competencies, as defined in the requirements of the role and relevant job description.

Once the document is successfully completed, the Preceptor is responsible for notifying the individual’s manager that accelerated pay progression can be actioned. The manager must also countersign the document.

The preceptor should be identified on the individual’s first day and they should ensure they meet with them during their first week, or at the earliest possible opportunity to introduce themselves and the Preceptorship pack.

This document can be completed on a phased basis during the period as competence is achieved. If there are any concerns about performance, these should be addressed as they arise.

The six monthly “sign off” of the document should not be a time for surprises.

The document should be signed off by the manager responsible for approving incremental progression. A copy should be retained by the individual and incorporated into their Personal Development Portfolio and a copy given to their manager.
## CORE DIMENSION 1 - COMMUNICATION LEVEL 2

**Communicate with a range of people on a range of matters**

<table>
<thead>
<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
</tr>
</thead>
</table>
| a) communicates with a range of people on a range of matters in a form that is appropriate to them and the situation. | Communicates information sensitively to patients, their families and carers  
Demonstrates patient advocacy when appropriate  
Promptly reports any relevant information regarding patients, their family or carers  
Communicates with colleagues patients and carers effectively in a polite and pleasant manner  
Demonstrates attentive listening  
Presents an appropriate professional image of self and the service  
Demonstrates knowledge of communication methods within the department | |

Preceptor Name: __________________  Preceptor Signature: __________________  Designation: ___________________________

Preceptee Signature: _________________________________________  Date: _________________________________
| d) keeps accurate and complete records consistent with legislation, policies and procedures | Maintains accurate, legible and up to date records in accordance with trust and professional body standards  
Can reflect on the content of appropriate policies and procedures and relate the principles to their working practice  
Can discuss the importance of maintaining confidentiality |

Preceptor Name: __________________ Preceptor Signature: ________________  
Designation: ___________________________  
Preceptee Signature: ____________________________  
Date: _________________________________
# DIMENSION - PERSONAL AND PEOPLE DEVELOPMENT LEVEL 2

**Develop own knowledge and skills and provide information to others to help their development**

<table>
<thead>
<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
<th>Preceptor</th>
<th>Preceptee</th>
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</table>
| a) the worker assesses and identifies: how s/he is applying knowledge and skills in relation to the KSF outline for the post | Demonstrates ability to share knowledge with other team members  
Demonstrates expected progress in meeting the requirements of the role  
Demonstrates the ability to reflect on current achievements  
Identifies areas for personal and professional development | | | |
| e) keeps up-to-date records of own development review process | Provides evidence of completion of Trust and Departmental Induction  
Describes own responsibilities in relation to ongoing mandatory training  
Provide evidence of ongoing personal and professional development and identifies appropriate learning opportunities | | | |

Preceptor Name: __________________ Preceptor Signature: __________________ Designation: __________________

Preceptee Signature: __________________ Date: __________________
## DIMENSION - HEALTH, SAFETY AND SECURITY LEVEL 2

Monitor and maintain health, safety and security of self and others

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<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
<th>Preceptor</th>
<th>Preceptee</th>
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<tr>
<td>c) undertakes work activities consistent with, legislation, policies and procedures</td>
<td>Able to access Trust policies and procedures and identify the key areas relevant to health and safety.</td>
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<td>Can discuss Clinical Governance policies &amp; principles &amp; demonstrate understanding of relevance to themselves &amp; other members of the team.</td>
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<td>Able to articulate the key points of clinical governance and health and safety policies where relevant* these must include:</td>
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<td>*This will be determined by the Sister/Manager of the area.</td>
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<td>Blood Transfusion</td>
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<td>Consent</td>
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<td>Food hygiene &amp; Handling</td>
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<td>Fire &amp; Security</td>
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<td>Hand hygiene</td>
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<td>Incident Reporting</td>
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<td>Infection Control</td>
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<td>Lone Worker</td>
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<td>Moving &amp; Handling</td>
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<td>No Smoking Policy</td>
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<td>Patients Property Policy</td>
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<td>Record Keeping</td>
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<td>Uniform &amp; Dress Code</td>
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<td>Waste Management</td>
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<td>Withdrawal of Treatment</td>
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<td>Zero Tolerance</td>
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<td><strong>d)</strong> takes the appropriate action to manage an emergency summoning assistance immediately when this is necessary</td>
<td><strong>Exercise personal duty of care in relation to Trust, patient &amp; personal property</strong>&lt;br&gt;Can articulate how to report an incident/ concern&lt;br&gt;Ability to discuss concerns with patients &amp; inform relevant qualified practitioners.</td>
<td>Describe the procedure to follow when initiating emergency procedures&lt;br&gt;- Fire&lt;br&gt;- Cardiac Arrest&lt;br&gt;- Other Clinical Emergencies&lt;br&gt;- Power failure or other equipment failure</td>
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<td><strong>f)</strong> supports others in maintaining health, safety and security</td>
<td><strong>Contributes to discussion regarding reducing risks within team demonstrating critical reflection.</strong>&lt;br&gt;- Discuss the purposes of risk management.&lt;br&gt;- Demonstrate environmental awareness in relation to risk issues.&lt;br&gt;- Demonstrates their Personal responsibility in relation to Risk Management eg. Through good working practices</td>
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</tbody>
</table>

Preceptor Name: __________________ Preceptor Signature: __________________ Designation: __________________

Preceptee Signature: __________________ Date: __________________
# DIMENSION - SERVICE IMPROVEMENT LEVEL 1

Make changes in own practice and offer suggestions for improving services

<table>
<thead>
<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
<th>Preceptor</th>
<th>Preceptee</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) adapts own practice as agreed and to time seeking support if necessary</td>
<td>Able to develop own knowledge and skills to meet patient and service need. Is able to adapt to changes within the working environment</td>
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<td>e) alerts line manager/work team when policies and strategies are adversely affecting users of services or the public</td>
<td>Provide feedback to members of the multi disciplinary team on views expressed by patients and carers on the service provided</td>
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</table>
## DIMENSION - QUALITY LEVEL 2

**Maintain quality in own work and encourage others to do so**

<table>
<thead>
<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>b) works within the limits of own competence and levels of responsibility and accountability in the work team and organisation.</td>
<td>Able to relate examples of legislation, policies and procedures relevant to area of practice. Acts in accordance with these and encourages others to do so. Practices within professional boundaries and competence and identifies when support is needed. Works as an effective team member. Can discuss the limits of his/her competence and level of responsibility within the team.</td>
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<tr>
<td>c) works as an effective and responsible team member</td>
<td>Monitors own practice and actively seeks and responds positively to feedback from others. Acts as a good role model. Can prioritise own workload to ensure the delivery of a quality service, and offers examples. Demonstrates a responsible attitude to personal time keeping and the timely delivery of care. Uses and maintains resources efficiently and effectively and encourages others to do so.</td>
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</table>

**Preceptor Name:** ___________________________  **Preceptor Signature:** ___________________________  **Designation:** ___________________________

**Preceptee Signature:** ______________________________________  **Date:** _________________________________
# DIMENSION - EQUALITY AND DIVERSITY LEVEL 1

Act in ways that support equality and value diversity

<table>
<thead>
<tr>
<th>INDICATORS (taken Directly from KSF Handbook)</th>
<th>EXAMPLES OF APPLICATION</th>
<th>EXAMPLES OF EVIDENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) acts in ways that are in accordance with legislation, policies, procedures and good practice</td>
<td>Demonstrates an awareness of legislation, policies &amp; procedures which support Equality &amp; Diversity</td>
<td>Preceptor</td>
</tr>
<tr>
<td></td>
<td>Demonstrates an understanding of the circumstances in which these policies apply</td>
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<tr>
<td>b) treats everyone with whom s/he comes into contact with dignity and respect</td>
<td>Demonstrates a professional approach and behaviour</td>
<td>Preceptor</td>
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<tr>
<td></td>
<td>Displays an attitude which respects others’ beliefs and abilities</td>
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</table>

Preceptor Name: ____________________ Preceptor Signature: ____________________ Designation: ____________________
Preceptee Signature: ____________________ Date: ____________________
It is confirmed that ____________________________ (Preceptees Name) has successfully completed this Generic Preceptorship Framework for newly qualified practitioners and that payroll progression can be actioned. (A copy of this form should be retained on the individual’s personal file).

Preceptor: __________________________

Preceptee: __________________________

Line Manager: __________________________

Date of successful completion: __________________________

Preceptor Name: __________________________ Preceptor Signature: __________________________
Preceptee Signature: __________________________ Date: __________________________
### The Newcastle upon Tyne Hospitals NHS Foundation Trust

**Agenda for Change Preceptorship Form**

<table>
<thead>
<tr>
<th>Assessment Date</th>
<th>Employee's Preceptorship Start Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assessment Period</td>
<td>From</td>
</tr>
<tr>
<td>Preceptee</td>
<td>Payroll Number</td>
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<tr>
<td></td>
<td>Surname</td>
</tr>
<tr>
<td></td>
<td>Job Title</td>
</tr>
<tr>
<td>Assessor</td>
<td>Surname</td>
</tr>
<tr>
<td></td>
<td>Designation</td>
</tr>
<tr>
<td>Assessment Type</td>
<td>Preceptorship</td>
</tr>
<tr>
<td>Assessment Outcome</td>
<td>Satisfactory</td>
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<tr>
<td></td>
<td>* Accelerated pay progression will be deferred until the necessary standards are achieved.</td>
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<tr>
<td>Signatures</td>
<td>Preceptee</td>
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<td></td>
<td>Assessor</td>
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<td></td>
<td>Authorising Officer</td>
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<td>Designation</td>
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<tr>
<td>Next Assessment Date (if applicable)</td>
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</tbody>
</table>

**Notes**

1. Assessment should be completed no earlier than one month before the increment due date and no later than one month after.
2. Completed forms should be emailed to the Directorate Human Resources Officer for input to ESR for payroll purposes.