



# Psychological Practitioners (Newly Qualified) Preceptorship Guidance

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## **The Psychological Professions Network**

A collaboration of regional networks sponsored by NHS England to give voice to all psychological professions in workforce planning and to promote excellence in practice

# About the Psychological Professions Network

The Psychological Professions Network exists to maximise the benefits to the public of the psychological professions across NHS-commissioned healthcare in England. It consists of regional workforce networks that connects the three professional groupings of psychological professions: psychological practitioners, psychological therapists, and psychologists (including associate and assistant roles). The Psychological Professions Network provides a joined-up voice for the psychological professions in policymaking and builds bridges between psychological professionals, the public and policymakers.

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# Executive Summary

This preceptorship guidance is for services employing the following Psychological Practitioners:

- Psychological Wellbeing Practitioners (PWPs)
- Education Mental Health Practitioners (EMHPs)
- Children's Wellbeing Practitioners (CWPs)
- Mental Health and Wellbeing Practitioners (MHWPs)

This guidance is a resource for NHS employers and services to support the delivery of consistent and effective preceptorships for newly qualified and registered Psychological Practitioners. It draws on established preceptorship resources, including the 2018 PWP Preceptorship Guidance, and those from wider multiprofessional NHS professions.

This guidance sets out principles for Psychological Practitioner preceptorships across the first year of qualified practice. A [Quick Reference Guide](#) linked to it outlines best practice options for delivering preceptorships that align to these principles.

# 1. Background and Context

A preceptorship is a period of guidance and support for newly qualified clinicians to transition from trainee to qualified role. Preceptorship is a supportive intervention to ensure that an individual's transition into the workforce is successful for both the individual and the organisation in which they work. The positive impacts of preceptorship are evident across the workforce for:

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

Preceptorship should NOT be used:

- To retest competency (which is proven through qualification).
- As an alternative to undertaking a BPS-accredited Psychological Practitioner training programme.
- To develop Practitioners in ways of working that do not align with the model and remit of their core training.
- As a substitute for workplace induction or for mandatory training.
- As a substitute for clinical skills supervision, caseload management and performance management (for which there are separate guidance and requirements).

Psychological professionals have not consistently had access to preceptorships: preceptorship principles are outlined for practitioner psychologists by HCPC, and specific guidance for Psychological Wellbeing Practitioners was produced in 2018. Where preceptorship does occur, this has usually been developed through local innovation and there is no consistent approach to delivery across organisations.

This guidance will support NHS employers and services to provide consistent and effective preceptorship for Psychological Practitioners. In future, additional guidance may be developed for the other psychological professions.

## 1.1 Key definitions

**Preceptorship:** refers to support, plans, policy, programme, or documents designed to support a *newly qualified practitioner* in their *first-year post qualification*. A preceptorship is defined as “a period to guide and support all newly qualified practitioners to make the transition from student to develop their practice further” (NHS Employers, 2017)

**Preceptee:** The person undergoing the preceptorship.

**Preceptor:** The named professional, more experienced in the specific role, of the same or a higher Agenda for Change (AfC) Banding than the Preceptee.

## 1.2 The Psychological Professions

The psychological professions are a diverse group of professionals whose work is informed by the disciplines of psychology and psychological therapy. There are three main professional groupings; Psychologists, Psychological Therapists and Psychological Practitioners which incorporate all the roles in the [Psychological Professions NHS Taxonomy](#).

## 1.3 Psychological Practitioners and why preceptorship is important for these roles

The Psychological Practitioner group comprise [Children's Wellbeing Practitioners \(CWPs\)](#), [Education Mental Health Practitioners \(EMHPs\)](#), [Mental Health Wellbeing Practitioners \(MHWPs\)](#) and [Psychological Wellbeing Practitioners \(PWPs\)](#). These four roles are subject to registration with the [British Psychological Society \(BPS\)](#) or the [British Association of Cognitive Psychotherapies \(BABCP\)](#). The two organisations provide Wellbeing Practitioner registration schemes with equivalent standards.

Preceptorship provides a co-ordinated approach to supporting, sustaining, and developing Psychological Practitioners during their first year after qualifying, and can help to support performance, retention and staff wellbeing.

The rationale for preceptorship for Psychological Practitioners includes:

- Supporting transition from the one-year training model
- Specific stipulations for preceptorship in both the PWP curriculum and MHWP curriculum
- The demographic of the practitioner (typically less experienced) workforce
- Identified challenges with retention of this workforce

Although Psychological Practitioners are NHS commissioned roles, they are not solely based in NHS Trusts. These roles can also be found in the Voluntary, Community and Social Enterprise (VCSE) sector, local authorities and private providers. Some roles may also be based in Office for Health Improvement and Disparities (OHID) commissioned services. Regardless of employer type, Psychological Practitioners should have access to preceptorship to support them in their role and development.

## 2. Principles of the Psychological Practitioner Preceptorship

Psychological Practitioner Preceptorship should aid the process of attaining and maintaining registration in the first year rather than being an additional burden. Preceptorship should contribute to:

- Maintaining passion for the role
- Continuing to grow and refine skills
- Engaging in reflective practice
- Identifying personal strengths in practice
- Identifying areas for continuing development

There are a set of broad principles of preceptorship which will apply to all Psychological Practitioner roles. However, specific aspects of each individual role must also be considered as services look to implement these principles. A [Quick Reference Guide](#) provides guidance on best practice in implementing the principles.

### 2.1 Induction and Preceptorship Plan

- a) Locally agreed service/team induction processes should be completed when the trainee Psychological Practitioner initially joins a service.
- b) A preceptor should be identified within the first month of completing training and commencement in a qualified role. The preceptor should be more experienced, of the same or higher band and have achieved the competences relevant to the role of the preceptee (through core training, CPD and supervision). Knowledge and understanding of the specific Psychological Practitioner role, remit and competency limits is essential; however, the preceptor may be from another psychological profession.
- c) The preceptor and preceptee should collaboratively develop a Preceptorship Plan, identify learning needs, individualised goals, and a Continuing Professional Development (CPD) plan for consolidating and extending competences in the relevant Psychological Practitioner model.
- d) The Preceptorship Plan should define a realistic, gradual increase from a trainee to a fully qualified job plan, including transitional caseload, and roles and responsibilities within the Psychological Practitioner's remit.

- e) Before the Preceptorship begins, the preceptor should consider, alongside their service, processes for handover between the Higher Education Institute (HEI) who have delivered the training, and the service. Within the initial meeting a Strengths, Learning Needs, Opportunities and Threats (SLOT) analysis could help to support this process.
- f) Services should consider how preceptees of the same or similar roles could link with each other or into multiprofessional provision. Evidence suggests there is value in multiprofessional and peer support during the Preceptorship period, as best practice.
- g) Dedicated time should be allocated to allow the Preceptee to complete the Preceptorship. This should include time for regular CPD within the Psychological Practitioner's job plan, as recommended in the specific Psychological Practitioner curricula, BPS/BABCP Registration requirements and other service policy and guidance.
- h) Consideration should be given to the development of a suitable portfolio or record keeping system for the preceptorship. The portfolio is the responsibility of the preceptee to complete under the guidance of the preceptor.

## 2.2 Preceptorship meetings

- i) The preceptor and preceptee should meet at regular intervals across the preceptorship year (quarterly as a minimum). This should be protected time and separate from other line management and supervision requirements. Although Preceptorship should usually be completed within 12 months, this period can be extended to ensure successful completion of the agreed Preceptorship plan including for part-time staff.
- j) Although preceptorship is a distinct process, there should be an agreed regular communication system between caseload management and clinical skill supervisors and preceptors to ensure review and effective implementation of individual Preceptorship Plan goals. This will support progress and highlight or escalate (where required) any obstacles to implementing the Preceptorship Plan between routine preceptor/preceptee reviews.

## 2.3 The first appraisal

- k) The first appraisal, which will normally take place between 6 and 12 months into the qualified role with the Line Manager, should include a formal collaborative review of the Preceptorship Plan. Progress updates and planned outcomes of the preceptorship

should be reviewed and reflected, as appropriate, in the professional development plan.

## 2.4 Preceptor development

- l) The role of the preceptor is distinct from that of a supervisor or line manager (although could be undertaken by the same individuals). Experience in and knowledge of the role they are acting as preceptor for is key. However, there are additional skills which have been identified that the preceptor may wish to develop further to ensure their own confidence in their role as preceptor. These additional skills can include but are not limited to leading, coaching, support, and wellbeing. To support the development and consolidation of skills there is a list of preceptor resources and trainings available in the [Quick Reference Guide](#).

# 3. Multi-professional Preceptorship Standards and Processes

## 3.1 Multi-professional Approaches to Preceptorship

To enable an individual to achieve their potential, preceptorship implementation<sup>1</sup> approaches should be:

- Strengths-based – Preceptorship should be a personalised experience which enables individual Psychological Practitioners 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 preceptorship should be a collaborative process. This brings together the insights of different stakeholders, including individual Psychological Practitioners to ensure local system needs are met.
- Empowering – The implementation of preceptorship should empower individual Psychological Practitioners to engage in their own development.

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<sup>1</sup> Adapted from Allied Health Professions preceptorship work: [Part two: AHP Preceptorship | NHS England | Workforce, training and education](#)

- Inclusive – In both design and implementation. This ensures that all Psychological Practitioners can benefit from Preceptorship. At an Organisation 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.

### 3.2 Actions Required in Organisations and Systems

Employing organisations will have different systems and processes in place, however, equivalent opportunity for psychological practitioners to undertake the preceptorship requirements should be available across all sectors of NHS commissioned healthcare. Where necessary, partnerships with other organisations may be beneficial.

All NHS Trusts have a Preceptorship Lead who is responsible for the development and delivery of the Trust Multi-Professional Preceptorship Programme based on the nationally developed standards and frameworks<sup>2</sup>. There are also Preceptorship Communities of Practice (CoPs) for Preceptorship Leads to engage with regionally. Currently newly qualified Nursing, Midwifery and AHP colleagues are routinely included in the programmes. Psychological Professionals and Pharmacists are typically not. NHS employers and services can contact their Trust Preceptorship Lead regarding local provision.

Consideration needs to be given as to appropriate fit of these programmes to meet the needs of Psychological Practitioners, particularly consideration of Psychological Practitioners rarely being new in post but rather transitioning to a qualified position.

Chief Psychological Professions Officers (or the senior psychological professions professional lead) should liaise with their Regional Preceptorship Lead to support the integration of the preceptorship programme and materials for Psychological Professions as required.

### 3.3 The Role of Registering Bodies

The [BPS](#) and [BABCP](#) do not have specific preceptorship guidance for the Psychological Practitioner roles; however, the professional registration requirements list specific criteria for attaining and maintaining registration which align with preceptorship principles. There is also guidance on [CPD requirements for registration](#).

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<sup>2</sup> [Early careers: Preceptorship and Beyond | NHS England | Workforce, training and education \(hee.nhs.uk\)](#); [NHS England » National preceptorship framework for midwifery](#); [National Allied Health Professionals Preceptorship and Foundation Support Programme | NHS England | Workforce, training and education](#)

The [Psychological Professions Network \(PPN\)](#) recommend additional CPD activities<sup>3</sup> during and beyond the preceptorship year for Psychological Practitioners.

## 4. Implementation

Preceptorship for Psychological Practitioners offers significant benefits to NHS employers, practitioners and the public in relation to retention, wellbeing, and clinical delivery.

It may be helpful for organisations to undertake a review of current multi-professional preceptorship delivery models in their locality to ensure they are relevant for all professions, including Psychological Practitioners and wider psychological professions, and support the development and inclusion of additional profession specific requirements where needed.

The [Quick Reference Guide](#) linked to this guidance provides a range of background information, resources, and best practice examples to support the implementation of this guidance

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<sup>3</sup> [PPN Psychological Practitioner Continuing Professional Development \(CPD\) Guidance](#)



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