

**Lancashire and South Cumbria Primary Care**

**Preceptorship Standard Operation Procedure**

**Version 1.3 – December 2023**

Document Information

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| Document Title | Preceptorship Standard Operational Procedure |
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| Author / department | Victoria Johnston, Preceptorship Lead |
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This Standard Operational Procedure (SOP) should be read and developed into local policy in conjunction with other organisational human resource policies which include:

* Equality and diversity policy
* Disciplinary policy
* Appraisal and supervision policy
* Probation period guidance
* Staff Development Policy
* CPD policy or Learning & Development Policies
* Lancashire & South Cumbria Primary Care Training Hub (L&SC PCTH) New to Practice Fellowship SOP
* L&SC PCTH Allied Health Professions Induction Pack

Definitions

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| **Preceptorship**  | The purpose of preceptorship is to provide support, guidance and development for all newly registered primary care practitioners to build confidence and further develop competence as they transition towards being an autonomous professional, and for qualified practitioners who are entering a new practice area or returning to practice |
| **Preceptorship period** | Designated period of support and guidance for new practitioner is the recommended gold standard of 12 months, with AHP preceptorship locally implemented as 12-18 months |
| **Preceptor** | Person providing support and guidance to the preceptee. A qualified practitioner with a minimum of 12-months’ experience and working in the same work area as the preceptee |
| **Preceptee** | The new practitioner receiving support and guidance from the preceptor |
| **Preceptorship lead** | Central point of contact and lead for preceptorship within organisation (L&SC PCTH) |
| **New to Practice Fellowship (GPN)** | A two-year fellowship programme aligning with and continuing with the preceptorship for 24 months, to be offered from 3 month’s onwards to all GPN’s |

Introduction

This preceptorship SOP is intended to be interpreted into local policy for all newly registered practitioners and those in transition from other practice areas, including General Practice Nurses (GPN’s), Allied Health Professionals (AHP’s), international and return-to-practice practitioners, preceptors, preceptorship lead, practice managers/practice leads, practice educators and all those involved directly or indirectly in the preceptorship of new staff.

Preceptorship is a programme of structured support for newly qualified or qualified practitioners as they transition from student to registered practitioner or move from another area of clinical practice. The Nursing and Midwifery Council (NMC) and Health & Care Professionals Council (HCPC) have set out several principles for preceptorship, following on from the standards and proficiencies for registration. These principles form the basis of a framework and set of standards for a preceptorship programme developed through Health Education England, now recognised as NHS England (NHSE). These have been incorporated into the National Preceptorship Framework and approach (see appendix 1).

This SOP is based on the guidance, policy and standards established by the NHSEI National Preceptorship Framework (2022), Health Education England preceptorship standards (2015), the Department of Health guidance (2010). It complies with the guidance set out by the NMC ([NMC, 2020](https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf)) and the HCPC ([HCPC, 2023](https://www.hcpc-uk.org/globalassets/meetings-attachments3/council-meeting/2023/february/enc-06---precept)).

Purpose of Preceptorship

The purpose of preceptorship is to provide support, guidance and development for all newly registered and new to practice practitioners to build confidence and competence as they transition from student to autonomous professional or move from another clinical area, for at least twelve months.

Preceptorship is provided by trained preceptors for each preceptee for up to twelve months with an option to transfer onto the New to Practice GPN Fellowship programme at three months (nurses only), and opportunities for AHP’s to progress to First Contact Practitioner courses and independent prescribing.

Scope

The preceptorship SOP provides a framework and set of common standards and support (cultural, pastoral and wellbeing) which apply to all newly registered nurses, nursing associates, allied health professionals, international nurses, returners to practice and practitioners transitioning from one setting to another.

Reflecting the national mandated preceptorship standards, Lancashire & South Cumbria Primary Care Training Hub (L&SC PCTH) recommends a preceptorship period of twelve months (gold standard), initiated at point of employment. This will vary according to the preceptee’s progress.

This preceptorship SOP is intended as a resource for all those involved in the preceptorship of newcomers of any discipline within the organisation to change into local policy.

Process

Each new practitioner will participate in a preceptorship programme and their line manager is responsible for ensuring that the appropriate arrangements are made:

* The line manager is responsible for enrolling the new starter on the appropriate induction, mandatory and statutory training, and the local preceptorship development programme. The line manager also advises the L&S PCTH preceptorship lead of each new professional with the start date and name of their practice-based preceptor
* Each preceptee will be allocated a nominated preceptor within the first week of joining the organisation by their line manager/preceptorship lead
* The preceptee will meet with their allocated preceptor within the first two weeks of joining with the purpose of agreeing a charter and developing learning objectives for the preceptorship period. The documentation is available from the Lancashire & South Cumbria Primary Care Training Hub Preceptorship team
* Meetings between the preceptee should take place every two months as gold standard. These meetings should be documented using the standard templates, obtained as stated above
* The line manager will support attendance and participation in the organisation’s preceptorship education programme
* By the end of the preceptorship period, the preceptee will have completed their programme of learning, have developed confidence and competence, and achieved any relevant skills in their new area of practice, in accordance with their training needs
* At three months, six months or twelve months the preceptee will be offered to transfer on to either the New to Practice Fellowship programme or First Contact Practitioner Programme as applicable

Preceptorship Pathway

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| New starter accepts offer and start date agreedLine manager identifies and allocate practice-based preceptor Preceptor should attend the L&SC PCTH Preceptor Workshop prior to preceptorship support deliveryLine manager enrols new practitioner on L&SC PCTH preceptorship development programme by contacting the L&SC PCTH preceptorship lead, advising of new starter details and expected employment start date |
|  |
| New starter commences employment with a minimum supernumerary period (75 hours over two weeks or part time equivalent) as advised by the national preceptorship standardsPractitioner completes induction, mandatory and statutory trainingPreceptor and preceptee meet during first two weeksHandbook obtained from L&SC PCTHTraining needs analysis / SWOT / SLOT undertakenIndividual learning plan with objectives established for preceptee as part of their preceptorship periodAgree charter between preceptor and preceptee |
|  |
| Preceptee attends all required training and development as per their training needs analysis and CPD development plan within the first 12 monthsPreceptee maintains portfolio and completes reflectionsPreceptee receives clinical supervision from appropriate clinical supervisor and/or preceptorPreceptee and preceptor meet during the preceptorship period, monthly/bi-monthly/quarterly and ensure all documentation is completed |
|  |
| End of preceptorship:Preceptee and preceptor meet for final preceptorship sign-offPreceptorship lead and line manager advised of completionEvaluation of preceptorship programme completed |

Preceptorship to New to Practice GPN Fellowship or FCP Pathway Flowchart (optional)

**General Practitioner, Registered Nurse, Nursing Associate, Allied Health Care Professional, Physician Associate**

Employed into Primary Care

**General Practitioner, Registered Nurse, Nursing Associate, Allied Health Care Professional, Physician Associate**

Commence on relevant Preceptorship Programme

**General Practitioner, Registered Nurse, Allied Health Care Professional, Physician Associate**

3, 6 & 12 months

Offer New to Practice Fellowship / First Contact Practitioner Programme

**Nursing Associate, Assistant Psychological Practitioner,**

6 - 12 months

Continue with relevant preceptorship programme

Yes

No

Commence on relevant New to Practice Fellowship or FCP Programme

Continue on relevant Preceptorship Programme, which will complete within 12 months

Roles and Responsibilities:

**Participants/stakeholders:**

NHS England (NHSE)

NHS England Workforce Transformation and Education (NHSE WTE)

Integrated Care Board (ICB) AHP Workforce Development Leads

L&SC PCTH Primary Care Training Hub

L&SC PCTH Programme Manager

L&SC PCTH Preceptorship Lead, Project Support & Preceptorship Administrator

L&SC Locality Training Hub (LTH) Locality Leads and Workforce Development Managers

Practice Leads/Managers

Primary Care Training Hub Clinical Advisors

Preceptorship Champions

Preceptors

Preceptees

**NHSE:**

* Partnership working to support the delivery of the National Preceptorship Programme via L&SC PCTH
* Partnership working to secure funding for future preceptorship delivery
* Partnership working with L&SC PCTH and other NW organisations, e.g. Universities
* Evaluate delivery in accordance with L&SC PCTH submitted evaluation metrics

**L&SC PCTH and Preceptorship Lead:**

* Development and delivery of the National Preceptorship programme
* Development and delivery of locality targeted Preceptor programme
* Development of handbook to support preceptees during preceptorship period
* Central commissioning of elements of the preceptorship programme e.g. GPN Fundamentals 1, and CPD clinical skills
* Central engagement with other NHSE programmes to ensure alignment
* Central communications with preceptors and preceptees through webinars, web and other communication methods
* Provide support and leadership for the management of the L&SC PCTH Preceptorship Programmes
* Provide a Developmental Framework via a handbook for all preceptees
* Provide a recruitment process for all preceptors and preceptees
* Provide an induction workshop for all preceptors in alignment with the National Preceptorship Programme with annual refresher updates
* Provide a preceptee infrastructure in partnership with the Locality Training Hubs (LTH)
* Provide a central platform, process and procedure for the management of data within the preceptorship infrastructure which includes aligning to the Locality Training Hub’s
* Responsible for ensuring there is a Memorandum of Understanding between L&SC PCTH/LTH/Practices
* Work in partnership with the L&SC LTH’s to monitor and update centralised preceptors and preceptees' trackers, ensuring no more than two preceptees to each preceptor
* Provide support to the LTH to allocate preceptors to preceptees requiring an external preceptorship service
* Utilise central data for the confirmation of programme uptake/attendance and evaluation metrics
* Annual evaluation of the preceptorship programme through NWRS data and other data population, and workshop/course evaluations; more often if required
* Provide relevant training and support to stakeholders
* Ensure Risk Assessments are in place for sharing of data
* Utilise the Preceptor/Preceptee Scheme Trackers for analysis and reports
* Report preceptor and preceptee development, capacity and utilisation to NHSE as part of the Key Performance Indicators (KPI’s)
* Develop and utilise marketing strategies for the recruitment of preceptors/preceptees i.e. scoping, webinars, podcasts, flyers and social media
* Develop and maintain/update resources i.e., induction packs, handbooks, on-line Induction & Preceptorship onto webpage
* Budget management of the Preceptorship Schemes, via programme manager
* Maintain and update Standard Operation Procedure and quality/governance requirements
* Provide support and leadership to the LTH if issues arise
* Monitor the quality of the preceptorship resource and ensure this is maintained
* Develop centralised guidance and tracking (in line with NHSE guidance) regarding delivery/eligibility/jump on-jump off/progression monitoring
* Responsibility for governance and risk management
* Arrange peer support meetings for preceptors/preceptees where required
* Provide 1-1 Legacy Mentor resource to support preceptees where required
* Provide guidance resources for invoicing and system access
* Create evaluation and early exit surveys

**Locality Training Hub (LTH) Leads:**

* Connect with newly qualified/new to general practice nurses and AHP’s to inform them of programme and encourage sign up
* Promote the National Preceptorship Programmes across all practices within each locality
* Work in partnership with the L&SC PCTH to recruit preceptors/preceptees
* Provide information and support to the preceptor/preceptees for induction
* Work in partnership with the L&SC PCTH central team to identify, monitor and support preceptors and preceptees within locality
* Follow L&SC PCTH governance framework in relation to any incidents/risks
* Support the infrastructure of peer network groups and training for preceptors/preceptees
* Work in partnership with the L&SC PCTH central team to distribute any updates, links and meetings to preceptors/preceptees within locality

**Practice Leads/Managers:**

* Identify new-to-practice GPN's/AHP’s within their first two weeks of induction and refer to the LSC PCTH preceptorship programme either directly or via LTH's
* Identify existing qualified GPN's/AHP’s with preceptor potential, i.e., over twelve months of experience, to support new to practice GPN's/AHP’s during the preceptorship programme
* Commit to a minimum twelve month’s preceptorship support, with protected time given for meetings every two months during the preceptorship programme
* The gold standard to achieve a National Preceptorship Quality Mark is for the preceptor and preceptee to meet every two months over twelve months (six local meetings/year). Practice achievement of the gold standard Quality Mark can be supported by L&SC PCTH
* The meetings held during the preceptorship period should be within the first two weeks of induction, during the middle of the preceptorship period and at the end of the preceptorship programme, to evaluate progression and identify further learning requirements
* Commit to a minimum of twelve hours per year protected time for preceptor preparation as the gold standard, in addition to the preceptorship meetings
* Ensure that preceptors have access to attend peer support sessions in addition to the preceptor supervision support sessions to widen their learning opportunities
* Ensure that all preceptors and preceptees have individual development plans and a portfolio reflecting the preceptorship programme content and service needs
* Update the preceptorship programme lead regarding any staff requiring additional support, and any staffing changes that might affect the programme delivery and support network
* Offer the opportunity for the preceptor to further advance within a mentor/coach role
* At three months, it is recommended that GPN preceptees are offered access to the New to Practice programme

**Primary Care Training Hub Clinical Advisors:**

* The L&SC PCTH team of primary care clinical advisors cover Physiotherapy, Paramedics, Pharmacy, Occupational Therapy, Dietetics, Mental Health, Physicians Associate, Autism and Learning Disabilities
* Pharmacist advisors promote and advise on the various professional pharmacist roles and educational levels in primary care
* Clinical Advisors are specialists in their field and have primary care experience
* Provide profession-specific, peer support and advice around transition into primary care
* Support and raise the profile of the preceptorship programme, promoting the value and benefits within clinical areas
* Provide feedback to the organisation's preceptorship team when new profession specific changes, improvements and/or additional educational input is required

Preceptorship Champions (voluntary role):

The role of the preceptorship champion may be any experienced primary care registered healthcare professional and is to promote the value and benefit of preceptorship, supporting implementation within their area and/or organisation, and to:

* Raise the profile of the preceptorship programme, the value and benefits within own clinical area or organisation
* Engage with the organisation's preceptorship team to continue the evolution of the preceptorship work internally and across region as appropriate. To liaise with other preceptorship champions and facilitate development and delivery of preceptorship communities of practice
* Provide feedback to the organisation's preceptorship team when improvement and education is required or where new staff require additional input

Preceptor:

The preceptor should be a registered professional with a minimum of twelve months experience and working in the same profession as the preceptee. They should have a minimum of twelve months’ working in the work area or setting and have completed their preceptor development.

The preceptor development includes completion of the L&SC PCTH workshops (face-to-face or virtual) and completion of the e-learning for health preceptor development programme.

The preceptor should participate in preceptorship support forums and any relevant support networks to maintain up-to-date knowledge and will receive twelve hours of protected time for preceptorship duties over the course of a year.

The role of the preceptor is to provide guidance to the preceptee by facilitating the transition from student to registered practitioner, or transitioning professional, by gaining experience and applying relevant learning in a clinical setting during the preceptorship period. A recommended twelve hours’ gold standard protected time is allocated to each preceptor to carry out preceptorship responsibilities to:

* Attend L&SC PCTH preceptor workshop and the basic mentor/coaching workshop
* Plan, schedule, conduct and document regular meetings with the preceptee
* Assess learning needs and develop an individual learning plan with the preceptee, using the forms provided by L&SC PCTH
* Act as a role model for professional practice and socialisation
* Possess a good understanding of the preceptor framework requirements and communicate these to the preceptee clearly and concisely
* Act as a professional friend, peer and advocate
* Participate in preceptorship forums, clinical supervision and support networks to maintain up-to-date knowledge

Preceptee:

The new professional practitioner receiving support and guidance from the preceptor. The preceptee is responsible for their development and commitment to the preceptorship programme. Organisational protected time is given for all responsibilities to:

* Attend all organised training and participate in all learning opportunities
* Prepare for and attend meetings with their preceptor at the agreed times
* Work in collaboration with their preceptor to identify, plan and achieve their learning objectives, this includes developing an individual learning plan and completing all documentation within the required timeframes
* Escalate concerns, reflecting on own practice, and taking ownership of their own professional development

Concerns

Concerns regarding the preceptor or preceptee performance must be addressed as soon as possible with the line manager in the first instance. Where appropriate, the escalation processes may be followed, using the individual’s organisation’s “Raising Concerns” process. The escalation process can be found in Appendix Two.

Programme Structure

The L&SC PCTH preceptorship handbook (attached) and [website](https://www.lscthub.co.uk/preceptorships/) includes information on the education programmes provided for both preceptor and preceptee, and the support on offer for practices.

Compliance

The preceptorship programme and SOP aligns with:

* National Preceptorship Framework (2022)
* NMC Principles for Preceptorship (2020)
* HCPC Principles for Preceptorship (2023)

Organisations may also want to refer to:

* HEE Preceptorship Standards (2015)
* Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010)

Appendices

The following documents form part of the preceptorship SOP:

1. National Preceptorship Framework Model
2. Escalation process
3. Glossary of terms and abbreviations
4. Document control
5. Preceptorship Handbook (sent as attachment)

Appendix One – National Preceptorship Model for Nursing v1.5 – Final – June 2022 *(adapted locally to include AHP’s)*

The following National Preceptorship Model is based on the National Preceptorship framework for Nursing (June 2022) which provides full details.

The purpose of preceptorship is to provide support, guidance and development for all newly registered practitioners to build confidence and develop further competence as they transition from student to autonomous professional. Preceptorship may also be provided for professionals transitioning from one role or setting to another

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| Criteria | **Core Standard** | **Gold Standard** |
| Intended Recipients | All Newly Registered Nurses, Nursing Associates and AHP’s | All Newly Registered Practitioners  |
| Length of Preceptorship Programme\* | Minimum of 6 months on joining the organisation or receiving PIN | 12 months on joining the organisation or receiving PIN |
| Supernumerary Period | Minimum of two weeks’ supernumerary for preceptee (or equivalent to 75 hours) | Additional protected time throughout the programme for preceptor and preceptee included in preceptorship policy for organisation  |
| Meeting requirements (preceptor and preceptee) | Minimum of 3 meetings:* Within first two weeks
* Middle of programme
* Completion of preceptorship programme
 | As a minimum: Every two months including:* Within first week
* Middle of programme
* Completion of preceptorship programme
 |
| Roles (with expectations) | * Preceptor (protected time of 8 hours per year)
* Preceptee
 | * Preceptor (protected time of 12 hours per year)
* Preceptorship Lead
* Preceptorship Champion / Ambassador / Link
 |
| Preceptor | * Equivalent level or senior to preceptee
* Minimum 12 months experience post-registration
* Attending initial training
* Refer to role descriptor for detail
 | * Equivalent level or senior to preceptee
* Minimum 12 months experience post-registration
* Role expectations
* Minimum 12 months’ experience in setting
* No more than one preceptor to two preceptees
* Initial training
* Ongoing support and training
 |
| Preceptorship Lead | * Central point of contact within organization / ICS
* Responsible for programme co-ordination
* Monitoring and evaluating preceptorship
* Development and review of programme and policy.
 | Plus:* Development programme for preceptors
* Support for preceptors
* Develop and deliver support network for preceptors
* Maintain register of preceptors
* Promotion of value and benefits of preceptorship within own organization
* Develop and support network of preceptorship champions
 |
| Core Elements | * Preceptorship policy
* Formal, structured programme of learning
* Standard documentation across organization
* Role descriptions
* Protected time
* Monitoring and Evaluation
* Development of preceptors / preceptor training.
 | * Senior responsible officer (SRO) at board level.
* Protected time for preceptors (minimum 15 hours)
* Meeting templates
* Development and support for preceptors
* Preceptorship mandated across organisation
* Audit trails to demonstrate compliance, evaluation and feedback
 |
| Indicative content of development programme | * Facilitated learning / study days (flexible dependent on work area and individual requirements)
* Preceptee Individual learning and development plans
* Wellbeing initiatives
* Reflection
* Pastoral care and support
* Clinical supervision
 | May include:* Action learning
* Peer support forums for preceptor and preceptee
* Coaching
* Mentoring
* PNA / restorative supervision
 |
| Compliance | * National Preceptorship Framework (2022)
* NMC Principles for Preceptorship (2020)
* HCPC Principles for Preceptorship (2023)
* HEE Preceptorship Standards (2015)
* Preceptorship Framework for Newly Registered Nurses, Midwives and Allied Health Professionals, DH (2010)
 |
| Evaluation | * Course evaluations
* Retention statistics (12 and 24 months post registration)
* Feedback questionnaire on preceptorship experience at end-point
* Annual review of the programme
* Feedback mechanism for preceptors to support them
* Feedback from preceptor and preceptees
 | * Session feedback
* Feedback questionnaire on preceptorship experience - mid-point and end-point
* Preceptee involvement in design and development of programme
* Stakeholder feedback
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## Appendix Two – National Preceptorship Escalation Process and L&SC PCTH “Raising Concerns” Flowchart

The following National Preceptorship escalation process is a sample chart to be adapted by organisations for preceptees who have concerns.

The NMC offer guidance for nurses and midwives at [www.nmc.org.uk/raisingconcerns](http://www.nmc.org.uk/raisingconcerns)

The RCN (Royal College of Nursing) offer comprehensive guidance on escalation process for nursing staff. This is available at [Raising concerns | Guidance for RCN members | Royal College of Nursing](https://www.rcn.org.uk/employment-and-pay/raising-concerns/Guidance-for-RCN-members)

The HCPC offer guidance for AHP’s at [HCPC Raising Concerns](https://www.hcpc-uk.org/globalassets/resources/guidance/how-to-raise-a-concern.pdf)

Are they comfortable talking to preceptor?

Can they talk to manager or preceptorship lead?

No

Yes

Talk to preceptor

Talk to manager or preceptorship lead

Yes

No

Consider alternatives depending on nature of concern

If unable to resolve

Freedom to Speak Up Guardian\*

Professional Nurse Advocate

Senior member of team

Union representative

*\* Freedom to Speak Up Guardian may have different titles according to organisation*

Raising Concerns Flowchart

**Note** If your concern relates to a practice or the practice of a Nurse/Midwife in Charge please escalate your concern immediately to the Senior Nurse/Midwife on call or Service Manager or link lecturer and local policy will be followed.

Support for any concerns and the whole process can be provided at your request.

**Local Policy must be followed at all times** and if a learner on placement has any concerns must be reported to you programme lead immediately.

Appendix Three - Glossary

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| **Term** | **Definition** |
| AHP | Allied health professional |
| CEO | Chief Executive Officer |
| CN | Chief Nurse |
| GPN | General practice nurse |
| FCP | First Contact Practitioner |
| HCPC | Health and Care Professionals Council |
| HEE | Health Education England |
| ICB | Integrated Care Board |
| ICS | Integrated care system |
| ILP | Individual learning plan |
| L&SC PCTH | Lancashire & South Cumbria Primary Care Training Hub |
| NA | Nursing associate |
| NHSE | National Health England |
| NMC | Nursing and Midwifery Council |
| NRP | Newly registered practitioner |
| NRN | Newly registered nurse |
| NtP Fellowship | New to Practice Fellowship |
| Practitioner | Registered professional, i.e., nurse, nursing associate, midwife, allied health professional |
| Preceptee | Person receiving support and guidance from the preceptor, usually the new practitioner |
| Preceptor | Person providing support and guidance to the preceptee |
| Preceptorship champion | Designated role to promote value of preceptorship within organisation |
| Preceptorship lead | Central point of contact and lead for preceptorship within organisation or ICS |
| Preceptorship model | Short version of the preceptorship framework |
| Preceptorship period | Designated period of support and guidance for new practitioner 12 months post registration |
| RTW | Returner to work  |
| SLOT | A training needs analysis – Strengths, Learning Needs, Opportunities and Threats |
| SOP | Standard Operational Procedure |
| SRO | Senior Responsible Officer |
| SWOT | As above, Strengths, Weaknesses, Opportunities & Threats |

Appendix Four

Document version and control

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| **Date** | **Version** | **Changes** | **Author** | **Approval** |
| 30/08/2023 | 1.0 | Where *“newly qualified”* or *“nurse”* was in the original national policy example, all changed to *“new practitioner”* or *“newcomer”* to become more generic, e.g., to include Allied Health Professionals | Victoria Johnston | Yvonne Thomson |
| 14/11/2023 | 1.1 | Added in local Roles & Responsibilities from SOP | Victoria Johnston | Yvonne Thomson |
| 21/11/2023 | 1.2 | Adaptations/revisions prior to board ratification | Victoria Johnston | Yvonne Thomson |
| 12/12/2023 | 1.3 | Strategic Lead ratification | Victoria Johnston | Lauren Butler |
| 12/12/2023 | 1.3 | Sent for AHP Workforce Lead ratification re: Clinical Advisor input and general alignment to AHP roles in Primary Care | Victoria Johnston | Elizabeth McMullin,Patsy Probert |
| 15/12/2023 | 1.3 | Final draft approved | Victoria Johnston | Lauren Butler, Yvonne Thomson |
| 15/12/2024 | 1.3 | Annual review of SOP | Victoria Johnston |  |