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# National Preceptorship Framework for Nursing

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# Introduction and Overview of preceptorship

Preceptorship is a structured start for newly qualified practitioners. The main aim is to welcome and integrate newly registered practitioners into their new team and place of work. Preceptorship helps professionals to translate and embed their knowledge into everyday practice, grow in confidence and have the best possible start to their careers. Preceptorship isn't designed to replace appraisals or be a substitute for a formal induction and mandatory training.

All newly registered nurses, nursing associates, and midwives should receive preceptorship in their first year post-registration.<sup>1</sup> Newly registered nurses (NRN) become accountable as soon as they are registered with the Nursing and Midwifery Council (NMC) and this transition from student to accountable practitioner is known to be challenging.<sup>2,3</sup> To reduce variation and improve the quality of preceptorship, the National Retention Programme established the National Preceptorship for Nursing project in November 2021 to develop and deliver a collectively agreed framework for good practice in implementing preceptorship for newly registered nurses. The core purpose and expected outcome is improved retention for newly registered nurses.

The literature review conducted by Middlesex University<sup>4</sup> confirms the impact of quality preceptorship programmes on recruitment and retention of nurses in the first two years, and identifies the core elements of a successful programme. Preceptorship programmes may include classroom teaching, attainment of role-specific competencies, online support, clinical supervision, and coaching. The NMC Principles of Preceptorship (3.2 and 3.4) state that preceptees need to be supported

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<sup>1</sup> Nursing and Midwifery Council (NMC) 2020 Principles of Preceptorship <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf> - accessed 5/1/2022

<sup>2</sup> Higgins G., Spencer R.L. & Kane R. (2010) A systematic review of the experiences and perceptions of the newly qualified nurse in the United Kingdom. *Nurse Education Today* **30**, 499-508.

<sup>3</sup> Collard, S. S., Scammell, J., & Tee, S. (2020). Closing the gap on nurse retention: A scoping review of implications for undergraduate education. *Nurse Education Today*, 84, 104253. <https://www.sciencedirect.com/science/article/pii/S0260691719306288?via%3Dihub>

<sup>4</sup> O'Driscoll, M., Allan, H., Traynor, M., (2022) Preceptorship: what works?: an integrative literature review, Middlesex University [Preceptorship-review-corrected-refs.pdf \(workforceskills.nhs.uk\)](https://www.workforceskills.nhs.uk/preceptorship-review-corrected-refs.pdf)

according to their own learning needs, and therefore require time to identify those needs along with opportunities for reflection and feedback. The most important element is the individualised support provided in practice by the preceptor. The goal of preceptorship is for the newly registered nurse to develop their confidence and autonomy.

This preceptorship framework is a resource for health care organisations and can be utilised in other care settings such as social care to support the practice of newly registered practitioners in England. This recommended ‘best practice’ approach to preceptorship has been developed through extensive stakeholder engagement exercises with practitioners representing all fields of practice and settings across acute, community, primary and social care. The approach recognises that, where preceptorship is firmly established as part of the culture of an organisation, there are significant benefits for newly registered nurses, other staff, and the organisation itself in terms of retention, recruitment, and staff engagement.

As set out in the [NHS Long Term Plan](#) and the NHS [People Plan](#) improving the experience of our NHS people will help them to stay with us for longer. The National Retention Programme brings together national and local experience and expertise to offer information, tools and practical support for systems and organisations to help deliver the NHS People Promise.

There is no single or simple solution to improving retention. The programme takes a multi-dimensional approach and responds to where there may be challenges, including implementing a range of interventions at organisational level to improve the experience of our people. Single interventions have limited efficacy – a bundle approach is most effective and preceptorship is a key intervention in the bundle.

### What is preceptorship?

The NMC states that a new registrant on a preceptorship programme should have learning time protected in their first year of qualified practice and access to a preceptor with whom regular meetings are held. The council strongly recommends

that all new registrants should have a formal preceptorship period of about four months, which may vary according to individual need. In 2018, the NMC launched the Standards for Student Supervision and Assessment (SSSA), which came into effect in January 2019.<sup>5</sup> This guidance brings new challenges for the preceptorship period and for all preceptors supporting new registrants from September 2022. Additionally, the NMC mandated preceptorship for all newly registered practitioners to include registered nursing associates. The NMC principles of preceptorship<sup>6</sup> focus on five core themes: organisational culture and preceptorship, quality, and oversight of preceptorship, preceptee empowerment, preparing preceptors for their supporting role and the preceptorship programme. These are incorporated into the National Preceptorship Framework.

## The framework

The National Preceptorship Framework has been developed in collaboration with stakeholders from the seven regions of the country, through extensive consultation. The critical elements of a programme have been identified through research analysis and a literature review, taking account of learning from other organisations' experience of implementing preceptorship frameworks.

While the framework is intended for nursing, it is expected to be used as a core set of standards for multi-disciplinary preceptorship programmes and is designed to be inclusive in its use of language and terminology.

The framework includes a core set of standards that constitute a minimum requirement for preceptorship programmes. It also includes a gold standard for organisations wanting to further develop their preceptorship programmes. The framework is intended for all organisations for newly qualified practitioners. The core

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<sup>5</sup> NMC (2018) Standards for Student Supervision and Assessment [Standards for student supervision and assessment - The Nursing and Midwifery Council \(nmc.org.uk\)](https://www.nmc.org.uk/globalassets/sitedocuments/standards-for-student-supervision-and-assessment-the-nursing-and-midwifery-council-nmc.org.uk)

<sup>6</sup> Nursing and Midwifery Council (NMC) 2020 Principles of Preceptorship <https://www.nmc.org.uk/globalassets/sitedocuments/nmc-publications/nmc-principles-for-preceptorship-a5.pdf> - accessed 5/1/2022

standards are aimed at all settings and all fields of nursing and has thus been established as a realistic set of standards and we expect this core standard to have been achieved by September 2023. Organisations should be aiming for Gold standard thereafter.

### Purpose of preceptorship

The purpose of preceptorship is to provide support, guidance, and development for all newly registered practitioners (NRPs) to build confidence and competence as they transition from student to autonomous professional.

### Core elements of a programme

The core elements of a programme include a preceptorship policy that defines the roles, supernumerary period, and protected time, and should be standardised across the organisation. A formal structured programme of learning for the preceptee, identification of development for the preceptor, and the role of the preceptorship lead, monitoring and evaluation must also be included to align with the NMC Principles (2.6).

At gold standard, a Senior Responsible Officer (SRO) for preceptorship should be in place at board level to mandate preceptorship across the organisation, confirm supernumerary and protected time for preceptees and preceptors, meeting templates and standard documentation. There should be consideration of audit trails to demonstrate compliance, evaluation, and feedback, with a measure of impact on recruitment and retention.

### Intended recipients

The NMC states that all newly registered nursing associates, nurses, and midwives receive preceptorship in their first-year post-registration. The core standards of this framework include all newly registered practitioners including nurses, nursing associates and general practice nurses, while recognising that there are other groups

who will also benefit from preceptorship, including international registrants and returners to practice. A gold standard incorporates inclusion of other professionals, including midwives, and those who will benefit from preceptorship.

### Length of programme

The literature review conducted by Middlesex University in 2022 found that the minimum length of programmes is 4 months, with most preceptorship programmes lasting between 6 and 12 months.<sup>7</sup> Research identified programmes from 4 months to 18 months in length, with the majority running for around 12 months. A minimum of 6 months is the recommended core standard programme length of this framework, with a minimum of 12 months and as a gold standard.

### Supernumerary period

The supernumerary period varies considerably between organisations, fields of nursing and different settings. While there are some organisations with no supernumerary period, there are others that offer up to four months' supernumerary (for example, intensive care units and other specialist areas). This framework recommends a minimum of two weeks' supernumerary for the preceptee, which equates to 75 hours. This should be in addition to induction requirements, however individual needs should be recognised as required by the NMC (5.2). The gold standard will include additional protected time for the preceptee for development and meetings with their preceptor. A core standard of eight hours' protected time is also recommended for each preceptor per year to accommodate their development, meetings, and peer support needs. For the gold standard, 12 hours' protected time is proposed, and this should be included in the organisation's preceptorship policy.

### Meeting requirements

To facilitate the preceptee's socialisation and integration into their new work area, the first meeting with the preceptor should take place within their first two weeks of

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<sup>7</sup> 'O'Driscoll, M., Allan, H., Traynor, M., (2022) Preceptorship: what works?': an integrative literature review, Middlesex University [Preceptorship-review-corrected-refs.pdf \(workforceskills.nhs.uk\)](https://www.workforceskills.nhs.uk/preceptorship-review-corrected-refs.pdf)

joining the organisation as a NRN or receiving their PIN or earlier where feasible. There should be a minimum of a further two meetings, with an interim meeting halfway through the preceptorship period and a final sign-off meeting towards the end of the preceptorship period. A gold standard includes bi-monthly meetings during the preceptorship period. These meetings should be around an hour long and should include protected time for both preceptee and preceptor. Meeting templates will be made available to facilitate these meetings, if required. These can be found at <https://workforceskills.nhs.uk/projects/nhse-i-national-preceptorship-programme-2022/>.

### Preceptorship lead

We recommend that each organisation has a nominated preceptorship lead. This could be a preceptorship lead for an integrated care system (ICS), which would facilitate and support preceptorship programmes for small organisations, particularly in the primary care and social care settings.

The role of the preceptorship lead is to act as a central point of contact within the organisation or ICS, and to be responsible for the co-ordination, evaluation, and monitoring of the preceptorship programme. They would be responsible for the development and review of both programme and policy. As a gold standard, they would provide a development programme and support network for preceptors and maintain a register of preceptors to assist in the identification of trained preceptors for new registrants. In addition, the role would include the promotion of the value and benefits of preceptorship within their own organisation or ICS. The development of a support network of preceptorship champions would also be a gold standard feature of the role.

The role of preceptorship lead is critical in the successful implementation of a preceptorship programme and the amount of time allocated to the role should be in proportion to the number of new registrants within an organisation or/ICS. The



preceptorship lead should report into the Senior Responsible Officer (SRO) or the director of nursing or chief nurse office.

## Preceptor

Any registered healthcare professional of an equivalent or senior level to the preceptee, and within the same discipline (i.e. nursing), may be a preceptor. They should have a minimum of 12 months' experience post-registration, with experience of working within the setting, and they should attend initial training or development. Nursing associates (with a minimum of 12 months' experience post-registration) may act as preceptors for newly registered nursing associates. In areas where a team preceptorship approach is adopted, each new registrant should have access to a preceptor within their own discipline or profession. A gold standard includes a minimum of 12 months' experience in the setting or work area and access to ongoing support and training. One preceptor should have no more than two preceptees at gold standard level.

## Preceptorship champion

The role of the preceptorship champion is not a core standard. However, it exists at gold standard to promote the value and benefit of preceptorship within organisations and settings. A role descriptor for this role is available at <https://workforceskills.nhs.uk/projects/nhse-i-national-preceptorship-programme-2022/>.

## Indicative content of preceptee development programme

The needs of preceptees will vary according to their role and work area. However, facilitated learning is anticipated, with study days for all preceptees, flexible to individual requirements. Each preceptee should have an initial discussion with their preceptor, during which their development needs can be explored, and an individual learning plan established with realistic objectives. Wellbeing initiatives should be included in the programme, together with reflection. The NMC expects all nurses to

receive clinical supervision and this should be incorporated into their programme together with pastoral care and support.

Gold standards include action learning programmes for preceptees and/or peer support for preceptor and preceptee. A career conversation or coaching session should also be included towards the end of the preceptorship period to identify future development needs and objectives. As the professional nursing advocacy (PNA) programme becomes more established within nursing, it is expected that preceptees will also benefit from restorative supervision.

### Compliance

It is recommended that organisational preceptorship programmes comply with this National Preceptorship Framework (2022) and the NMC Principles for Preceptorship (2020) <https://www.nmc.org.uk/standards/guidance/preceptorship/>.

### Evaluation

Each organisation will be responsible for evaluating their preceptorship programme, with evaluations falling within the remit of the preceptorship lead. At a core level this will include analysis of course feedback forms, retention statistics (12- and 24-months post-registration), and evaluation of preceptorship experience based on questionnaires from preceptees at the end of their programme together with feedback from preceptors. The preceptorship programme should be evaluated on an annual basis and adjustments made to take feedback into account.

At a gold standard level, feedback should be analysed after each workshop or training session and preceptees should provide feedback at mid-point and endpoint of their programme, together with feedback from preceptors and other stakeholders. Preceptees should be involved in the design and development of the programme.

## Roles

The following role descriptors are recommended, which can be tailored to each organisation as required:

- Preceptorship lead
- Preceptor
- Preceptee
- Preceptorship champion

Details of the above are available at <https://workforceskills.nhs.uk/projects/nhse-i-national-preceptorship-programme-2022/>.

## Standardised documentation

All organisations or ICSs should have standard documentation for use across their organisation or ICS. This should include:

- Policy
- Charter
- Meeting templates
- Development needs analysis template (SLOT)
- Individual learning plan
- Reflection (with link to NMC template)
- Escalation process

A set of standard documentation is provided for use by organisations and may be tailored according to their needs. Details of these documents are available at <https://workforceskills.nhs.uk/projects/nhse-i-national-preceptorship-programme-2022/>.

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