



# **Preceptorship Framework**

for Nursing

## DH INFORMATION READER BOX

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<b>Superseded documents</b>	
<b>Action required</b>	NHS organisations should consider reviewing and developing local preceptorship arrangements against the framework
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<b>For recipient's use</b>	

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# Ann Keen, Parliamentary Under-Secretary of State for Health

Dear colleagues,

I am proud of being a nurse. It is a career which offers huge rewards for those who are privileged to have displayed and developed the attributes as well as the knowledge, skills and competences required of nurses in the world of modern health care.

What happens to our nurses at the beginning of their careers in this country's health service is pivotal. The experiences they have, the examples they are set and the role models they aspire to will last them a lifetime, and shape their future. This is a crucial time – it sensitises and socialises new registrants into their profession and builds the foundations on which they will build their career.

That is why we have singled out this time for special attention. We want nurses to have the best start possible and that is why I am so pleased to present here the outcome of work which brings together for the first time research, expert opinion and a wide range of individuals' experiences to achieve broad national consensus on the best way to support our new registrants. I am particularly pleased to see the way that the NHS Constitution is reflected in the preceptorship pledges which the framework contains.

The preceptorship framework that has been developed with the Nursing and Midwifery Council and other key stakeholders. It will help ensure that our newly qualified nurses

have protected time and expert support to help them apply academic knowledge and their practice placement experiences in real life situations as accountable professionals. This will mean that the newly qualified have not only the competence but also the confidence to make the transition to effective practitioner.

Through preceptorship we must strive to nurture and develop our new registrants to develop life long careers in nursing. I would like to thank Chris Beasley, the Chief Nursing Officer for instigating the development of this framework with me and everyone who took part in turning the idea into reality. I hope you will continue to work with us in the future so that the framework, so clearly set out here, can be fully realised for every newly registered nurse, and possibly extended further to include new registrants from other professions.



A handwritten signature in black ink that reads "Ann Keen".

Ann Keen MP  
Parliamentary Under Secretary of State  
for Health, November 2009

# Foreword by the Chief Nursing Officer

Dear Colleagues,

The transition from student nurse to registered practitioner can be a challenging time for new nurses. Good support and guidance during this period are essential. Nurses who manage the transition successfully are able to provide effective care more quickly, feel better about their role and are more likely to remain within the profession. This not only means that they make a greater contribution to patient care, but also ensures that we are able to maximise the benefits from our investment in their education.

A focus on the value of a foundation period of preceptorship has been central to the Modernising Nursing Careers initiative.<sup>1</sup> Further, in the *High Quality Care for All: NHS Next Stage Review Final Report*<sup>2</sup> we committed funds specifically to support preceptorship, so that it can be made available to all newly registered nurses. This framework also contributes to the delivery of our pledges to patients and staff documented in the NHS Constitution. We are also considering whether preceptorship might be extended to include midwives, allied health professionals and community public health nurses.

This framework has been developed in co-production with strategic health authorities (SHAs) and other key stakeholders, and commissioned from NHS West Midlands who have worked closely with our team at the Department of Health. The framework, which is based on a wide range of evidence from national and international sources, establishes clear principles of good preceptorship. It indicates what needs to be undertaken to ensure that local systems for preceptorship succeed and will further enable a smooth transition for newly registered nurses as they begin their professional careers and continue on their journey of life-long learning.

The framework is intended primarily as a resource for those in NHS organisations with responsibility for establishing organisational systems for the management and development of the nursing workforce – especially Nurse and HR Directors. It will also be of interest to newly registered nurses and those directly responsible for preceptorship.

To further support preceptorship we have adapted and are testing the Scottish 'Flying Start NHS' web-based, electronic preceptorship programme in a range of

NHS organisations in England and with a higher education institution. This multi-professional preceptorship programme, designed by NHS Education Scotland (NES), has been in use in Scotland since 2006 and has been well received. Our testing, against a range of existing preceptorship models, will take place over a six-month period from autumn 2009, with a view to establishing the programme as an optional model for employers.

We have also been working closely with the Nursing and Midwifery Council (NMC). It is anticipated that the framework will contribute to the successful introduction of the mandatory period of preceptorship planned by the NMC 'to guide and support all newly qualified nurses to make the transition from student to develop their practice further'. The NMC has commissioned a research partner to explore how policy will be developed and we expect to hear more from them about this in mid-2010.

We are of course interested in your feedback on this framework, but we also want to consider how it might be extended to include other non-medical professional groups. Feedback can be provided by 14 January 2010 through an online survey at:

<http://survey.westmidlands.nhs.uk/index.php?sid=33282&newtest=Y>



A handwritten signature in black ink that reads "Beasley".

Dame Christine Beasley, DBE  
Chief Nursing Officer (England)  
London, November 2009

# 1. Introduction

This framework is a guide and resource for those in NHS organisations who have responsibility for systems for managing and developing the nursing workforce, for preceptors<sup>3</sup> (registered nurses) and newly registered nurses.<sup>4</sup> It will also be of interest to employers in the independent and voluntary sectors as a guide to good practice in supporting employees who are newly registered with the Nursing and Midwifery Council (NMC).

In preparing this framework, we commissioned a review of the literature, undertook extensive stakeholder engagement<sup>5</sup> and considered the NMC's views on preceptorship and existing policy. We reviewed models and approaches adopted in other countries and professional groups, including a specific focus on Scotland's multi-professional preceptorship programme, 'Flying Start NHS'.

This document aims to provide a framework that is practical and relevant for employers to ensure equity of access to high-quality preceptorship support for all newly registered nurses in England.

Underpinning this work has been the recognition that we will require a more independent, autonomous and innovative nurse to meet the changing requirement of future healthcare provision, and to this end the NMC is currently developing a new set of standards for pre-registration nurse education which will be implemented within the next few years. All this suggests that a different kind of preceptorship is needed to cultivate these qualities and enable newly registered nurses to take responsibility for their own professional and career development.



This document provides a definition of preceptorship, describes the key elements of good preceptorship, and suggests outcome measures to ensure that preceptorship meets individual newly registered nurses' needs, demonstrates value for money and underpins the delivery of high-quality care.

Links are established between the aims of preceptorship and other broader developments such as *Agenda for Change* (AfC)<sup>6</sup>, the *Knowledge and Skills Framework* (KSF)<sup>7</sup>, the NHS Constitution<sup>8</sup>, *Confidence in caring: a framework for best practice*<sup>9</sup> and the requirements of professional regulatory bodies through the achievement of 'evidence of practice'.

*"I believe that I do have the knowledge and skills to undertake the role, but you can't learn everything in three years, there are bound to be skills that you need to develop. My training has taught me to be open and honest when you don't know or haven't experienced a situation before."*

**Student nurse in last week of practice placement**

## 2. Background

Many nurses across a wide range of organisations already benefit from well-established preceptorship schemes. Preceptorship was introduced following the implementation of the outcome of the previous review of nurse education which resulted in Project 2000<sup>10</sup> in the 1990s. Preceptorship is now embedded in existing professional regulatory and employment guidelines for nursing:

- The NMC guidance<sup>11</sup> covers areas such as the role of the newly registered nurse and preceptor, the duration of preceptorship and preparation of preceptorship. In the longer term, the NMC aims to introduce a period of mandatory preceptorship.
- *Agenda for Change* (AfC)<sup>6</sup> describes the process of preceptorship whereby new entrants to Band 5 (ie most newly registered nurses) achieve accelerated progression through the first two pay points, provided they meet relevant standards of practice.

Preceptorship is also within the spirit of the staff pledges made in the NHS Constitution, and the value and importance of preceptorship was recognised in *A High Quality Workforce: NHS Next Stage Review*<sup>12</sup> where it is stated:

'A foundation period of preceptorship for nurses at the start of their careers will help them begin the journey from novice to expert. This will enable them to apply knowledge, skills and competences acquired as students, into their area of practice, laying a solid foundation for life-long learning.'

In 2008/09 the Department of Health made funding available, via strategic health authorities (SHAs), to invest in preceptorship. SHAs are required to report on a quarterly basis to the Department on progress in investing these funds.

The aim of preceptorship is to enhance the competence and confidence of nurses as autonomous professionals. Preceptorship will support the policy drive to place 'quality at the heart of everything we do in healthcare'<sup>2</sup>, while maximising NHS productivity through harnessing and spreading innovation. It can also support strategies that impact directly on patient



and service-user experience. For example, the principles outlined in *Confidence in caring: a framework for best practice*<sup>9</sup> identify that:

‘At the individual level, confidence can be created when patients see that individuals have the **skills** to do the job and the **will** to provide the level of care the patient wants.’

Finally, effective preceptorship arrangements can be used by employers as part of the processes in place or evidence that is submitted against regulatory and other standards, eg:

- Care Quality Commission registration requirements for providers require that providers take all reasonable steps to ensure that workers are appropriately supported, thereby enabling workers to deliver care and treatment to service users safely and to an appropriate standard (including appropriate training, professional development, supervision and appraisal).

- AfC<sup>6</sup> terms and conditions.
- Improvements in relevant scores of the staff and patient surveys.

NHS organisations that contract with third parties who employ newly registered nurses may want to give consideration to encouraging such organisations to establish preceptorship arrangements.

In addition to publishing this framework, the development of strong, local preceptorship arrangements can be underpinned through:

- Multi-Professional Education and Training (MPET) budget service level agreements that requires quarterly feedback from SHAs; and
- Learning and development agreements (LDAs) – SHAs, in discussion with NHS organisations, may wish to include specific requirements in relation to preceptorship in the local LDA.

# 3. Defining preceptorship

## What is preceptorship?

From the moment they are registered, nurses are autonomous, accountable practitioners.

Preceptorship should, therefore, be considered as a transition phase for newly registered nurses when continuing their professional development, building their confidence and further developing competence to practise, and not as a way to meet any shortfall in pre-registration education. *A High Quality Workforce: NHS Next Stage Review*<sup>12</sup> describes preceptorship as:

‘A foundation period [of preceptorship] for nurses at the start of their careers which will help them begin the journey from novice to expert.’

The NMC<sup>13</sup> defines it as:

‘A period [of preceptorship] to guide and support all newly qualified nurses to make the transition from student to develop their practice further.’

A further definition taken from a review of the literature by Bains<sup>14</sup> includes reference to the role of preceptorship in professional socialisation:

‘Within nursing, midwifery and health visiting in the UK, preceptorship refers to an individualised period of support under guidance of an experienced clinical practitioner which attempts to ease transition into professional practice or socialisation into a new role.’

In 2009, the Council of Deans of Health<sup>15</sup> held a national workshop on preceptorship which concluded that:

‘Preceptorship should be seen as a model of enhancement, which acknowledges new graduates/ registrants as safe, competent but novice practitioners who will continue to develop their competence as part of their career development/ continuing professional development, not as individuals who need to address a deficit in terms of education and training.’



These definitions and statements all support the assertion that on commencement of preceptorship newly registered nurses are safe and competent practitioners. They are, however, novice nurses who will continue to develop and further enhance their competence and confidence as part of their continuing professional development.

Taking into account the definitions reviewed, we conclude that the following definition best encapsulates preceptorship for newly registered nurses.

## Preceptorship:

'A period of transition for the newly registered nurse during which time he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning.'

## 4. What preceptorship is not

The newly registered nurse and the employer should have a clear understanding of where the boundaries of preceptorship lie. In addition, both parties should be aware that other processes and systems are in place to manage ability and performance in relation to the competency of the newly registered nurse.

Preceptorship is not, therefore:

- intended to replace mandatory training programmes;
  - intended to be a substitute for performance management processes;
  - intended to replace regulatory body processes to deal with performance (NMC referrals);
  - an additional period in which another registrant takes responsibility and accountability for the newly registered nurse's responsibilities and actions (ie it is not a further period of training);
  - coaching (although coaching skills may be used by the preceptor to facilitate the learning of the newly registered nurse);
- mentorship;
  - supervision;
  - intended to replace induction to employment; or
  - a distance or e-learning package for a newly registered nurse to complete in isolation.

*"It's not that I don't feel that I have the knowledge and skills to be a registered nurse, I'm just nervous about being a student one day and a fully accountable nurse the next day."*

**Student nurse due to qualify in three weeks' time**

# 5. The elements of preceptorship

The elements of preceptorship from the perspectives of the newly registered nurse, the preceptor and the employer are summarised below:

## Newly registered nurse:

- Opportunity to apply and develop the knowledge, skills and values gained as a student nurse.
- Develop specific competences that relate to the preceptee's role.
- Access support in embedding the values and expectations of the profession.
- Personalised programme of development that includes post-registration learning, eg leadership, management and effectively working within a multi-disciplinary team.
- Opportunity to reflect on practice and receive constructive feedback.
- Take responsibility for individual learning and development by learning how to 'manage self'.
- Commence life-long learning.

## Preceptor:

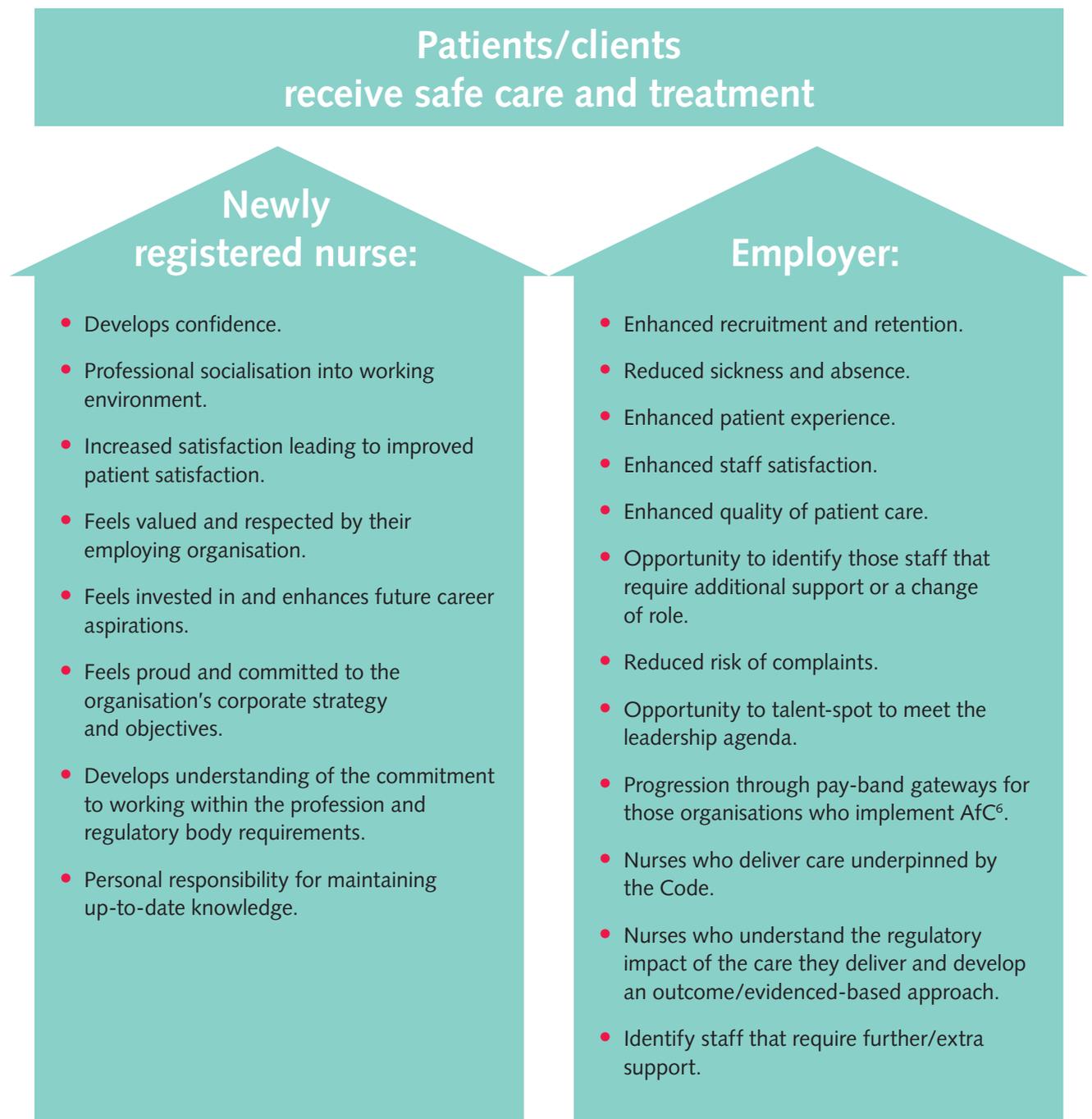
- Responsibility to develop others professionally.
- Conduit to formalise and demonstrate continued professional development.
- Responsibility to discuss individual practice and provide feedback.
- Responsibility to share individual knowledge and experience.
- Have insight and empathy with the newly registered nurse during the transition phase.
- Act as an exemplary role model.
- Talent spotting.
- Receive preparation for the role.

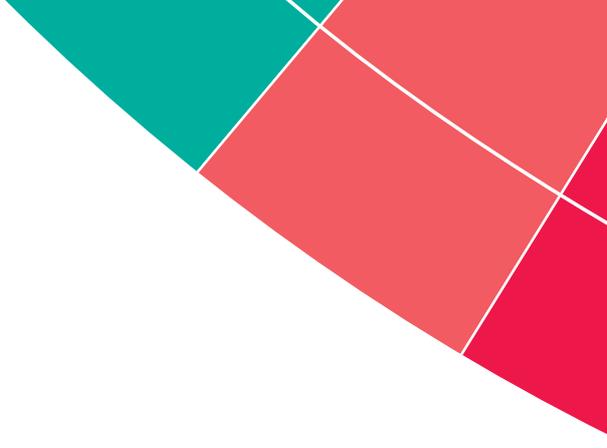
## Employer:

- It is a process to be quality assured.
- It embeds the KSF<sup>7</sup> at the start of employment (where this is used).
- It promotes and encourages an open, honest and transparent culture among staff.
- It supports the delivery of high-quality efficient healthcare.
- It demonstrates the employer's delivery of the NHS Constitution and other key policies.
- It indicates the organisation's commitment to learning.

# 6. The benefits of preceptorship

There are a number of benefits of implementing preceptorship for stakeholders that contribute to the overall patient experience. The benefits of implementing preceptorship from the perspective of the different key stakeholders are set out in the following diagram.





**Patients/clients  
receive safe care and treatment**

**Preceptor:**

- Develops appraisal, supervision, mentorship and supportive skills.
- Enhances future career aspirations.
- Enhances ability to progress through AfC<sup>6</sup> gateways.
- Engenders a feeling of value to the organisation, newly registered nurses and patients.
- Identifies commitment to the profession and the regulatory requirements.

**The profession:**

Embracing the responsibilities of the Code<sup>16</sup>, that includes the following:

- Making patient care the priority, treating patients as individuals and respecting their dignity.
- Working with others to protect and promote the health and well-being of those in their care, their families and carers and the wider community.
- Providing a high standard of practice and care at all times.
- Being open and honest, acting with integrity and upholding the reputation of the profession.
- Enhancing the image of nursing.
- Contributing to the modernisation of nursing.

# 7. A standard for preceptorship

The evidence and experiences of other professions and the feedback we have gathered suggest that it is important to adopt a clear standard for preceptorship. This will ensure that the benefits identified

can be most effectively delivered for all newly registered nurses, regardless of their work environment or the design of preceptorship arrangements.

## The standard contains the following elements:

•	Systems are in place to identify all staff requiring preceptorship.
•	Systems are in place to monitor and track newly registered nurses from their appointment through to completion of the preceptorship period.
•	Preceptors are identified from the workforce within clinical areas and demonstrate the attributes outlined in the box (see right).
•	Organisations have sufficient numbers of preceptors in place to support the number of newly registered nurses employed.
•	Organisations demonstrate that preceptors are appropriately prepared and supported to undertake the role and that the effectiveness of the preceptor is monitored through appraisal.
•	Organisations ensure that their preceptorship arrangements meet and satisfy professional regulatory body <sup>13</sup> and the KSF <sup>7</sup> requirements.
•	Organisations ensure that newly registered nurses understand the concept of preceptorship and engage fully.
•	An evaluative framework is in place that demonstrates benefits and value for money.
•	Organisations publish their preceptorship framework facilitating transparency of goals and expectations.
•	Organisations ensure that evidence produced during preceptorship is available for audit and submission for potential verification by the NMC.
•	Preceptorship operates within a governance framework.

## The attributes of an effective preceptor

The attributes required of the registered nurse who supports the newly registered nurse through preceptorship may take up to two years to develop from registration and include:

- giving constructive feedback;
- setting goals and assessing competency;
- facilitating problem-solving;
- active listening skills;
- understanding, demonstrating and evidencing reflective-practice ability in the working environment;
- demonstrating good time-management and leadership skills;
- prioritising care;
- demonstrating appropriate clinical decision-making and evidence-based practice;
- recognising their own limitations and those of others;
- knowing what resources are available and how to refer to a preceptee appropriately, if the preceptee needs additional support;
- being an effective role model and demonstrating professional values, attitude and behaviours; and
- demonstrating a clear understanding of the regulatory impact of the care that they deliver and the ability to pass on this knowledge.

# 8. Implementing preceptorship

## Design of preceptorship

A variety of learning methods should be integrated into preceptorship so that programmes can be personalised to meet the needs of each newly registered nurse to build their confidence as a practising professional.

Learning can be achieved through:

- organisationally based preceptorship, eg:
  - action learning sets;
  - self-directed learning;
  - clinical practice focus days, ie drug administration;
  - reflective practice;
  - shadowing; and
  - one-to-one support (in person or remotely/electronically);
- preceptorship facilitated in partnership with higher education institutions that is delivered through an academically accredited programme;
- work-based learning, eg portfolio building;
- web-based/blended learning programmes, eg 'Flying Start NHS'; and
- attitudinal- and behavioural-based learning, eg through role modelling.

Effective preceptorship is likely to see the newly registered nurse engage in a range of activities for varying amounts of time over the first six to twelve months of their first post-registration role. Careful consideration needs to be given to ensuring cost-effective investment of the time and resources devoted to preceptorship to allow a good balance between effective preceptorship and wider provision.

While there are no hard and fast indicators of what constitutes the best approach – preceptorship needs to reflect the requirements of the newly registered nurse – our work with stakeholders indicates that two core components will be theoretical learning ('classroom based' or distance/e-learning) and supervision/guided reflection on practice (one to one or in a small group, face to face or remotely). Our work suggests that an optimal mix of these core components should consist of around 4–6 days in total for theoretical learning and around 18 hours in total for supervision/guided reflection.

Preceptorship programmes need to consider the following:

- Theoretical knowledge can be facilitated by a preceptor, self-directed or by simulated learning.
- Practical skills knowledge can be facilitated by learning from a more skilled practitioner, self-reflection and/or online support.
- Simulated practice in skills laboratories that is assessed and certified locally should be incorporated.
- Attitudes and behaviours need to be developed to facilitate an approach that demonstrates and upholds professional values and beliefs inline with professional regulatory body requirements.

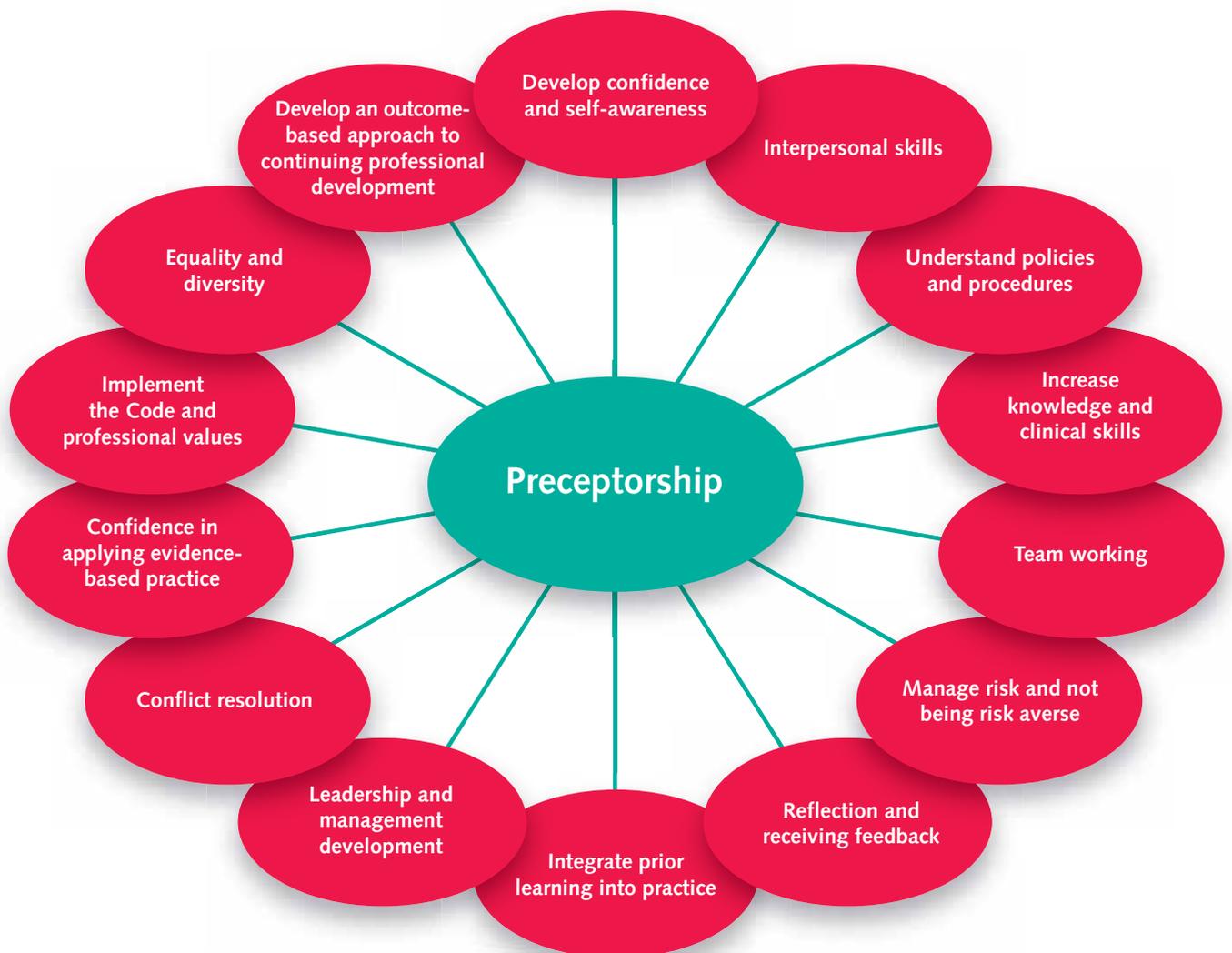
## Content of preceptorship

Preceptorship should be planned in the context of the individual's professional responsibilities and the needs of their employer. There should not be any duplication of effort in relation to the learning undertaken and the documentation of such learning. Record keeping for preceptorship should also meet the requirements of the KSF<sup>7</sup> appraisal process, current continuing professional development requirements and future revalidation requirements of the NMC<sup>13</sup>.

*"It's not that you want someone to hold your hand, it's support and constructive feedback that you need."*

**Student nurse in the last week of final practice placement**

The indicative content of preceptorship is detailed in the following diagram. This diagram was developed with reference to 'Flying Start NHS' with additional suggestions from stakeholders.





## Output of preceptorship

On successful completion of preceptorship it is anticipated that the nurse will have successfully managed the transition from newly registered nurse and will have become an effective, confident and fully autonomous registered individual, who is able to deliver high-quality nursing care for patients and service users.

The newly registered nurse's continuing journey will then take them forward as an independent and innovative leader and role model for future generations of nurses.

## Benchmarking current practice

A number of examples of current approaches to delivering preceptorship have been gathered during the development of the framework. They provide an insight into how preceptorship is currently being delivered across a variety of healthcare settings in England. In addition, we have outlined details of the Scottish 'Flying Start NHS' programme. A summary of this information can be found on our website at [www.dh.gov.uk/cno](http://www.dh.gov.uk/cno)

# 9. Equality, diversity and human rights

It is critical that all newly registered nurses have equitable access to preceptorship, as well as equitable experiences and outcomes from the process.

Preceptorship should be barrier free; it is important that the transition from student, or arrangements to support new registrants following other routes, supports and promotes the individual's equality of opportunity. Preceptorship seeks to build confidence in the delivery of the role an individual has been employed to do and should empower them to give safe, competent, high-quality care using the human rights principles of fairness, dignity, equality, respect and autonomy.

Preceptorship arrangements should give due regard to difference and respond accordingly, taking all reasonable steps to ensure that adjustments are made according to need and requirement. Differentials should be considered and planned for in anticipation of need against an equitable outcome standard. The legal obligations to comply with the duties around race, disability and gender should be assured through equality impact assessments of the individual sites' preceptorship programmes.

Successful preceptorship should enable progress through the KSF foundation gateway<sup>7</sup>, where applicable, at the relevant time (ie six months).

# 10. Realising the benefits of preceptorship: outcome measures

We need to demonstrate the benefits of preceptorship through objective measurement. Outcome measures should be negotiated locally, eg through learning and development agreements.

Further work is required to identify the most effective measures but the following could be considered as a start.

	Outcome measure	Rationale
1	Number of newly registered nurses employed	To enable assessment of added value for the implementation of preceptorship
2	Number of newly registered nurses accessing preceptorship	Equity of access meets equality and diversity agenda
3	Time spent in different preceptorship activities by each newly registered nurse	Equity of access meets equality and diversity agenda
4	Retention rates for newly registered nurses	Successful retention will lead to cost reduction associated with recruitment and temporary replacement
5	Time taken to progress newly qualified nurses through KSF <sup>7</sup> gateways (where relevant) or other indicators of preceptorship completion	Monitor and ensure equity and non-discriminatory practice and compliance with national guidelines

	Outcome measure	Rationale
6	Sickness/absence levels of newly registered nurses	Expect a lower sickness/absence rate due to improved staff satisfaction and confidence following preceptorship
7	Number of clinical incidents reported by nurses undertaking preceptorship	Preceptorship should result in nurses who are confident to report incidents
8	Number of actual or near-miss incidents reported involving nurses during the preceptorship period	Nurses who complete preceptorship make fewer errors and have fewer complaints made against them

*"I have recently been a preceptor and I really enjoyed sharing the knowledge and experience that I have gained."*

Registered nurse, qualified for four years



# 11. Delivering preceptorship through pledges

The use of pledges is considered to be an effective approach to setting out and delivering commitments to customers and employees, and this approach has recently been adopted through the NHS Constitution.<sup>8</sup> The staff pledges of the NHS Constitution include:

'The NHS commits to provide all staff with clear roles and responsibilities and rewarding jobs for teams and individuals that make a difference to patients, their families and carers and communities.'

'The NHS commits to provide all staff with personal development, access to appropriate training for their jobs and line management support to succeed.'

'The NHS commits to provide support and opportunities for staff to maintain their health, well-being and safety.'

In the light of this we have defined our commitment to preceptorship for newly registered nurses through a series of pledges. These pledges are presented in **Figure 4** overleaf.

## Preceptorship Pledge

### Newly registered nurse:

**I commit to assume my responsibilities as a registered practitioner, including to:**

- adhere at all times to the NMC Code<sup>16</sup> and regulatory body requirements;
- ensure that I understand the standards, competences or objectives set by my employer that are required to be met;
- commit time to preceptorship;
- work collaboratively with my preceptor to identify, plan and achieve my learning needs;
- take responsibility for my own learning and development; and
- provide feedback to enable preceptorship to develop further.

## Preceptorship Pledge

### Preceptor:

**I commit to delivering my responsibilities as a preceptor, including to:**

- commit to the preceptorship role and its responsibilities;
- personalise the newly registered nurse's learning and development needs and help him or her to identify key learning opportunities and resources; and
- commit time and provide constructive feedback to support the newly registered nurse.

## Preceptorship Pledge

### The strategic health authority:

**Commits to:**

- fair and equitable access to resources for all organisations;
- clear monitoring and evaluation processes between the SHA and organisations, including higher education institutions, if relevant;
- sharing of best practice and innovation across the SHA and nationally; and
- ensuring value for money.

## Preceptorship Pledge

### Employer:

#### Commits to delivering responsibilities for preceptorship, including to:

- identify a board member who has responsibility for the delivery of the preceptorship programme and assessing its impact;
- ensure that all newly registered nurses have equitable access to preceptorship and, as appropriate, access to an identified, suitably prepared preceptor;
- ensure that preceptorship is adequately resourced;
- ensure that a system is in place for appraising the preceptee's performance through the Knowledge and Skills Framework<sup>7</sup> process or other structure to support appraisal; and
- evaluate the process and outcomes of preceptorship.

# References

1. Department of Health (2006). *Modernising Nursing Careers: setting the direction*. London: Department of Health.
2. Darzi, Lord (2008). *High Quality Care For All: NHS Next Stage Review Final Report*. London: Department of Health.
3. In this document the term 'preceptor' refers to a registered nurse who has been given a formal responsibility to support a newly registered nurse through preceptorship.
4. In this document the term 'newly registered nurse' is used to refer to a nurse who is entering employment in England for the first time following registration with the NMC and includes those who are recently graduated students, those who have registered following completion of a 'Nursing Return to Practice' programme and overseas-prepared nurses following registration with the NMC. While engaged in preceptorship the nurse has sometimes been referred to as a 'preceptee'.
5. See 'Acknowledgements' (p.27) for details of the range of individual and stakeholder groups engaged in this work.
6. NHS Employers (2005). *Agenda for change: NHS Terms and Conditions of Service Handbook*. Leeds: NHS Employers.
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