



**PRECEPTORSHIP IN NORTH WEST NHS  
TRUSTS AND THE DEVELOPMENT OF AN  
EVIDENCE BASED PRECEPTORSHIP TOOLKIT**

**Executive Summary**

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## Background

The overarching aim of Health Education England is 'to ensure the health workforce has the right skills, behaviours and training available, in the right numbers, to support the delivery of excellent healthcare and health improvement'. Delivering high quality, effective, compassionate care: means not only developing the right people with the right skills and the right values, but also establishing robust models or frameworks to facilitate the retention of staff in the workplace. Enhancing the retention of newly qualified staff is of particular importance given that the journey from a new registrant to a competent healthcare professional poses a number of challenges, for both the individual staff member and the organisation.

A scoping review into student and newly qualified staff attrition was commissioned by HEE North West in 2014 (Hamshire, Spearing, & Wibberley, 2014) to explore the current literature in the area. The review found that, in terms of newly qualified staff attrition, there was a strong theme showing that formal support mechanisms, providing a framework to gradually scaffold staff's confidence and competence, improved the retention of newly qualified staff. Structured support/preceptorship programmes were recognised as a valuable method of supporting the transition of new staff (Al-Dossary, Kitsantas, & Maddox, 2014; Fiedler, Read, Lane, Hicks, & Jegier, 2014; Kumaran & Carney, 2014; Whitehead et al., 2013) and also were of benefit to the institution providing them (Fiedler et al., 2014).

Nevertheless, although the evidence demonstrates the positive impact preceptorship programmes have on newly qualified staff attrition, there is little literature available on the measurable impacts of these programmes. Given that no one preceptorship framework was being delivered across the region and programmes were generally understood to be variable in both content and length of time; more information was required to build a clearer picture of the current situation across the North West. In response to this, and building on the scoping review, HEE (NW) commissioned the University of Chester to investigate the current situation across the region.

The project set out to explore the following;

- To review and analyse current preceptorship programmes within NHS Trusts in the North West Region and ascertain the impact of these programmes upon retention of newly qualified nurses and midwives;
- To identify and design a preceptorship framework based upon best practice. Working with key stakeholders to develop a core preceptorship programme, to be made available on line via the Health Education England website.

## Project method and approach

This project used a mixed methods design, employing qualitative and quantitative approaches to evaluate current preceptorship practice in North West NHS Trusts and deliver an evidence based online preceptorship toolkit.

- An online questionnaire sought to gather data on current preceptorship programmes in North West NHS Trusts.
- Preceptorship documentation, programmes, and frameworks were analysed using content analysis.

- A small number of interviews were undertaken with new registrants who were currently involved in a preceptorship programme.
- Conference events were held to share best practice, encourage networking, foster critical debate and further inform the delivery of the project goals. For more details see:
  - [Preceptorship: Learning Together Conference November 2015](#)
  - [Improving Pre and Post-Registration Retention Event February 2016](#)

## Outcomes / Findings

The findings from the online survey, analysis of preceptorship documents and interviews with preceptees highlighted the following themes:

- No ONE preceptorship framework would meet the needs of all Trusts
- Monitoring attrition rates were not uniformly recorded across Trusts leading to a lack of clarity with respect to the wider attrition picture across the region.
- Evaluation of preceptorship programmes was generally limited.
- Preceptor training: considerable variation in preparation for role.
- Transition experience from student to practitioner varied and resulted in a different journey for each registrant.

A further key insight arose from the qualitative interviews, when participants were asked “Where do you see yourself in 5 years’ time?” Although some of the interviewees expected to move from their current Trust for a variety of reasons including:

- Working closer to home
- Moving Trusts to gain different experience – smaller Trust/ larger Trust
- Specialising

**None of the participants expressed a desire to leave their chosen professional discipline and preceptorship had been a significant factor in fostering this outcome.**

## Co-production

A central tenet of the research innovation and design development was the co-design with preceptorship leads, preceptors, preceptees, educational managers, a newly qualified staff nurse and other key stakeholders. This inclusive approach ensured that user needs were met, cultural change was embedded and sustainability fostered. Membership of the steering group was made up of representatives across the North West region, including:

- Central Manchester Hospitals NHSFT,
- Salford Royal NHSFT,
- Wirral University Teaching Hospitals NHSFT,
- The Christie NHSFT and
- Health Education England.

The three conference events delivered; 'Preceptorship: The Way Forward', 'Improving Pre and Post-Registration Retention' and 'Preceptorship: The Next Steps' provided opportunities for networking and input into the development of the Toolkit.

## Implementation

Based on the evidence gathered including, consultation and feedback from across the region, we established a list of the key building blocks needed for a Preceptorship programme (see side bar).

In order to reach as many practitioners as possible, the University and the steering committee took the decision to develop the Toolkit as an online platform, openly accessible through HEE (North West). The Toolkit, launched in June 2016, was designed in collaboration with the steering group, and hosted on the HEE web space (see link below):

[Preceptorship Toolkit](#)

We are currently seeking user evaluation with a view to enhancing the Toolkit based on practitioner feedback. Imperative to the ongoing success of this innovation is the development of a preceptorship network amongst practitioners to further develop the tool and keep it updated in line with best practice advancements. The next stage of the implementation is to establish and formalise a Preceptorship network during November 2016.

## Next Steps

The following steps have been identified for future work:

- Establish a preceptorship network – preceptorship champions and technology experts
- Design a work plan for next 12 months
- Implement the recommendations of the toolkit evaluation.
- Explore opportunities for technology and media enhanced inclusion into the Toolkit
- Establish the sustainability of the toolkit

## KEY SECTIONS OF PRECEPTORSHIP TOOLKIT

### MULTIPROFESSIONAL POLICY

- Trust Policies
- KPIs
- Standards
- Roles and responsibilities
- Guidance on policy content

### INDUCTION / ORIENTATION

- Day by day example of what happens during induction
- Protected time and supernumerary
- Examples of meetings / interview format

### CASE STUDIES

- Case studies of preceptors, preceptees and other staff

### PORTFOLIO

- Portfolio evidence
- Self-assessment tools
- Skills log
- Reflective practice
- Month by month planner

### LDA REPORTING TO HEE

- Metrics for reporting

### MONITORING AND EVALUATION

- Tools for monitoring and evaluation

### DISCUSSION BOARD

- Sharing ideas / problems etc.

### RESOURCES

- Resources for Preceptees
- Resources for Preceptors

## References

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