

## **5** EDUCATION AND TRAINING

# 'Investment in the preceptor role is fundamental in supporting early careers nurses'

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A positive preceptorship experience is key to supporting newly registered health professionals adapt to their new role, feel welcomed and confident, and able to grow in their ability to underpin their practice with knowledge (NHS England, 2022). Fangonil-Gagalang (2024) suggests a lack of "readiness for the role"



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# as a reason why many newly registered nurses leave soon after taking up their first post.

To help address this, NHS England published the national preceptorship framework for nursing in October 2022, and simultaneously the Interim Quality Mark (IQM) was established to recognise organisations able to demonstrate meeting the new standard. The following year, similar standards for midwifery and allied health professionals were designed.

"There is a clear passion, commitment, dedication, and continual thirst for improvement to drive forward support for their colleagues in the early stages of their career"

In the East of England region, 24 organisations across primary and secondary care and within a social enterprise have achieved their IQM; the preceptorship leads and their teams must be congratulated on this.

To gain the IQM, teams were required to establish a policy, agreed through governance processes, to ensure that newly registered nurses, nurse associates, international and

general practice nurses, and nurses returning to practice after a career break will have a structured preceptorship programme over 12 months. This must be carefully evaluated on both a sessional and final completion basis to ensure the needs of both preceptees and their patients are being met.

Preceptor and preceptee must have protected time for meetings and study, and the preceptor must also undertake a structured development programme and be part of a supportive preceptor network to aid their learning and development.

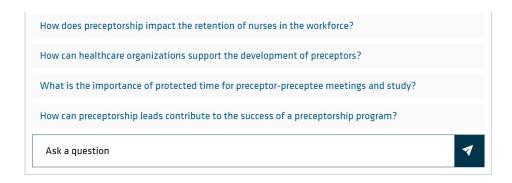
Investment in the preceptor role both in terms of initial training and ongoing support is perceived to be fundamental in supporting early careers nurses (Livingstone, 2024), providing them with the confidence, competence, skills and guidance that they need to embed within their role (Mitchell, 2024). Having a preceptorship lead to oversee the programme, and a nominated executive nurse to act as the senior responsible officer for strategic oversight, are further components of the IQM.

Support for the ongoing investment for preceptorship was endorsed by Dame Ruth May at the National Preceptorship Conference in March 2024 (Mitchell, 2024) as good quality preceptorship is noted to be key to the transition of the learner to employee and crucial to their retention in the workforce (Cox, 2022).

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What is the role of a preceptor in supporting early career nurses?



For us, this has been a collaborative journey in which multiprofessional preceptorship leads from a wide variety of healthcare settings in the East of England have engaged in sharing and showcasing their good practice and innovation through monthly community of practice meetings.

The East of England NHS England Workforce, Training and Education team supporting preceptorship continues to listen in awe to the voices of these leads, who advocate on behalf of their preceptors and preceptees. There is a passion, commitment, dedication and thirst for improvement to drive forward support for their colleagues in the early stages of their career and beyond the preceptorship period.

Many have embraced the non-mandatory requirements of the national preceptorship IQM by formally arranging to have 'preceptorship champions', who are provided with additional training, a support network, and a badge to highlight their additional knowledge to support preceptees and preceptors in practice. Others have designed handbooks for globally educated nurses to support them in their orientation to the UK.

There are MS Teams channels and Padlets of information to ensure resources are available for preceptors and to support the online training packages. Face-to-face training has been embedded into many areas of practice. For example, clinical psychologists undertake dedicated educational provision support for preceptees, and lived experience education ambassadors provide a patient/client viewpoint. Additionally, technological modules for preceptees have been designed and, in primary care, preceptorship runs seamlessly alongside the GPN Fellowship programme.

Updating the preceptorship policy within the designated IQM timeframe presented a challenge at times. Some organisations had to create a new programme, while others needed to adapt an existing one to meet the IQM criteria. These difficulties were embraced with enthusiasm and dedication. Observing the work of preceptorship leads over these two and a half years has been humbling.

Colleagues are now working to co-design 'pre-preceptorship' and 'beyond preceptorship' offers, to further strengthen preceptorship in our region. Opportunities for many in their early careers to have access to a professional nurse advocate/professional midwifery advocate and the development of the allied health professional advocate is also being embraced, both within preceptorship and beyond.

While acknowledging the complexity of factors contributing to problems with staff satisfaction and retention, ongoing evaluations and future initiatives will focus the lens onto the support

early career professionals require.

We are aware that the IQM was a national programme of work and that preceptorship remains a focus for all regions. We encourage evaluation inclusive of the impact on individual preceptees, preceptors and preceptorship leads as well as, as far as possible, perspectives of service users and on wider factors in organisations, such as staff retention and recruitment.

Debbie Cubitt, Florence Nightingale Leadership Scholar, and Steve Smith are both senior clinical managers, NHS England, East of England Workforce, Training and Education Directorate.

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