FLORENCE NIGHTINGALE FOUNDATION

Preceptorship

Pulse Check 2024-2025

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About this paper

This paper presents findings from the Florence Nightingale Foundation's (FNF) third national survey exploring the provision and quality of preceptorship programmes for nurses and midwives. Offering a snapshot of practice from 2024/ 2025, the survey builds on earlier findings from our 2021/2022 and 2023/2024 surveys[a] to examine how preceptorship programmes are being delivered and experienced across health and care settings from the viewpoints of four different groups: (i) students, (ii) newly registered[b], (iii) preceptors, and (iv) preceptorship leads and champions.

While focused primarily on this year's findings, this paper also draws on comparisons over time to highlight how both newly registered nurses and midwives, and the preceptors who support them, are being equipped, valued, and sustained through this critical phase of transition into practice.

Audience

This report is intended to inform the development of several high-profile and strategic workforce policies, most notably the National Preceptorship Quality Mark standards and the workforce commitments set out in the UK Government's forthcoming 10-Year Health Plan for England. Preceptorship leads, champions, and strategic nursing and midwifery workforce leaders at national, regional and local levels can also use these insights to refine and enhance their preceptorship offer.

Scope

This report examines preceptorship implementation within nursing and midwifery contexts only. While our analysis provides empirical insights that may inform policy development, we do not address broader debates such as around automatic progression on completion of a preceptorship programme or interprofessional preceptorship models. We acknowledge these boundaries to position our work appropriately within the wider preceptorship discourse. Methodological considerations and limitations are addressed separately in the Methods section.

Further reading

Throughout the research and engagement for this report, we encountered numerous examples of preceptors and preceptorship leads delivering outstanding programmes. Although we were unable to include these case studies within the report itself, we believe they offer significant learning value. To ensure this good practice is shared, we are in the process of developing a dedicated repository of effective preceptorship approaches.

If you would like to view the case studies or have any examples you would like to contribute yourself, please visit https://florence-nightingale-foundation.org.uk/preceptorship-examples/.

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[a] The 2021/22 and 2024/24 surveys were conducted in partnership with the Nursing Times and UNISON.

[b] We have defined "newly registered" as those who joined or re-joined the NMC register at any point over the past 5 years (2020-2025), including internationally educated colleagues.

Introduction

The retention of nurses and midwives within the UK's health and care system presents a significant policy challenge, with the newly registered particularly likely to leave the professions during their vulnerable transition period from education to practice.[1] Evidence shows that preceptorship, defined as a "structured start" for newly registered practitioners, is a critical transition support mechanism that helps combat attrition by helping to build confidence, embed skills, and lay strong foundations for lifelong professional development.[2] This year's Preceptorship Pulse Check survey reinforces its strategic importance not just as a support mechanism, but as a key lever for recruitment, professional development, and long-term workforce sustainability.

Over three national annual surveys, we have tracked a steady recovery and growing maturity of preceptorship practice following the disruption of the COVID-19 pandemic. Encouragingly, 91% of early career respondents in this year's survey reported being offered a preceptorship programme - up from just 61% in 21/22. Moreover, nearly three-quarters of students stated that the presence of a structured preceptorship offer would influence their job choice, affirming its growing status as a marker of employer quality and commitment.

Despite this progress, challenges remain. Variation in quality persists, particularly in relation to the consistency of delivery, protected time for preceptors and preceptees, and organisational commitment. Internationally educated nurses and midwives remain significantly less likely to be offered a programme. Moreover, while preceptors are generally seen as highly motivated and skilled, they report feeling underprepared and under-supported, often balancing their preceptorship responsibilities with heavy clinical demands.

This year's survey broadens our lens to include the voices of preceptors and preceptorship leads, highlighting a shared call for greater structural support, clear role expectations, and investment in training and digital infrastructure. The need for national standardisation is clear: while preceptorship is increasingly valued, it is not yet equitably or consistently delivered. Respondents called for a national core curriculum that still allows for local flexibility, the protection of time for both preceptors and preceptees, and clearer professional recognition of the preceptor and preceptor lead roles.

This report, therefore, arrives at a pivotal moment. As NHS England pilots the National Preceptorship Quality Mark,[3] we have a unique opportunity to embed high-quality, consistent support across organisations. To do so, we must act on the evidence: preceptorship should not be an optional extra, but a foundational element of early career development. It must be resourced, standardised, and embedded into the culture of practice.

We offer the following as calls to action:

For national policy makers:
Recognise preceptorship as a core retention strategy in the forthcoming 10-Year Health Plan and invest in its infrastructure through ring-fenced funding.

For preceptorship leaders:
Prioritise the consistent delivery of high-quality programmes through protected time, digital tracking, and visible leadership.

For educational and workforce leads:
Embed preceptorship awareness early in training pathways, and support structured career development and training for those who deliver it.

Now is the time to consolidate the gains made and address the gaps that remain. By doing so, we can create a preceptorship offer that supports not only newly registered nurses and midwives - but the resilience and sustainability of the health and care workforce.

Methodology

This report employs a mixed-methods approach combining quantitative and qualitative research to provide a snapshot of preceptorship experiences across the UK health and care system.

Survey Data

Our primary data source is FNF's third national Preceptorship Pulse Check Survey (2024/25), which gathered 870 unique responses across four key groups:

1. **Students (n=86)**
2. **Early career registrants (n=422)**
3. **Preceptors (n=155)**
4. **Preceptorship leads and champions (n=264)**

It should be noted that respondent categories were not mutually exclusive, with some individuals identifying across multiple roles.

The student cohort comprised student nurses (40%), student midwives (43%), and student nursing associates (17%).

Professionally registered nurses constituted the largest group (81%), followed by registered midwives (7%), registered Allied Health Professionals (5%), registered Nursing Associates (3%), and dual registered professionals (2%).

Most respondents overall (76%) were UK-educated, with 24% educated internationally. Our sample is therefore closely representative of the composition of the NMC register in this regard.

Early career representation was predominantly recent, with 75% of this cohort having joined the register within the past two years (50% in 2024 and 25% in 2023).

Geographically, responses overwhelmingly reflected experiences from England (98%), with respondents working across NHS Acute Hospitals (58%), NHS Mental Health services (18%), and NHS Community services (12%).

Qualitative Components

To deepen our understanding of survey findings, we conducted:

- 9 in-depth, semi-structured interviews with preceptorship leads and subject matter experts, working across the NHS and social care.
- A roundtable discussion with 22 regional and national preceptorship leads working across the NHS and social care.
- A workshop with 11 nursing and midwifery leaders from the FNF alumni network.
- A workshop with 78 students split across all years to explore their perspectives in detail, featuring:
    - Adult nursing students (45)
    - Midwifery students (17)
    - Mental health nursing students (11)
    - Learning disability nursing students (2)
    - Children's nursing students (2)
    - Nursing associate students (1)

Limitations

Several limitations should be considered when interpreting our findings:

1. **Geographical scope**: The report centres primarily on England, with only limited comparative insights from the devolved nations.

2. **Professional balance**: While we aimed for comprehensive representation, the response profile for registrants skews toward nursing experiences, resulting in more limited insights into midwifery perspectives and the important distinctions between these professional contexts.

3. **Settings:** Despite efforts to engage a diverse range of practice environments, most respondents were from NHS secondary care settings, with limited representation from social care (1%) and primary care (3%). This significantly constrains our ability to explore the specific preceptorship needs and challenges in these contexts - particularly in social care, where senior leaders have highlighted that current national frameworks are often difficult to operationalise.

Further methodological details can be found in Appendix 1.

Results

1. The student view

Knowledge and expectations

We wanted to understand student exposure to preceptorship as a concept and gauge their knowledge levels, expectations, and the importance they place on structured support as they prepare to transition into professional practice.

While over half of respondents (58%, n=86) reported having a moderate level of knowledge about preceptorship, **a notable third (34%) stated they knew "very little" or "nothing at all."** Only 8% felt they knew "a great deal," highlighting a significant knowledge gap among a substantial proportion of respondents. Workshop discussions revealed a progressive awareness pattern, with preceptorship knowledge increasing by academic progression. Final-year students (Years 3 or 4) demonstrated greater familiarity with preceptorship concepts and programmes compared to their peers in earlier stages of their studies.

Across both the survey and workshop, students signalled a strong expectation of formal preceptorship. A clear majority (**86%**) **of survey respondents said they expect a structured programme** upon entering the workforce, and **66%** reported that the presence of such a programme would **influence their decision to accept a job offer.** This is an upward trend from what we found in our previous surveys (see Figure 1) and reflects growing awareness of preceptorship as a marker of employer commitment to early-career development.

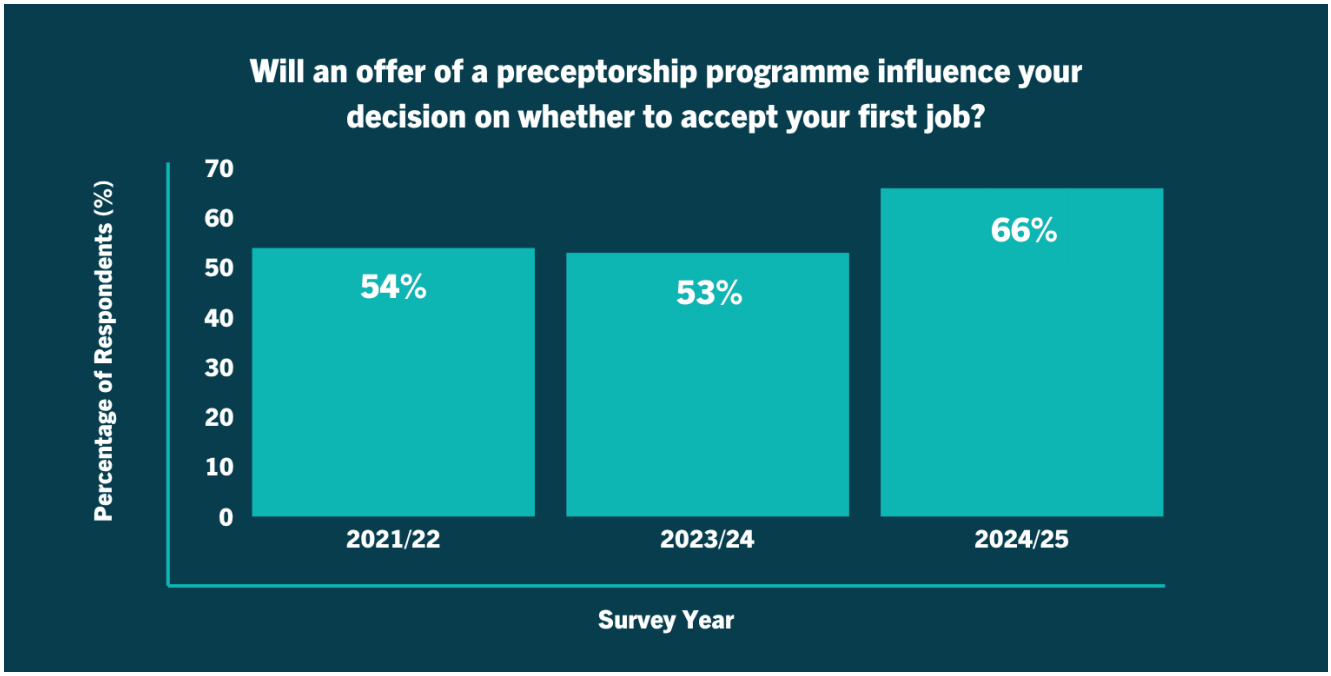

Figure 1: Influence of preceptorship programme availability on job acceptance offer over the 3 surveys (Respondents who answered "yes")

Most valuable components of a preceptorship programme

Across both the survey and workshop, students presented a clear and consistent picture of what they most value in a preceptorship programme: a structured, supportive foundation that enables confidence, clinical capability, and professional identity to grow.

A clear **6-12 month timeline** was the most frequently selected element in the survey, valued by 59% of respondents. Students stressed that this timeline should be linked to meaningful development checkpoints, such as clinical competencies or personal growth goals, rather than arbitrary end dates.

Close behind was the importance of **guaranteed supernumerary time**, selected by 58%, which students described as vital breathing space that enables observation, learning, and gradual assumption of responsibility without being counted in workforce numbers. **Protected study time**, valued by 53%, was similarly framed as essential to consolidate knowledge and maintain reflective learning habits post-qualification.

Students also highly valued the presence of a **named preceptor** with relevant expertise, with 44% selecting this as a top priority. In the workshop, this point was further developed: students emphasised that a named preceptor should not only be knowledgeable but available, supportive, and embedded in a structure of **regular one-to-one contact.** They stressed the need for **competency-based progression**, rejecting models based solely on time served, and advocated for **speciality-specific training**, including case-based learning and field-relevant skills workshops.

While some structural elements such as induction and team orientation were selected less frequently in the survey (e.g. 13% prioritised introduction to workplace culture and time with managers; 10% selected networking opportunities), participants in our workshop gave these themes greater weight. Students described a need for **tailored onboarding,** including ethical decision-making discussions, professional communication training, and team-building activities to support full integration. Many highlighted that “one-size-fits-all” approaches are ineffective, especially for neurodiverse colleagues, and called for reasonable adjustments to promote inclusion from day one.

Although career development opportunities ranked lower in the survey, with only 10% prioritising networking and 6% valuing patient feedback as a learning tool, the workshop revealed that long-term development still matters to students. Once foundational confidence is secured, they want access to **leadership development**, **career mentoring,** and **portfolio-building support**, along with routine mental health check-ins to sustain engagement and direction over time.

Support needs

Beyond programme design, students were clear and consistent about the kinds of support they most need from their preceptor. The survey revealed that **78%** of students identified **regular, constructive feedback** as a top support need - the highest-rated aspect overall. **Guidance on clinical decision-making** was chosen by **76%**, underscoring the importance of having a trusted, experienced voice to turn to during moments of clinical uncertainty.

Support in building confidence and autonomy was selected by **71%**, as students look for encouragement to gradually take initiative and assume responsibility in a safe and supported environment. **Emotional support and encouragement** were also valued by **43%**, with **38%** selecting **stress management support** and **theory-to-practice guidance**. These results were echoed and expanded in the workshop, where students described the importance of having preceptors who offer not just instruction, but reassurance. They spoke about the emotional toll of early clinical practice and the value of reflective space, accessible counselling, and peer support networks. They consistently emphasised the importance of **psychological safety**, where it feels acceptable to ask questions, share concerns, and admit uncertainty without fear of judgement.

2. Early career experiences and perspectives

Access

91% (n=285) of surveyed early career professionals reported being offered a preceptorship programme upon qualification or registration with the NMC - an encouraging increase from 68% in our 23/24 survey and 61% in our 21/22 survey.

The 24/25 data show a clear upward trend in the proportion of early career individuals offered a preceptorship programme, with significant year-on-year improvements in access and provision based on year of registration (see Figure 2).

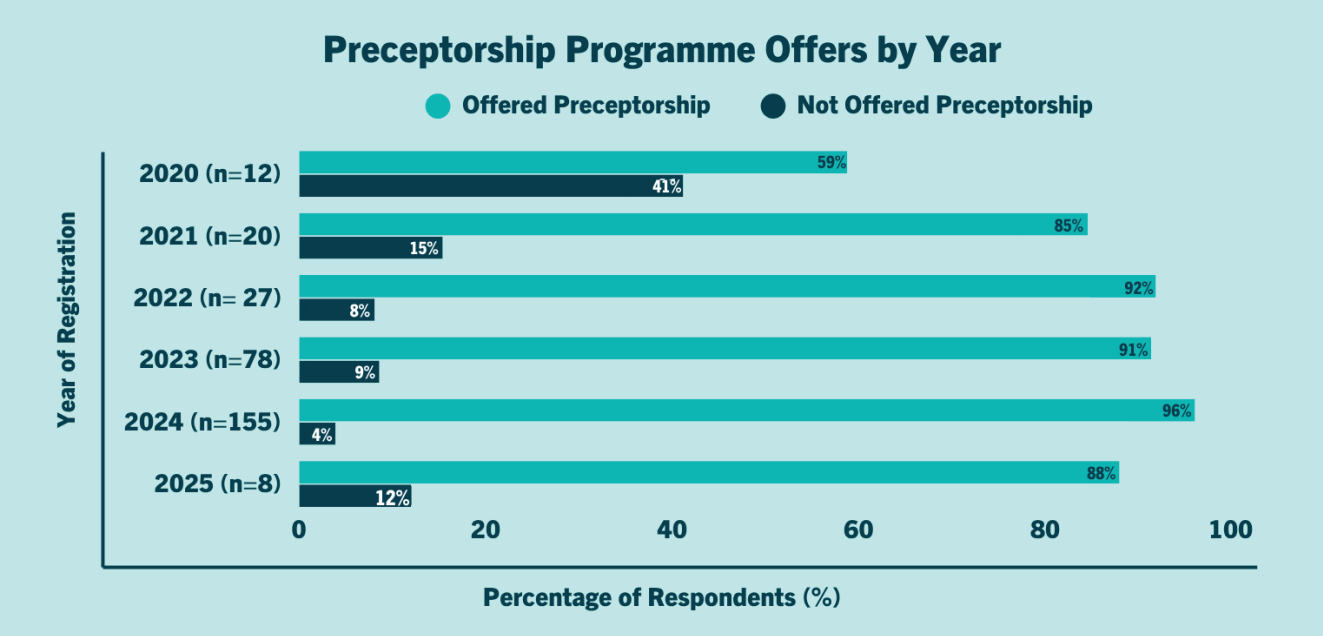

Figure 2: Preceptorship programme offers by year of registration

However, a clear disparity exists as 94% (n=179) of UK-educated early career registrants received preceptorship offers compared to only 81% (n=106) of internationally educated early career registrants. This 13-percentage point gap indicates internationally educated colleagues were more than three times as likely to be denied preceptorship opportunities despite potentially facing additional challenges in their transition to practice.

The data indicates that 9% of early career respondents were not offered a preceptorship programme, with varying reasons provided. The most common explanation was a lack of general provision, followed by a shortage of available preceptors. Notably, as indicated above, some reported that preceptorship was specifically not offered to internationally educated professionals new to the register, highlighting a potential systemic barrier.

Experience and quality

Early career respondents largely report **positive experiences** of their preceptorship programmes, highlighting its value in supporting transition and building confidence.

A clear majority (59%) who received a preceptorship programme rated the quality of their preceptorship programme as "good" or "excellent," while 25% considered it "average" and 16% rated it "poor" or "very poor," highlighting notable variation in the overall standard (Figure 3). Those who qualified in 2020 and 2021 expressed the highest dissatisfaction with their programmes, with 30% of those who qualified in 2020 rating their preceptorship as "poor" or "very poor."

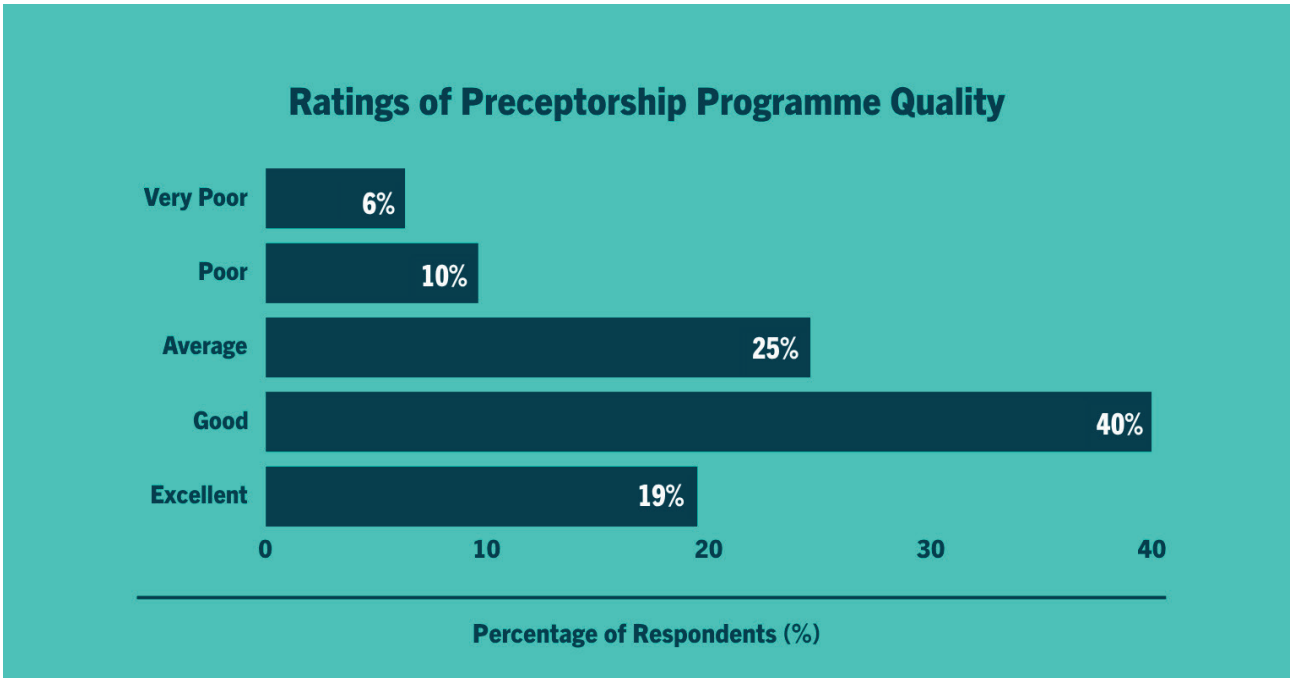

Figure 3: Rating of preceptorship programme quality (n=285)

What makes a high or low quality preceptorship programme?

An analysis of free-text comments revealed clear contrasts between high-quality and average or inadequate preceptorship experiences (see Table 1). Respondents who rated their programmes positively commonly described well-structured support, regular check-ins with a dedicated and engaged preceptor, and access to protected time for learning and reflection. These programmes often included a supernumerary period to ease the transition into practice, manageable workloads, clear expectations, and opportunities for peer connection and professional development. Consistency across teams and departments was also a key feature of effective programmes. Respondents reflected:

"I received a high level of support and understanding from my preceptor, managers, and wider team which has helped me stay in the role during periods of self-doubt and low confidence."
Early career nurse working in NHS mental health services

"The induction programme was thorough and included valuable educational material. The study days are factored in around shifts. Preceptor Nurse Lead regularly visits me whilst I am on shift to ensure I am getting on okay and checks progress with preceptorship package/workload. Clinical study days arranged at suitable times to ensure compliance with regular skills to my work area."
Early career nurse working in an NHS acute hospital

"The programme included well-organised learning sessions, workshops, and hands-on experience that facilitated skills development and knowledge acquisition…The programme effectively bridged the gap between theoretical knowledge and practical application, reinforcing learning in real-word scenario. The availability of supportive administrative personnel who facilitated logistics and addressed concerns contributed to a smooth and enjoyable experience."
Early career nurse working in NHS mental health services

"Support from the Named Preceptor Midwives was fantastic! Many midwives within the areas of rotation were very protective about supernumerary time and allowing you to find your feet and gain confidence."
Early career midwife working in an NHS acute hospital

In contrast, those who described their experience as average or inadequate highlighted a lack of structure and poor communication, with many reporting irregular or absent preceptor support, no supernumerary period, and limited access to training. High workload pressures frequently prevented meaningful learning, and variability in programme delivery led to inequitable experiences across settings. These insights underscore the critical importance of consistency, structure, and relational support in delivering a high-quality preceptorship experience. In their own words, respondents reflected:

"The sessions are often rushed and feel quite slap-dash. One session was meant to last 1 hour and it lasted 10 minutes. It feels that sometimes the session times are not used to full potential."
Early career nurse working in an NHS acute hospital

"It felt like a tick-box exercise for the Trust, not something that would benefit me or make me feel supported. It was great to be allocated a preceptor and she was brilliant at encouraging me, but we didn't get much time together due to the workload (meetings regularly cancelled) and we had a huge volume of paperwork to complete… The paperwork was very complex and felt fairly meaningless as we were just going through creatively making things fit so we could tick it off."
Early career nurse working in NHS community services

Theme	High-Quality Experiences	Average/Inadequate Experiences
Structured support	Well-organised programme with clear guidance	Felt disorganised or lacked clear structure
Meetings with preceptor	Regular one-to-one or group check-ins providing consistent support	Irregular or infrequent meetings; lack of continuity
Preceptor engagement	Supportive, available, and knowledgeable preceptor	Preceptor unavailable, disengaged, or not assigned
Supernumerary period	Dedicated time to adjust without staffing responsibilities	Limited or no supernumerary time; expected to work independently too early
Protected learning time	Scheduled time away from clinical duties for learning	No protected time; workload prevented participation
Workload and time for development	Managed workload that allowed time for growth	High workload and lack of time due to staffing pressures
Programme consistency	Consistently delivered across settings	Variable quality depending on department or location
Peer support	Opportunities to connect and share experiences with fellow preceptees	Lack of peer interaction or support network
Training and development	Access to structured learning and professional development opportunities	Minimal or poorly organised training options
Communication and expectations	Clear programme goals, roles, and expectations	Poor communication and uncertainty about programme structure

Table 1: Analysis of themes about what makes a high or low quality preceptorship programme

Impact of quality on retention

Preceptorship quality significantly influenced retention decisions among surveyed professionals, with 74% reporting it had a considerable or moderate to slight impact on their intention to stay with or leave their organisation (see Figure 3). Those rating their preceptorship programme as “Excellent” or “Good” were markedly more likely to report a considerable positive impact on retention, while “Very Poor” experiences also had a considerable impact - likely driving intentions to leave.

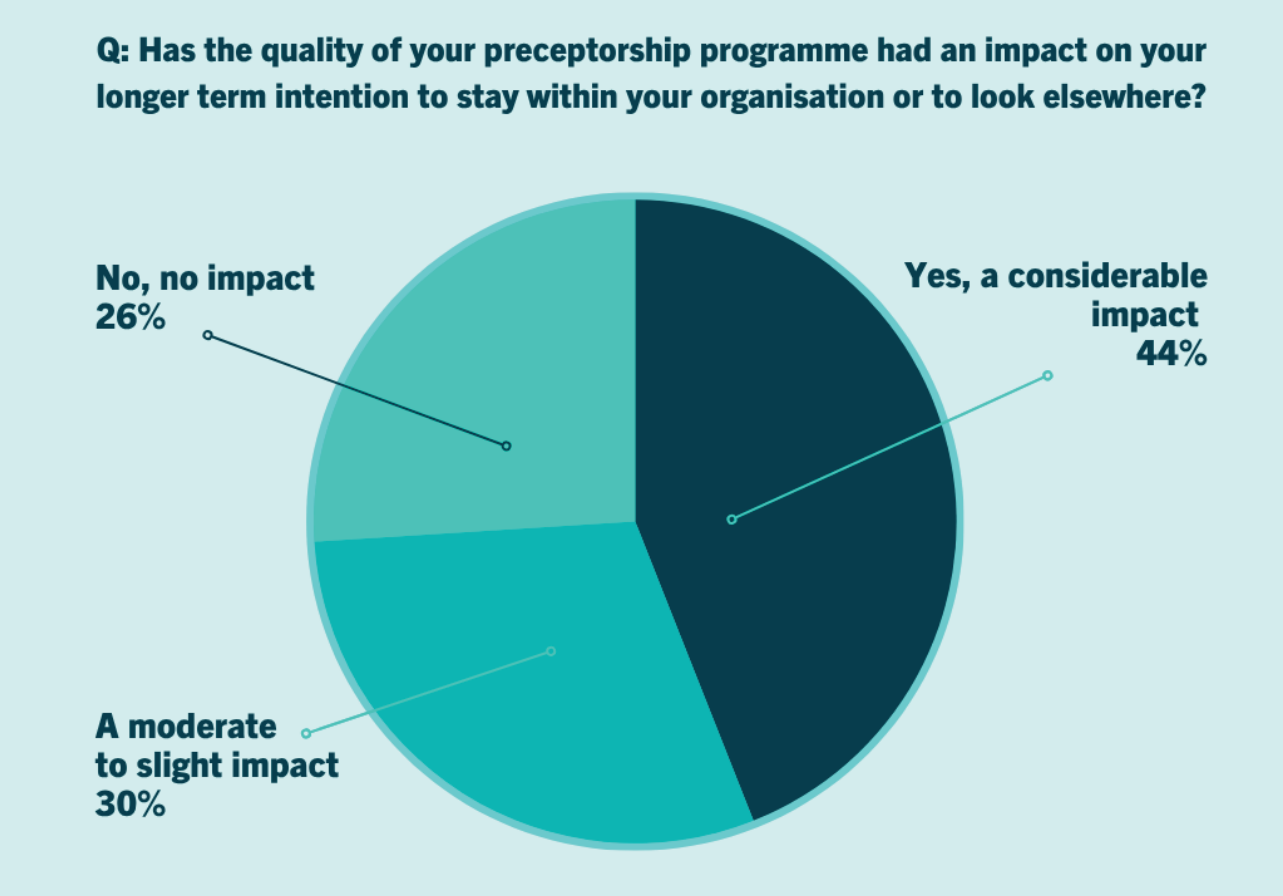

Figure 4: Impact of preceptorship programme quality on intention to stay (n=285)

Interactions with preceptors

Early career survey respondents who were offered a preceptorship programme reveal a **generally positive view of preceptor capability and support,** with particularly high ratings for interpersonal aspects of the role. A strong majority of respondents agreed or strongly agreed that their preceptor was approachable when support was needed (77%) and demonstrated the essential skills for effective preceptorship (71%). Similarly, 74% felt they could access additional support - such as from a manager, preceptorship lead, or development team - when needed.

However, views were more mixed when it came to how well preceptors tailored their support to individual learning needs, with 63% agreeing or strongly agreeing, and a notable proportion remaining neutral or disagreeing. The most concerning area was the perception of protected time, with less than half (47%) agreeing that their preceptor had adequate time to fulfil their role, and 33% disagreeing. This suggests that while preceptors are broadly seen as skilled and supportive, structural barriers - particularly around time allocation - may be limiting the consistency and depth of the support they can provide.

3. Views from preceptors

Preceptor experience and motivation

In our survey, 19% (n=167) of respondents overall identified as preceptors. While many described a generally positive experience, their reflections point to a role that remains vitally important but undervalued, inconsistently supported, and poorly defined in many settings.

Despite these structural issues, preceptors expressed strong intrinsic motivation and pride in their role. Over 63% described their experience as somewhat or very positive, and many highlighted the personal and professional rewards it brings. A large majority appreciated the opportunity to support the development of others (85%), share their own expertise (81%), and witness the growth of their preceptees (74%). For many, being a preceptor also supported their own development:

- 68% reported building new skills
- 64% said it enhanced their leadership
- 62% valued the supportive relationships they formed

These findings affirm that, when well-supported, preceptorship benefits both preceptor and preceptee.

Preceptor preparedness and training

However, this positive outlook was tempered by significant concerns about preparation and readiness. Only 3% felt extremely prepared to take on the role, **while 30% felt slightly or not at all prepared.** A further 42% reported only feeling moderately prepared (see Figure 5).

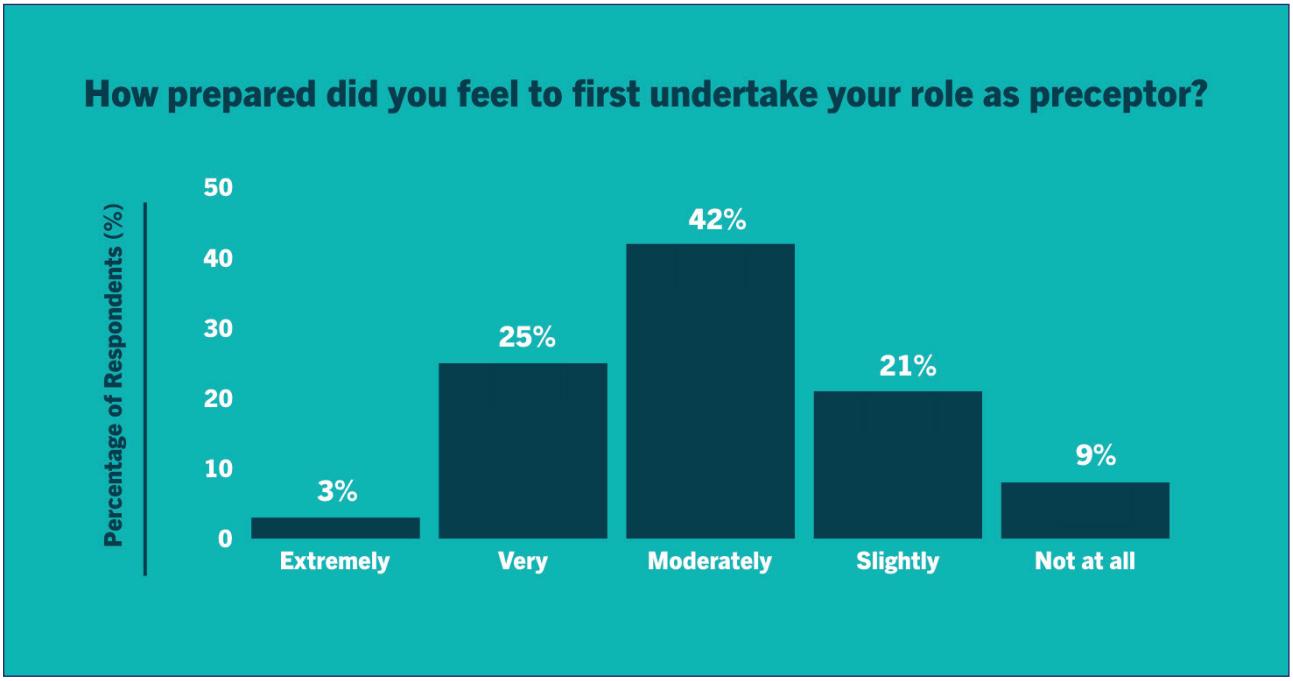

Figure 5: Preparedness for preceptor role (n=157)

Training provision was also found to be patchy and highly variable across settings, according to those who answered this question. While 52% (n=164) had received face-to-face training, often these sessions lasted just a few hours. Only 19% had completed the national multi-professional e-compendium, and 17% had received no training at all. Alarmingly, 12% were unsure whether any training or criteria were even required.

"There is a fundamental misunderstanding of the preceptor role, which has led to significant problems within our trust: staff think they are acting in the role of preceptor but have not engaged with any formal training, nor do they understand what is involved – they feel simply being named as a preceptor as an ad-hoc point of contact for new starters is the entirety of the role."
Preceptor and preceptor lead, registered nurse working in an NHS acute hospital

One-to-one discussions further revealed a low uptake of yearly training updates, with some preceptors unaware of what was available to them. While some organisations offer protected time in line with the National Preceptorship Framework for Nursing in England (8-12 hours per year), this is not consistently implemented or monitored.

Preceptors clearly articulated what would have helped them feel more prepared. Top responses included:

- Clearer role expectations (51%)
- Support from experienced preceptors (40%)
- Preceptor-specific training (39%)
- Training in giving feedback (37%)
- Resources for different learning styles (35%)
- Time management strategies (30%)

Only 19% felt no further preparation was needed.

Systemic challenges

Preceptors face significant practical and systemic barriers to delivering effective support (see figure 6). The most common challenge - reported by nearly half (49%) - was balancing clinical responsibilities with preceptorship duties.
Other difficulties included:

- Time management (30%)
- Supporting struggling preceptees (30%)
- Managing diverse learning styles (27%)
- Meeting documentation requirements (24%)
- Providing effective feedback (20%)

Preceptors also noted frustrations with lack of IT integration (13%), leading to inefficient and outdated paper-based processes. Some respondents even questioned the added value of formal preceptorship programmes, especially when they duplicated existing supervision or appraisal systems:

"We have very good standards and regular supervisions along with yearly conversations, and the preceptorship requirements don't really add anything additional to what's discussed within these meetings."
Preceptor, registered nurse working in NHS community services

Such views echoed concerns raised by early-career registrants, revealing a shared risk: when preceptorship lacks clarity, structure, and visible institutional commitment, both preceptors and preceptees may disengage.

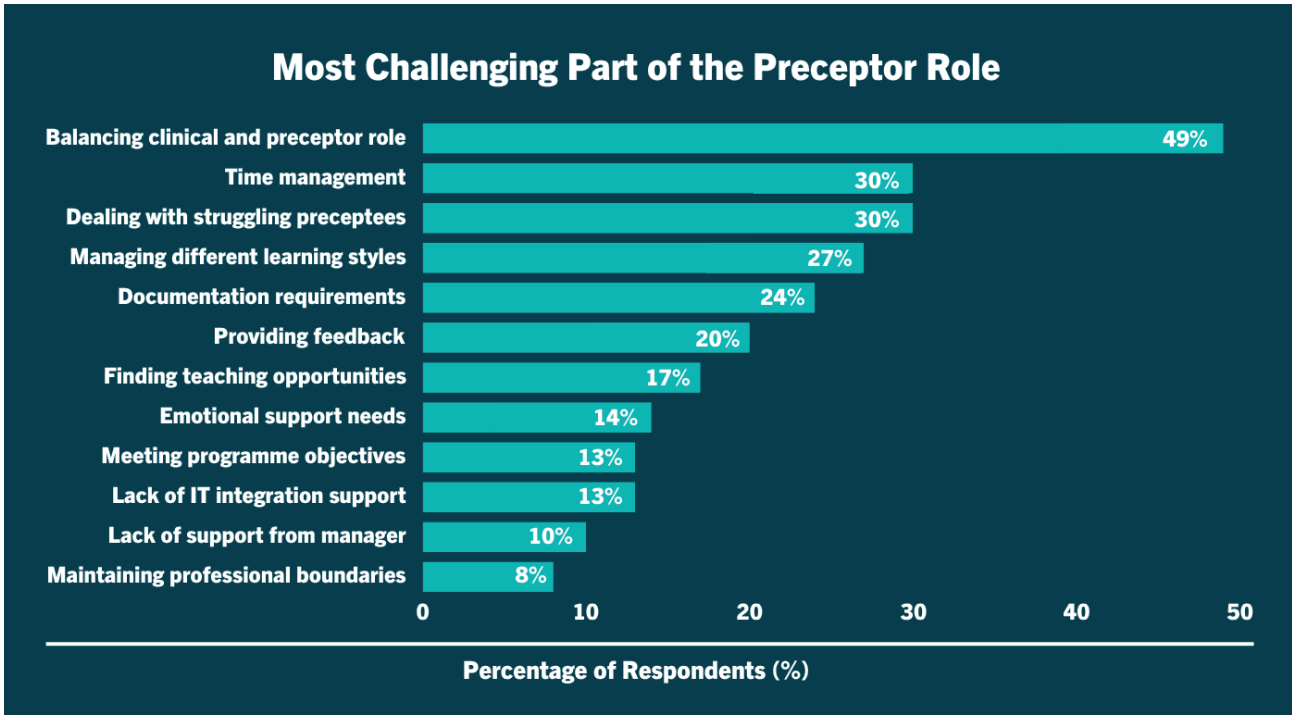

Figure 6: Preceptor challenges (n=137)

Despite the challenges, preceptors remain committed to the role and recognise its value. What they need now is consistent, visible support. Survey respondents identified several key enablers that would increase the likelihood of more staff stepping into and staying in the preceptor role:

1. Protected time (89%)
2. Career progression opportunities (79%)
3. Professional recognition (75%)

4. Views from preceptorship leads and champions

A total of 175 respondents identified themselves as preceptorship leads, champions, or both - reflecting a cohort with significant insight into the design, delivery, and impact of preceptorship programmes. Their combined perspectives offer a valuable view into current practices, challenges, and priorities at the frontline of implementation.

Capacity and commitment

When asked whether there were enough staff willing to be preceptors in their organisation, only 46% said yes, while 40% said no and 13% were unsure. These figures point to significant variability in organisational readiness, compounded by concerns around tracking and accountability.

"It's difficult to maintain accurate records of preceptors - particularly when individuals move between roles or organisations."
Preceptor lead, registered nurse working in an NHS acute setting

Even the status of preceptorship itself is uncertain across many providers: while 58% said it was mandated in their trust, 26% described it as voluntary, and 16% didn't know. Similarly, only 31%

confirmed that the Chief Nurse was the executive sponsor for the programme, with the majority unsure - suggesting a lack of senior visibility and accountability. Roundtable discussions reinforced this ambiguity.

Key factors impacting quality of preceptorship programmes

Despite widespread recognition of their value for both retention and quality of care, preceptorship programmes face significant implementation barriers that undermine their effectiveness and reach across health and care settings (see Figure 7). Workplace pressures emerged as the overwhelmingly dominant barrier, with nearly 80% (n=175) of respondents identifying this as a key obstacle. This reflects the reality that preceptorship must compete with immediate clinical demands in increasingly stretched health and care environments.

The absence of protected time for preceptors represents the second most significant hurdle, cited by 61% of respondents. This suggests that even when willing preceptors are available, they struggle to carve out dedicated time for meaningful engagement with preceptees amidst their clinical responsibilities. Organisational leadership's lack of prioritisation of preceptorship programming was identified by 40% of respondents, highlighting that without strategic recognition at senior levels, preceptorship programmes struggle to gain traction and resources.

Other substantial barriers include a shortage of available preceptors (27%), lack of regulatory mandating by the NMC (27%), insufficient practice development team staffing (25%), funding limitations (21%), and inadequate training for those leading programmes (21%).

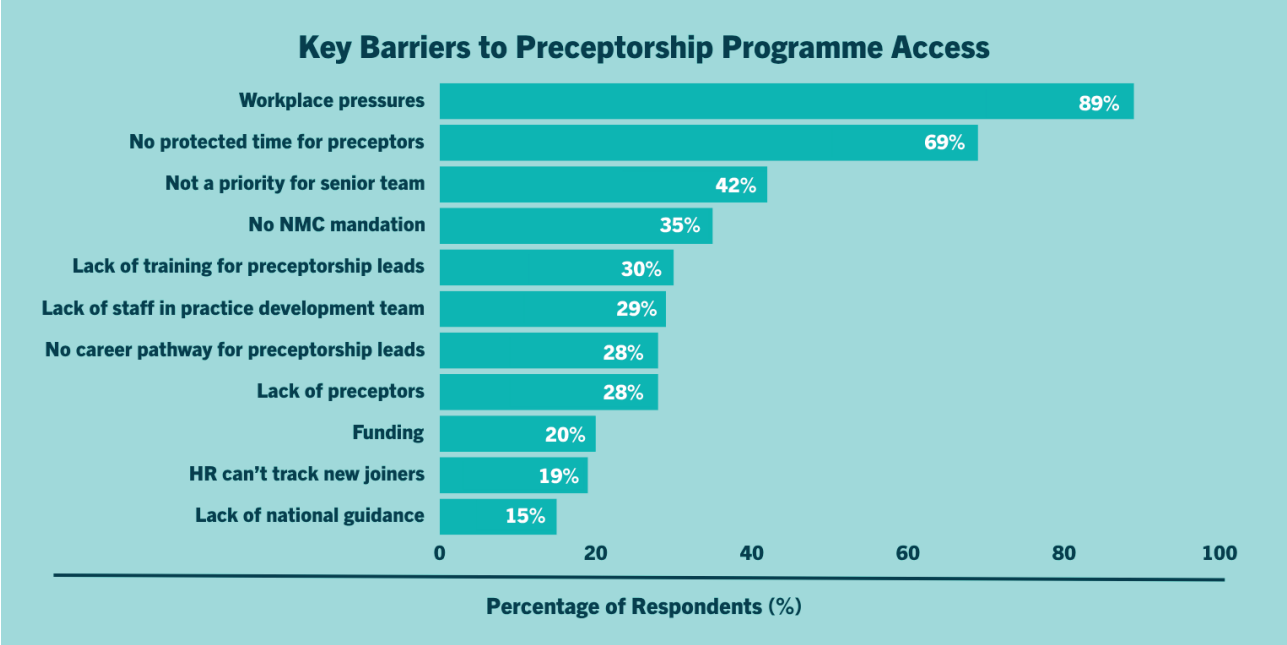

Figure 7: Key barriers to preceptorship programme quality and access (n=175)

In discussions, leads also voiced concern about **inadequate digital infrastructure**. Paper-based systems and fragmented communication made it difficult to track preceptees or access accurate data:

"As a preceptorship lead I get updates on new starters from recruitment but it's difficult to track departmental recruitment. We have explored different systems like ESR, but they are unwilling to do this."
Preceptorship champion, registered nurse working in an NHS acute hospital

To fill the identified gaps, some organisations rely on **education teams to compensate**, but this solution is fragile and uneven:

"The time of preceptors is only protected by proxy - i.e. the education services covering clinical work to release them for duties. This is not always engaged with, nor do we have the provision to provide for everyone due to clinical demand."
Preceptorship lead, registered nurse working in an NHS acute hospital

In addition, leads raised concerns about the lack of clarity in protected time entitlements, especially whether 8-12 hours per year is meant per preceptor or per preceptee. The commonly used 1:2 preceptor-preceptee ratio also does not reflect the broader teaching responsibilities that many staff carry - supporting students, peers, and learners from other pathways - which dilutes their capacity for focused preceptorship.

Priorities for improvement

Respondents identified improvements that can be grouped under four key domains (see Figure 8):

Structural Support: The most prominent recommendations focused on foundational resources, with 80% calling for more protected time for preceptors and preceptees, 47% emphasising the need for greater organisational support, and 41% highlighting the importance of long-term funding to ensure sustainability.

Professional Development: Enhancing the skills and career trajectories of those delivering preceptorship was another priority area, with 52% advocating for additional training for preceptors and 47% recommending established career pathways for preceptorship leads.

Policy Changes: Strategic regulatory interventions were seen as critical drivers, including mandating of preceptorship programmes (44%) and the implementation of quality standards through initiatives like the National Preceptorship Quality Mark (35%).

Programme Quality: Practical improvements to programme design and delivery included better assessment tools (33%), improved feedback processes (29%), and greater programme flexibility (23%) to allow for local adaptation to different healthcare contexts.

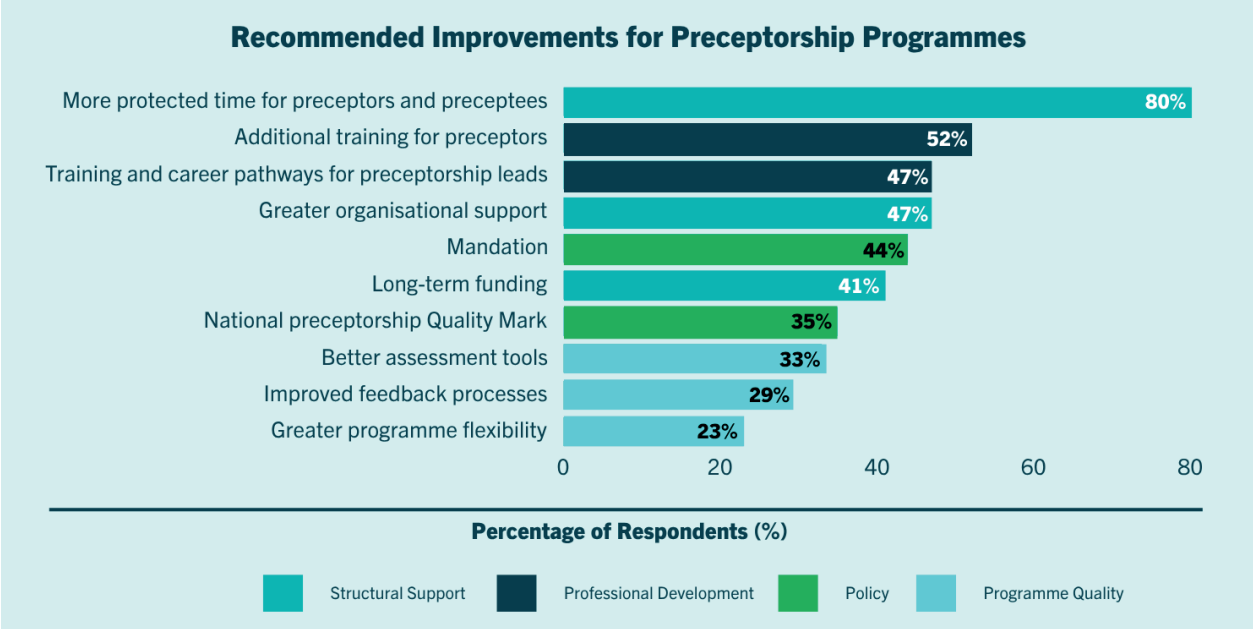

Figure 8: Recommended improvments (n=175)

The future of preceptorship programmes

Looking ahead, respondents outlined a shared vision for what high-quality, modern preceptorship should include. Top priorities included peer-to-peer learning and networking and wellbeing and resilience programmes, each selected by 95% of respondents. These were closely followed by multidisciplinary working or learning (92%) and cross-cultural competence (87%), reflecting a strong emphasis on collaboration, inclusion, and support.

Respondents also highlighted the importance of technology integration (85%) and virtual or remote mentoring and coaching (77%), indicating growing interest in flexible, digitally enabled delivery. Other desirable features included cross-organisational partnerships (73%) and simulation-based learning (72%). While use of AI tools was seen as less of a priority overall (39%), its inclusion suggests emerging interest in innovation and future-facing approaches within the preceptorship space.

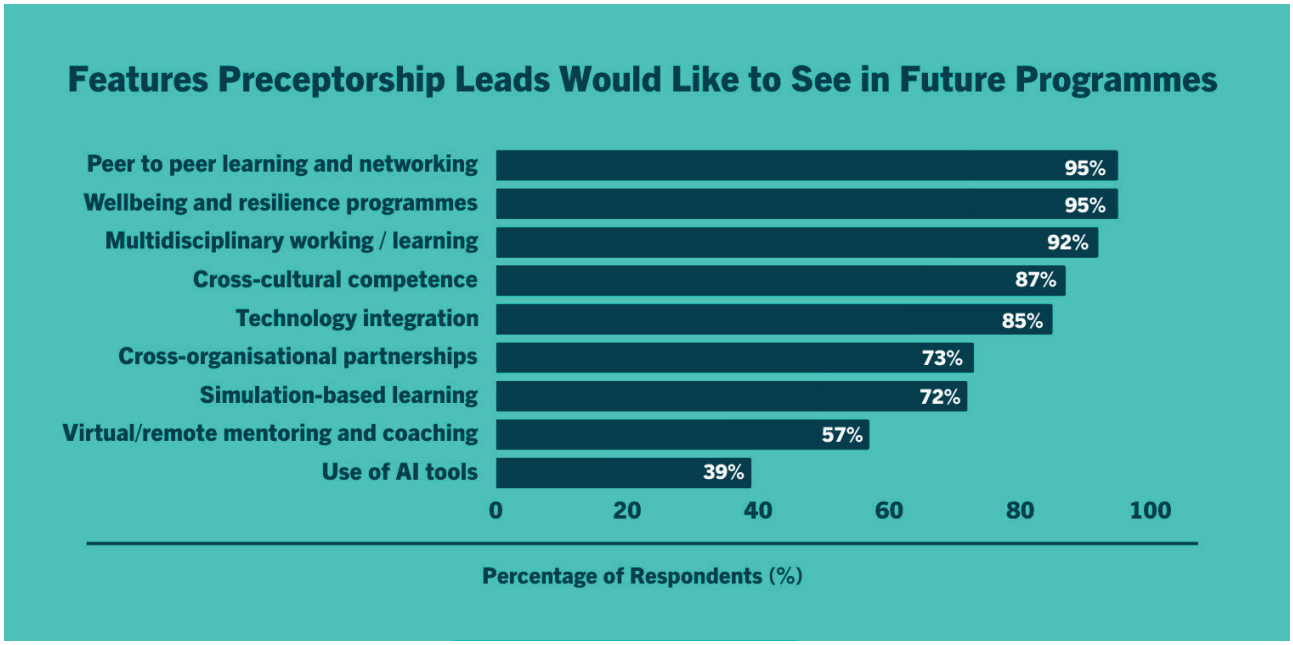

Figure 9: Features preceptorship leads and champions would like to see in future programmes (n=175)

Discussion

This third national preceptorship survey builds on previous iterations by bringing together the perspectives of students, early career registrants, preceptors, and preceptorship leads and champions. It reflects growing national investment in the importance of preceptorship, with promising signs of improvement in access, structure, and perceived value. Yet alongside these gains, the findings point to persistent variation in delivery, limited support for those in preceptorship roles, and structural gaps that continue to undermine consistency and impact. The following discussion explores key themes for policy and practice.

Signs of progress and post-pandemic recovery

This year's findings signal a turning point in the national preceptorship landscape. While our earlier surveys revealed how the COVID-19 pandemic disrupted preceptorship - reducing access, limiting support, and deprioritising delivery - this survey suggests a recovery is underway. More newly registered professionals report being offered a preceptorship programme, more value the experience, and there is increasing clarity around roles and programme structures. Students similarly report stronger expectations of structured support, signalling a growing awareness of preceptorship's value even before entering practice

Recent national guidance has most likely contributed to this renewed momentum. The National Preceptorship Frameworks for Nursing and Midwifery across the four nations[4], the development of the Interim Quality Mark, the NMC's Principles for Preceptorship,[5] and Skills for Care's Workforce Strategy for Adult Social Care in England[6] have all elevated preceptorship from a discretionary offer to a recognised workforce development priority.

These changes mark an important shift: preceptorship is no longer viewed solely as a support for the individual preceptee, but as part of a wider infrastructure of roles, responsibilities, and professional investment. While the remainder of this discussion highlights the structural and operational challenges that still limit impact, the overall trajectory is clear - preceptorship is recovering, strengthening, and gaining ground as a strategic enabler of early career success within nursing, midwifery and increasingly, the allied health professions.

Student perspectives: preparing the next generation

Despite the importance of preceptorship, our findings reveal a concerning knowledge gap among a substantial proportion of student respondents. This knowledge follows a progressive pattern, with final-year students demonstrating greater awareness than those in earlier stages, suggesting that curriculum integration of preceptorship concepts may be delayed until too late in educational programmes.

Students demonstrated sophisticated understanding of what constitutes effective transition support, prioritising structured timelines, guaranteed supernumerary time, and protected study time. Their emphasis on regular constructive feedback, guidance on clinical decision-making, and support in building confidence aligns closely with the evidence base on effective transition. These expectations create both an opportunity and an imperative: organisations that meet these clearly articulated needs are likely to have a competitive advantage in recruitment, with many students reporting that preceptorship availability would influence their job decisions.

Students' emphasis on psychological safety and their desire for structured progression pathways connects directly to wider workforce retention challenges. By addressing these expectations earlier and more comprehensively during undergraduate education, we can better prepare students for the realities of practice while simultaneously raising the standard of what constitutes acceptable transition

support. This proactive approach could help bridge the gap between education and practice, potentially reducing the shock of transition that contributes to early-career attrition.

Strengthening training and development for preceptorship roles

The findings highlight a substantial training and development gap for preceptors, leads, and champions. Despite training packages being available, many preceptors reported feeling underprepared, citing brief, inconsistent training sessions with little follow-up or role-specific content. Annual updates were rarely provided, and there was wide variation in how training was implemented locally. This lack of clarity contributed to ambiguity about responsibilities, undermining confidence and role engagement.

These gaps are especially significant given the emerging reliance on near-peer models, with early-career staff frequently acting as preceptors. While this approach may enhance relatability, it raises concerns about preparedness, workload, and supervision quality. Preceptorship leads and champions also described limited visibility of structured progression routes or professional development. Addressing these gaps through clear role expectations, tiered training, and defined career pathways is essential to sustain engagement and build capability across the preceptorship infrastructure.

Establishing clear expectations for preceptorship programme content

Preceptors and preceptorship leads consistently called for clearer and more consistent national guidance on programme content. Respondents supported the development of a shared core curriculum, particularly for training preceptors and those delivering the programme. While local flexibility remains important, national expectations could set a reliable baseline for delivery. However, senior leaders in nursing social care have emphasised that any national framework must be adapted to recognise the distinct operational realities of social care settings, particularly smaller providers who may lack the infrastructure, dedicated education teams, and protected time arrangements that are more readily available in larger NHS organisations.

Essential content identified by preceptors included: giving feedback, managing diverse learning needs, navigating difficult conversations, time management, coaching, documentation, and cross-cultural competence. These are not just technical skills, they reflect broader values of compassionate, inclusive, and reflective practice. Without clear national standards, there is a risk that preceptorship content will continue to vary widely in focus, quality, and structure. Investing in a shared framework would help organisations align support across settings, while maintaining space for contextual adaptation.

Addressing digital and administrative burdens

The administrative burden of preceptorship was a recurring concern. Both preceptors and preceptees described the paperwork as onerous, time-consuming, and often duplicative. In many cases, documentation requirements limited the time available for meaningful reflection, supervision, and feedback. Digital solutions were widely proposed, including mobile platforms and online portals that could streamline tracking and improve accessibility. Students, familiar with digital learning platforms in educational settings, particularly favoured technology-enabled approaches that would allow them to track their progression against clear competency frameworks.

However, digitalisation alone is not a panacea. Without proper implementation support, including user training, integration with existing systems, and user-centred design, technology risks adding friction rather than reducing it. A successful shift to digital must, therefore, include financial planning, co-design with end users, and alignment with digital platforms already used by staff. We hear that, when implemented well, digital documentation can enhance, not hinder, learning, reduce cognitive load, and improve real-time visibility of progress for both individuals and organisations.

Improving communication and role clarity

Clear, timely, and audience-specific communication emerged as a foundational enabler of an effective preceptorship offer. A significant proportion of students were often unaware of what preceptorship entails. Respondents called for earlier, more interactive engagement with preceptorship as part of the undergraduate experience.

Among preceptors, misunderstandings about role expectations, protected time entitlements, and available support created frustration and disengagement. Many were unclear whether time allowances applied per preceptee or as a general entitlement, and whether their contributions were being recognised by management.

For leads, clearer guidance on strategic responsibilities, links to workforce planning, and access to senior sponsorship were also identified as priorities. Strengthening communication across all levels will be critical to embedding preceptorship as a visible, well-understood component of early career development.

Mandating, incentivisation, and the risk of a 'tick-box' culture

The question of whether preceptorship should be mandated remains complex. Many we spoke to, particularly students, saw a regulatory requirement as a necessary lever to ensure equity, protected time, and minimum quality standards. Others raised concerns that if poorly implemented, it could encourage box-ticking rather than meaningful engagement. Senior leaders in nursing social care have raised concerns about this, highlighting that smaller social care providers may struggle to meet standardised requirements designed primarily for NHS contexts, potentially creating unintended barriers to workforce development in these settings. Some have suggested exploring alternative approaches through CQC or Local Authority requirements as potential levers to encourage buy-in within social care, though there is no consensus about the effectiveness of this approach.

A hybrid approach may offer the best solution. Nationally defined minimum expectations, such as duration, protected time, and curriculum content, could be combined with local flexibility over delivery models. This would allow organisations to tailor their programmes while maintaining a baseline standard. This flexibility is particularly crucial for social care settings, where adapted frameworks that recognise the distinct operational, resource, and structural characteristics of social care providers, especially smaller organisations, will be essential for meaningful implementation.

The example of Wales offers a useful reference point: a principle-based national framework that includes evaluation mechanisms and minimum duration, while allowing for local innovation.[7] Similarly, in midwifery, the link between preceptorship and promotion demonstrates how structural incentives can drive uptake without a mandate from the regulator.

The challenge is not simply whether preceptorship is mandated but how success is defined and measured. Moving beyond compliance toward quality, reflection, and impact is essential if preceptorship is to retain its developmental value.

Tailored support for internationally educated staff

The survey underscores the urgent need to better support IENMs particularly in light of their increasingly concerning attrition rates.[8] Applying a generic preceptorship model to this group often fails to recognise prior experience, cultural transition, and the complexity of workforce entry processes. Rather than positioning IENMs as new graduates, a more inclusive approach is needed, one that blends clinical orientation, mentorship, cross-cultural competence, and appraisal into a coherent support pathway.

Conclusion and recommendations

Preceptorship has the potential to serve as a cornerstone of early career development across health and care. When delivered well, it supports confidence, competence, retention, and professional identity. This year's survey highlights clear progress - but also systemic inconsistencies that undermine its promise. Strengthening preceptorship requires investment not only in preceptees, but also in the people, processes, and infrastructure that support them. Realising its full value will demand national alignment, local accountability, and above all, a commitment to building a culture where early career professionals are enabled to succeed.

Recommendations

For the UK Government Department of Health and Social Care:

1. Reaffirm commitment to preceptorship in national policy

- Embed preceptorship as a core component of workforce development and retention strategies within the forthcoming 10-Year Health Plan for the NHS in England.
- Encourage social care employers to develop employer-funded preceptorship programmes, as recommended by Skills for Care.

2. Ring-fence funding for implementation

- Allocate national funding to support the sustainable delivery of preceptorship programmes – particularly in relation to digital infrastructure, protected time, and training.
- Ensure funding models incentivise equity and consistency across regions and professional groups.

For NHS England:

As part of the development and implementation of the National Preceptorship Quality Mark, NHS England should:

3. Establish clear national expectations for preceptorship delivery

- Set out minimum standards for programme duration, protected time, and pastoral-related content that include specific adaptations and guidance for different settings, including social care.
- Define responsibilities and entitlements across all preceptor roles – including preceptors, buddies (in midwifery), leads, and champions clearly to support implementation and ensure accountability at local level.

4. Standardise and strengthen training for all preceptorship roles

- Develop a national training curriculum covering key skills such as feedback, managing diverse learning needs, coaching, documentation, and cross-cultural competence.
- Require annual refresher training and provide access to follow-up e-learning resources.

5. Promote effective leadership and organisational alignment

- Encourage the appointment of Senior Responsible Officers (SROs) or equivalent leadership roles to champion preceptorship at Board level and embed it within wider workforce strategies.
- Strengthen communication about preceptorship roles and opportunities for development to increase engagement and visibility across all levels.

6. Support digital transformation of preceptorship systems

- Promote the adoption of co-designed, user-friendly digital platforms for documenting and tracking preceptorship progress.
- Ensure providers have access to training, implementation guidance, and technical support to embed digital systems effectively.

7. Use the Quality Mark to drive consistency and improvement

- Develop a robust quality assurance framework for the Quality Mark, including regular audits, feedback mechanisms, and impact evaluation. Ensure criteria are evidence-based, inclusive of different professions, adapted for different care settings, and allow for local adaptation while maintaining consistent standard.
- Promote the Quality Mark as a tool for continuous improvement, demonstrating excellence and reinforcing the developmental purpose of preceptorship.
- Highlight the benefits of achieving the Quality Mark, including improved retention, stronger early-career support, and enhanced organisational reputation, and encourage providers to act on feedback to strengthen delivery.

For Preceptorship Leads and Champions:

Preceptorship leads and champions play a pivotal role in translating national standards into meaningful, day-to-day support for early career staff. The following actions focus on local delivery, leadership, and influence within organisations:

8. Champion high-quality implementation locally

- Apply national guidance and training in ways that reflect the needs and context of your workforce.
- Promote uptake of refresher training, reflective practice, and peer learning among preceptors.
- Model and support best practice in supervision, documentation, and inclusive learning.
- Ensure equitable access to preceptorship for IENMs, addressing the current gap in programme offers. This includes ensuring they are routinely included in programme eligibility, and embedding clear accountability mechanisms to track access across all workforce groups.

9. Facilitate digital transition and usability

- Engage preceptors and preceptees in shaping digital tools and documentation systems.
- Provide practical support to ensure staff feel confident in using digital platforms.
- Gather feedback to improve usability and support continuous refinement.

10. Strengthen local communication and engagement

- Ensure preceptors and preceptees understand their role expectations, protected time entitlements, and available support.
- Create regular opportunities for open feedback, shared learning, and local problem-solving.
- Build local networks or forums to connect staff involved in preceptorship delivery.

11. Advocate for and contribute to preceptor career pathways

- Work with education, workforce, and leadership teams to define and promote career development routes for preceptorship roles.
- Support preceptors, champions, and leads to access leadership opportunities, protected time, and recognition.
- Promote local incentives and visible acknowledgment of contributions to preceptorship.

For Higher Education Institutions and practice learning providers:

12. Integrate preceptorship awareness throughout the curriculum

- Introduce concepts progressively from year one, not just final years.
- Create regular touchpoints to build understanding of transition support.

13. Connect students with preceptorship stakeholders

- Practice learning providers should work with universities to faciliate direct engagement between students and preceptorship leaders.

Appendix 1: Methodology and Limitations

This report draws on findings from the third national preceptorship survey conducted by the Florence Nightingale Foundation covering 2024/25. The survey was designed to build on insights from the 2021/22 and 2023/24 reports, with a particular focus on the experience of preceptors, preceptorship leads, and champions.

Data Collection

- The survey ran from 15-28 January 2025 and received responses from 870 registrants and students across nursing, midwifery, and allied health professions. Due to initially low response rates amongst students, the survey was then reopened to enable specific student outreach from 8-12 May 2025.
- Questions were a mix of multiple-choice, Likert scale, and free-text responses, with a mixture of identical questions from the previous surveys and new ones.
- Additional insight was gathered through focus groups, one-to-one interviews, and workshops with students, preceptorship leads, educators, and early career professionals.

Analysis

- Quantitative responses were analysed using descriptive statistics.
- Thematic analysis was used to identify key patterns in qualitative data.
- Responses were anonymised to ensure data integrity and confidentiality.

Limitations

- The survey received low response rates from midwives, nursing associates, and allied health professionals, and findings therefore primarily reflect the experiences of nurses.
- Social care and primary care settings were not well represented in the responses, limiting the applicability of findings to those sectors and settings. Subsequent interviews with senior leaders in nursing social care have highlighted significant concerns about the applicability of current national frameworks to social care contexts, particularly for smaller providers, suggesting this underrepresentation may mask important implementation challenges in these settings.
- The devolved nations were underrepresented, so results should be interpreted as reflecting practice primarily in England.
- Midwifery-specific roles such as “buddies” were not explicitly surveyed and should be the subject of future targeted research.
- Respondents did not all complete every question.

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