



***Northern Ireland Practice and Education Council
for Nursing and Midwifery***

***Impact Measurement of the NIPEC
Preceptorship Framework:***

Project Report

January 2018

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FOREWORD

In 2011, the Chief Nursing Officer commissioned the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC) to develop a regional Preceptorship Framework. A project steering group was established with membership drawn from a wide range of stakeholders, including the five Health and Social Care Trusts (HSC Trusts), Education Providers, Union Representatives, the Department of Health and the Patient and Client Council (Appendix 1).

The Preceptorship Framework aimed to ensure a standardised approach to the effective implementation of preceptorship for nurses and midwives and was launched on February 7th 2013. It provided guidance for Northern Ireland employers and managers of Nursing and Midwifery Council (NMC) registrants in the implementation, auditing and evaluation of preceptorship. The framework also aimed to provide a useful resource for preceptees and preceptors including those responsible for leading and managing preceptorship within their organisations. The *Preceptorship Framework* comprises of a standard for preceptorship (Appendix 2) with an accompanying organisational audit tool and a skill set assessment tool for preceptors.

In 2014 NIPEC developed and published its Impact Measurement Framework. The NIPEC Impact Measurement Framework facilitates NIPEC to review the resources it has developed in partnership with key stakeholders, and assess the impact of the resources in relation to the intended outcomes. One of the resources chosen for Impact Measurement by NIPEC in the business year 2016-2017 was the Preceptorship Framework. This was delayed due to NIPEC workforce capacity issues until 2017/18.

To progress this work a small Impact Measurement Team (IMT) was established in April 2017 to apply the Impact Measurement Framework (IMF) process to the Preceptorship Framework. Conclusions have been drawn from the data gathered and recommendations are offered in regard to the application in practice of the Preceptorship Framework. Although the response rate was less than anticipated, the findings are nevertheless noteworthy and may be considered for use in the outworking of the recommendations of this report

1. ACKNOWLEDGEMENT

As Chair of the Impact Measurement Team Project Group, I would like to thank those staff from the five Health & Social Care Trusts and the Clinical Education Centre who gave freely of their time to contribute to this evaluation. In particular, I wish to acknowledge the members of the Impact Measurement Team who through their contribution, commitment, collaboration and partnership working, enabled the successful overall achievement of this project.

Finally, I wish to thank NIPEC's, administrative and information technology staff, for their significant contribution to the completion of this report.

Sharon McRoberts

Assistant Director of Nursing, – Regulation, Workforce Planning, Education and Development, South Eastern Health & Social Care Trust

Chair of the Impact Measurement Team

1. BACKGROUND

At the point of entry to the NMC register, nurses and midwives are confirmed as safe, effective and proficient practitioners (NMC, 2008).

The Nursing and Midwifery Council (NMC), however, has recognised that nurses, midwives and SCPHNS who are newly registered need an additional period of support in their new role. This support is designed to help them develop their confidence and enhance their competence, including their critical thinking and decision-making skills (NMC, 2006). The NMC therefore recommends that all new registrants should have a period of preceptorship on commencing employment, to support them through the period of transition in their new role (NMC, 2006). The value of preceptorship is acknowledged in the Nursing and Midwifery Council's publications (NMC 2006 and NMC 2011) and in the National Health Service Knowledge and Skills Framework (DH, 2004). Preceptorship is one of three core elements within the nursing and midwifery professional development and support continuum, complementing mentorship and supervision. It is noteworthy that the NMC is currently completing a consultation on 'The NMC standards of proficiency for the future registered nurse' including an Education Framework which sets out the proposed requirements for learning and assessment for all nursing and midwifery programmes. This will replace the current Standards for Learning and Assessment in Practice and may have an impact on preceptorship arrangements for the newly qualified nurse of the future.

It is important to note that in HSC Trusts the preceptorship process is also closely aligned into the principles of Agenda for Change and the personal development process within the National Health Service Knowledge and Skills Framework (NHS/KSF) (DH, 2004).

3. SECTION 1: OVERVIEW OF THE IMPACT MEASUREMENT FRAMEWORK

3.1 THE IMPACT MEASUREMENT FRAMEWORK (IMF)

The IMF clearly describes how project outcomes are related to impact measurement, and incorporates five key areas of focus which should be considered within the impact measurement process. These five areas are defined in the IMF as a standard yardstick for deciding if the outcome should be regarded as a success and are set out below:

- Alignment:** The extent to which the outcomes were aligned to stakeholder's objectives
- Attainment:** How well the stakeholders' specific objectives were met
- Adoption:** The extent to which the desired target was reached
- Utility:** The extent to which the outcomes have been utilised
- Efficiency:** The efficiency and/or cost effectiveness of the outcomes

Impact Measure Framework, Figure 5: page 11 (NIPEC 2014)

3.2 IMPACT MEASUREMENT PROJECT

To progress this work, an Impact Measurement Team (IMT) was convened in April 2017 (Appendix 3). In an attempt to ensure relative objectivity, the Impact Measurement project was managed by a NIPEC Associate Senior Professional Officer (ASPO) who had not been involved in the Preceptorship Framework Project work stream. The ASPO was supported by a member of NIPEC's administrative team. A HSC Trust Assistant Director for Nursing and Midwifery Workforce and Education, with responsibility for implementing the Preceptorship Framework, acted as the IMT project chairperson. The project was conducted from April to October 2017. In addition, a NIPEC Council member was part of the project team. For the purposes of clarification only, the IMT members were able to call upon the SPO who had led the Preceptorship Framework Project.

3.3 AIM

The aim of the project was to measure the impact of the Preceptorship Framework for nurses working within Health and Social Care and the Independent Sector.

3.4 OBJECTIVES

The objectives of the Impact Measurement Project were as follows:

- 1) Establish if the original project objectives were linked to NIPEC's business planning objectives
- 2) Determine if the objectives set out in the Preceptorship Framework (2011) project plan were achieved by the end of the project
- 3) Scope how widely the Preceptorship framework has been applied as outlined within Standard Statement 1: Preceptorship Implementation
- 4) Scope how widely the Preceptorship framework has been applied as outlined within Standard Statement 2: Preceptorship Governance
- 5) Examine the usefulness of the audit tool to support the monitoring of the standards
- 6) Examine the usefulness of the self-assessment tool to identifying the essential skill set for preceptors.
- 7) Identify barriers to the use of the Preceptorship Framework
- 8) Make recommendations which will enhance the use of the Preceptorship Framework

3.5 METHODOLOGY

Prior to the first meeting, the IMF and the Preceptorship Framework was distributed to the IMT for consideration. At the first meeting, the IMT agreed the Project Plan which included the aims, objectives and work plan (Appendix 4):

3.5.1 ALIGNMENT AND ATTAINMENT

The IMT agreed to review the following NIPEC documents

- 1) NIPEC Business Plan (2010-11)
- 2) Preceptorship Framework – Project Plan (2011)
- 3) Preceptorship Framework- Final report (2013)
- 4) Other documents as required relating to the project in order to provide evidence against these criteria

3.5.2 ADOPTION, UTILITY AND EFFICIENCY

In relation to these areas of the IMF, the team

- 1) Identified the target groups who would have been directly affected by the Preceptorship Framework
- 2) Developed questionnaires to determine the aspects of awareness, usefulness, challenges and efficiency to capture information from the target groups in relation to the Preceptorship Framework.
- 3) Facilitated a focus group for preceptors and one for preceptee in each of the 5 HSC Trusts
- 4) Agreed a method of data collection

3.5.3 TARGET GROUPS

The IMT recognised that a wide range of stakeholders had been included as members of the Preceptorship Framework Project Group, however for the purpose of impact measurement, it was agreed that information would be gathered from those stakeholders directly affected by the resources, namely:

- 1) Ward Sisters/Charge Nurses, preceptees and preceptors across the Five HSC Trusts
- 2) Executive Directors of Nursing (or designated deputy) across the five HSC Trusts
- 3) Clinical Education Centre (CEC)

Although the Independent sector was identified as a key stakeholder initially, early in the process it was clear that a separate exercise would need to be undertaken to impact measure the Preceptorship Framework in the Independent sector.

3.5.4 QUESTIONNAIRES

A questionnaire was developed for each of the following groups with a request to complete within four weeks:

Group 1: Through the support of the Executive Directors of Nursing, all Ward Sisters/Charge Nurses, preceptees and preceptors were invited to complete the questionnaire both electronically or by hardcopy. (*Appendix 5*)

Group 2: All Executive Directors of Nursing (or designated deputy) were invited to complete the questionnaire on behalf of their Trust (*Appendix 6*)

3.5.5 FOCUS GROUPS

A focus group template was developed to encourage individuals to participate in the focus group activity (Appendix 7)

- **Preceptees:** Focus groups were held in each of the five Trusts
- **Preceptors:** Focus groups were held in each of the five Trusts
- **CEC :** One focus group was held within CEC

To facilitate the overall management of the collection of data and distribution of the relevant questionnaires and attendance at the focus groups, data collection was undertaken as outlined in table 1 below.

Table 1: Sources of Data Collection

	Survey monkey	Questionnaires	Focus Groups
Director of Nursing /representative	x		
Ward Sisters/Charge Nurses	x		
Preceptors	x	x	x
Preceptees	x	x	x
Education Providers			x

4. SECTION 2: EVALUATION OF THE IMPACT OF THE PRECEPTORSHIP FRAMEWORK

4.1. PRESENTATION OF FINDINGS

In keeping with the structure of the IMF, the findings are presented under the headings of **alignment**, **attainment**, **adoption**, **utility** and **efficiency**. The areas of alignment and attainment were assessed through a review of relevant documents, whilst the latter three areas were assessed through the application of specific questionnaires to each target group and the focus groups. The overall response rates were as follows:

Group 1: Ward Sisters/Charge Nurses, Preceptee and Preceptors:

- In total there were 105 responses.
- The responses rates ranged from three from one Trust to 39 from another, and were received from Nursing (85%), Midwifery (8%) and Specialist Community Public Health Nurses (7%).
- The cohort of respondents was made up of Preceptors (55%) and Preceptees (45%).
- From the information submitted, the IMT was unable to calculate the percentage response rates as the number of newly appointed registrants employed during the period 1st April 2016 to 31st March 2017 and the number of preceptors per organisation is unknown

Group 2: Executive Directors of Nursing (EDON)

- It was anticipated that five Trusts would respond, however, nine responses were received. From the information submitted, the IMT is unable to determine which Trusts responded as anonymity was maintained.

Focus groups:

A total of 40 registrants attended the focus groups. One Trust was not represented at any focus group. Due to the small numbers attending each of the focus groups, findings are generalised to ensure anonymity is maintained.

- Preceptee : 18 attended
- Preceptors : 22 attended
- CEC : 4 attended

4.2. ALIGNMENT

The table below sets out the definition and key question which was assessed by the IMT.

Alignment

The extent to which the outcomes were aligned to NIPEC's objectives.

Question: How well were the outcomes aligned to NIPEC's objectives?

4.2.1 FINDINGS – ALIGNMENT

The IMT examined NIPEC's historic business planning objectives, which are retained on the NIPEC archive website. The NIPEC Business Plan 2010-2011 was specifically reviewed and point 3.2 states the objective to 'develop resources to support newly qualified nurses and midwives during their transition from student to registrant'. It was, therefore, evident that, with the establishment of the Preceptorship framework (2013) the project lead had **aligned** this work to NIPEC's objectives.

4.3 ATTAINMENT

The table below sets out the definition and key question which were considered by the IMT.

Attainment

How well the stakeholders' specific objectives were met.

Question: How well were the stakeholders' specific objectives met?

4.3.1 FINDINGS – ATTAINMENT

This element was not measured in this project as it was clearly demonstrated as being achieved in the final Report of the Preceptorship Framework Project (as laid out in the project plan which was published by NIPEC in October 2012) and The Regional Preceptorship Framework for Nursing Midwifery and Specialist Community Public Health Nursing (launched February 2013). The final report sets out detailed description

of how each objective was fully achieved and can be viewed at http://www.nipec.hscni.net/download/professional_information/resource_section/preceptorship/Final_Draft_Formatted_Preceptorship_Framework_270912.pdf

4.4 ADOPTION, UTILITY AND EFFICIENCY

At this point, it is relevant to remind the reader that in relation to the areas of **Adoption, Utility and Efficiency** the IMF deemed it essential that attention was focused on the following components:

- Awareness - was the respondent aware of the resource?
- Usefulness - how useful was the resource?
- Helpfulness - how helpful was the resource?
- Challenges - were there any challenges in using the resource?
- Efficiency - did using the resources result in improved effectiveness or efficiency?

4.5 ADOPTION

The table below sets out the definition and key question which were examined by the IMT.

<p>Adoption</p> <p>The extent to which the desired target was reached.</p> <p>Question: To what extent was the desired target reached?</p>
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4.5.1 FINDINGS – ADOPTION

The findings in respect of adoption of each resource are presented by target group below:

Group 1: 47% of **Ward Sisters/Charge Nurses, Preceptee and Preceptors** indicated that they used the NIPEC Preceptorship Framework, and 53 % stated they did not.

Group 2: Executive Directors of Nursing (EDON) and Independent.

All responses indicated that they had implemented preceptorship within their organisation. There would appear to have been a commitment to the implementation of Preceptorship at organisational level as demonstrated by:

- Each Trust has developed a specific portfolio which refers to the NIPEC Preceptorship Framework
- One Trust has implemented a Trust Policy.
- Trusts offer Preceptorship training through the Clinical Education Centre (CEC)

Focus groups:

- The Preceptee Focus groups reported that they used a Trust Preceptorship Framework. Participants were not aware of the NIPEC Preceptorship Framework
- The Preceptor Focus group reported that they used a Trust Preceptorship Framework. Participants were not aware of the NIPEC Preceptorship Framework
- The CEC Focus group confirmed that they delivered Preceptor preparation programmes across the HSC Trusts, and this training reflects the NMC requirement for preceptors and preceptees and the NIPEC Preceptorship Framework. CEC reported that each Trust used different documentation. To date CEC report that 1223 staff have attended this training.

4.6 UTILITY

The table below sets out the definition and key question which was examined by the IMT.

<p>Utility</p> <p>The extent to which the outcomes have been utilised.</p> <p>Question: How have the outcomes been utilised?</p>
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4.6.1 FINDINGS – UTILITY

The findings in respect of utility of each resource are presented by target group below.

Group 1: Ward Sisters/Charge Nurses, Preceptee and Preceptors.

When asked if Standard 1 of the Preceptorship Framework was relevant to practice 90% (n=54) stated it was. The utility of specific parts of the framework ranged from 22% to 89% as outlined in Table 1 below.

Table 1: Questions from Survey 1		Total Number	Yes	No	N/A
06	Do you use the NIPEC Preceptorship Framework?	101	47%	53%	/
25	Does your organisation have a Learning agreement?	64	89%	6%	5%
26	Has the NIPEC Learning Agreement been adopted?	61	59%	23%	18%
27	Is the NIPEC Learning Agreement useful?	59	61%	7%	32%
28	Have you used the NIPEC Template for your preceptorship meetings?	61	36%	42%	21%
29	Do you use the NIPEC online Portfolio as part of the Preceptorship Framework?	63	25%	59%	16%
30	Do you access the NIPEC Microsite for Preceptorship?	63	28%	59%	13%
32	Have you used the NIPEC Preceptorship Audit tool?	59	22%	78%	/
33	Was the NIPEC Preceptorship Audit tool useful?	35	37%	63%	/

Respondents stated:

“Good support was provided by the organisation with additional meetings arranged when they were requested” (Question 8, respondent 28)

*“...there needs to better selling by the Trusts on preceptorship. Easy for the process to get lost in the structure and pressures of the Trusts”
(Question 8, respondent 51),*

The responses from both Midwifery and Specialist Public Health Nurses advocated for a specific Preceptorship Framework tailored to their area of practice.

Preceptors, Preceptees, Ward Sisters and Charge Nurses and Senior Nurses who participated in providing data for this project, widely supported the implementation of a Preceptorship Framework. Most respondents and participants were unaware that the Trust Preceptorship Framework was based on the regionally developed NIPEC Preceptorship Framework; however, preceptorship was recognised as providing a supportive structure to enable new registrants to gain confidence in their new role. There remains agreement that both Standard 1 and Standard 2 remain relevant to current practice; however a number of issues regarding local implementation were raised.

Respondents stated:

‘...it is difficult with current staffing levels throughout the Trust” (Question 7, respondent 32)

“...preceptorship can take second place to other induction programmes. This needs addressed” (Question 7, respondent 41)

“Only works with full understating of the preceptorship process by ward managers, preceptors and preceptees” (Question 7, respondent 53)

Group 2: Executive Directors of Nursing (EDON)

EDoN were asked what written process or procedures the organisation had in place to guide the implementation of preceptorship. While no respondents listed the NIPEC Preceptorship Framework, one Trust submitted a policy which references the NIPEC Preceptorship Framework. and Preceptorship Portfolios were examined from each of the five HSC Trusts. Three Trusts referred to or referenced the NIPEC Preceptorship Framework.

Preceptorship Portfolios were examined from across the five HSC Trusts and there were considerable variations regarding the content and size of portfolios. One Trust shared different Portfolios for each part of the register which were specific to registration (i.e. newly registered Nurse, Midwife and Specialist Community Public Health Nurse). From the responses received it was evident that one Trust completes an audit annually as outlined within the Preceptorship Framework, it was unclear how often the other organisations complete this audit. Four of the nine responses stated that they found the audit tool useful; however five stated they didn't know or were unsure of the audit tool.

Focus groups:

Overall, Preceptees and Preceptors valued the Preceptorship process and the guidance and support provided by the preceptors. In particular the unique relationship which the process enabled to develop was acknowledged. However, where participants had large portfolios to complete, they considered the process overwhelming due to the number of skills and competencies which need to be achieved within a short time frame.

- **Findings: Preceptee:**

- In one focus group, the three participants brought their Portfolios, each one was different. It was also reported that in the different areas within this organisation, different portfolios from the Trust portfolio was used. The size of the portfolio ranged from a few pages, to a portfolio of 3 cm thickness, covering skills and competencies and mandatory training that the registrant was expected to develop. This was reported within the focus groups as being inappropriate due to the perception that there is lack of clarity between what is required for preceptorship, induction, orientation and specialist skills and competencies development. This was cited as a source of stress for preceptees.
- In two focus groups, concerns were raised about preceptors who were also the Ward Sister or Deputy Ward Sister as they were perceived to have competing demands on their time. Two preceptees however considered that their line manager acting as their preceptor was an advantage
- Trust polices currently require mandatory training and retraining in a number of areas in order to be deemed competent to practice within the Trust e.g. ECG recording, venepuncture and cannulation.

- **Findings: Preceptors:**

- In each of the focus groups, Preceptors reported mixed experience of preparation, training and ongoing support in their role. Trusts offered classroom training; and one Trust provided bespoke face to face preparation tailored to the needs of the preceptor.

- In each focus group the need for protected time for the preceptee to meet with their preceptor was raised.
- In two Trusts, Preceptors stated that they had not seen the Trust documentation until shared by their preceptee and did not know what was expected of the role, despite having attended bespoke training.

- **Findings: CEC:**

- From the period April 2015 to November 2017, CEC provided preceptorship preparation for approximately 529 preceptors and 642 preceptees across Northern Ireland
- CEC reported difficulties delivering preceptorship preparation when each Trust has a different approach and different documentation.
- Respondents highlighted that regional documentation would enable standardisation of preparation of preceptors
- CEC reported that Trusts hold their Preceptorship Framework on-line which participants have access to. CEC reported they do not have access to HSC Trust portfolios and therefore they are unable to give these out at the training sessions.
- It was the view of CEC that some Preceptors attending the programme would benefit from additional preparation to undertake reflective practice so that they are able to support preceptee in the process

4.7 EFFICIENCY

The following table sets out the definition and key question which were examined by the IMT.

Efficiency

The efficiency and/or cost effectiveness of the outcomes.

Question: How efficient and/or cost effective have the outcomes been?

4.7.1 FINDINGS- EFFICIENCY

It was reported that the Preceptorship Framework is an effective mechanism to develop reflective skills, to identify learning and development needs and to gain confidence as a registered practitioner. This was positively highlighted repeatedly in all data collected. In addition, the contribution of the Preceptorship processes to NMC revalidation for all staff was also recognised.

Group 1: Ward Sisters/Charge Nurses, Preceptee and Preceptors:

- The need for new registrants to retrain in competencies already deemed competent as part of the pre-registration programme was highlighted as wasting valuable resources, not utilising an already skilled practitioner and undermining the competence of the individual.

Respondent stated:

“some of the task to be assessed are too basic. Any newly qualified nurse should not be registered without achieving a certain standard,

(Survey 1, Question 34, respondent 9)

- The wide range of requirements for new registrants taking up post in a new organisation, including induction, mandatory training, and preceptorship would appear to have influenced the perception of what is required for each individual. From the data collected, the IMT would suggest that preceptorship is being confused with the need to

develop skills, competencies and complete induction, by preceptees, preceptors and ward sisters/charge nurses.

- The ongoing issues in recruitment registered nursing, midwifery and SCPHN and the resulting vacancies impacts on the ability to create time for preceptees and preceptors to meet

Respondents stated:

“...the problem I have found is that with multiple induction packs handed to new staff they can be over whelmed and forget about the preceptorship framework”

(Survey 1, Q34, respondent 17)

“preceptorship takes second place to other induction programmes. This needs addressed”

(Survey 1, Question 7, respondent 42)

“... workload and staff shortages make having protected time difficult”

(Survey 1, Question 7, respondent 2)

Group 2: Executive Directors of Nursing and Independent Sector.

Two Trusts outlined systematic approaches to governance arrangements: One Trust described a robust system of monitoring-from the new registrant being appointed to the Trust, through to completion of the preceptorship process. This was then recorded within quarterly reports provided to the Executive Director of Nursing, while another reported that annual reports were collated. However, only one Trust stated that the Preceptorship Framework was audited annually against the standards for preceptorship as detailed in the NIPEC Preceptorship Framework.

Focus groups:

- **Preceptee:** as previously highlighted under 4.7.1, preceptorship is being confused with the need to develop skills, competencies and complete induction, by preceptees, preceptors and ward sisters/charge nurses. The need for new registrants to retrain in competencies already deemed competent as part of the pre-registration programme was highlighted as undermining e.g. venepuncture.
- **Preceptors:** A concern was raised regarding inconsistency in the allocated time for preceptee and preceptors to meet to offer support and guidance, as well as the competing pressures of everyday practice. In addition respondents noted the need for protected time for the preceptee to meet with their preceptor
- **CEC:** The Preceptorship Framework was seen as an effective approach to support preceptors and would be enhanced if preceptors had additional support to develop reflective skills and access to standardised preceptorship documentation.

5. LIMITATIONS OF THE IMPACT MEASUREMENT ACTIVITY

Although the findings are noteworthy, they must be considered in light of the limitations in relation to the response rates and number of registrants who participated in the focus groups.

Response rates

This is a small evaluation and the number of respondents who returned completed Survey 1 was less than anticipated. The number of returns for Survey 2 (n=9) is not consistent with the number of organisations contacted (5). The

survey was carried out anonymously, however this has prevented further analysis of the information received.

Focus groups

The number of participants at the focus groups ranged from two to nine, and one Trust was not represented at any focus group. To ensure anonymity is maintained, results are generalised.

Independent Sector

A separate exercise would need to be undertaken with the Independent sector to determine the adoption and implementation of the Preceptorship Framework

In addition, the responses to the surveys provided considerable information which is outside the scope of this Impact Measurement Project, which should be considered within future work.

6. CONCLUSIONS

Alignment: The IMT concluded, through the review and analysis of relevant documentation, that the Preceptorship Framework Project Team had aligned its outcomes to NIPEC's objectives

Attainment: It was evident from the documentary evidence examined by the IMT that the stakeholders' objectives of the Preceptorship Framework Project were fully achieved

Adoption: Analysis of the information gathered from the targeted groups through questionnaires and focus groups demonstrated that those directly affected do have an awareness of the resources developed through the Preceptorship Framework Project

Utility: Analysis of the quantitative and qualitative information gathered from the targeted groups would suggest that the use of the

resources varies across both the targeted groups in the five HSC Trusts. The findings would suggest that in the main, the resources developed by the Preceptorship Framework Project Team were being utilised, although individual staff were not aware of the origins of the work.

The wide range of requirements for new registrants taking up post in a new organisation, including induction, mandatory training, and preceptorship would appear to have influenced the perception of what is required for each individual. From the data collected, the IMT would suggest that preceptorship is being confused with the need to develop skills, competencies and complete induction, by preceptees, preceptors and ward sisters/charge nurses.

Efficiency: From this Impact Measurement activity it is not possible to report if the resources have had an effect on the efficiency or effectiveness of new registrants working in their role. Data regarding the number of new registrants was not submitted. The IMT are unable to state if the introduction of the framework has increased new registered staff retention rate or reduced their individual concerns. However, almost all responses and focus group participants valued the Preceptorship Process. A large number reported that the reflective skills of individual improved which prepared staff for revalidation with the NMC.

From the data collected, the evidence would suggest that the Preceptorship Framework remains fit for purpose; however, further work needs to be undertaken in relation to standardising the implementation across the region.

7.0 RECOMMENDATIONS

The recommendations have been developed by the IMT as a result of the information attained from respondents via the survey and the focus groups held within the Trusts and are presented below

1. When the NMC standards of proficiency for the future registered nurse' and the 'The NMC Education Framework ' are finalised and published the implications for the Preceptorship Framework should be considered
2. Consideration should be given to the relationship and interfaces between preceptorship and supervision in the development and implementation of a new framework for supervision of nurses and midwives in Northern Ireland
3. The findings of this Impact Measurement Project should be shared with the Regional Review of Induction Programmes Project Team for consideration
4. Establish a regional task and finish group to revisit the NIPEC Preceptorship Framework and develop an action plan which addresses recommendations 1-3 and supports full implementation of the Framework. The task and finish group will consider:-
 - a. Development of a regional operational policy for Preceptorship within an agree timescale which aims to standardise the implementation of preceptorship (including the establishment of local registers of preceptors-Standard 2) and ensures that the Preceptorship Framework is embedded within the governance arrangements of all organisations which employ new registrants
 - b. A standardised approach to the development of supporting documentation for preceptees
 - c. Agreement on the content of a regional programme for the preparation of preceptor in partnership with CE

8.0 REFERENCES

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9.0 APPENDICES

Appendix 1: Membership of the Preceptorship Framework Project Team

Appendix 2: NIPEC Preceptorship Framework Standard 1 and 2 (2013)

Appendix 3: Membership of the Impact Measurement Project Team:

Appendix 4: The Impact Measurement Team Work plan

Appendix 5: Survey 1 for Preceptees, Preceptors, Ward Sisters and Charge Nurses

Appendix 6: Survey 2 for Executive Directors of Nursing

Appendix 7: Focus Group proforma

MEMBERSHIP OF PRECEPTORSHIP FRAMEWORK STEERING GROUP

Organisation	Representative
Southern HSC Trust	Francis Rice, Executive Director of Nursing, (CHAIR)
	Dawn Ferguson, Practice Education Facilitator Heather Ellis, Head of Education, Learning and Development*
Belfast HSC Trust	Moira Mannion, Co-Director of Nursing, Education and Learning / Salliann Lewis, Nurse Development Lead*
Northern HSC Trust	Elizabeth Graham, Head of Nursing, Education and Development / Kate McGoldrick, Practice Education Facilitator* Kate McLaughlin, Health Visiting Practice Teacher
South Eastern HSC Trust	Bob Brown, Assistant Director of Nursing, Learning and Development/Evelyn Mooney, Practice Education Co-ordinator* **
Western HSC Trust	Brendan McGrath, Assistant Director of Nursing, Workforce Planning & Modernisation
Public Health Agency	Oriel Brown, Nurse Consultant
Northern Ireland Hospice	Sue Foster, Lecturer in Palliative Care
Independent Health	Louise Campbell, Home Manager Care Providers
Regulation Quality Improvement Authority	Phelim Quinn, Director of Nursing
Open University	Donna Gallagher, Senior Lecturer (from 30th January 2012)
Queen's University Belfast	Dr Marion Traynor, Assistant Director of Education, (from 30th January 2012) Gail Anderson, Teaching Fellow Midwifery (from 30th January 2012)
Ulster University	Owen Barr, Head of School (from 30th January 2012)
Royal College of Nursing	Rita Devlin, Senior Professional Development Officer*
Royal College of Midwives	Annette Taylor, Midwifery Practice
Education Facilitator, WHSCT*	Mary Caddell, RCM (from 31st January 2012)
Unite/CPHVA	Mary Duggan, Chair NI CPHVA
Unison	Fidelma Carolan, Regional Organiser (Lifelong Learning)
Four Seasons Health Care	Melanie Bowden, Training and Development Manager
DHSSPS	Kathy Fodey, Nursing Officer
NIPEC Council	Sally Campalani, Council Member
NIPEC	Cathy McCusker, Senior Professional Officer (Project Lead)

**NIPEC PRECEPTORSHIP FRAMEWORK FOR NURSING, MIDWIFERY
AND SPECIALIST COMMUNITY PUBLIC HEALTH NURSING IN
NORTHERN IRELAND (2013)**

Standard Statement 1: Preceptorship Implementation

All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners, by enhancing their knowledge, skills and attitudes with the help of a preceptor. The period of preceptorship should not exceed six months, unless there are circumstances that may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.

Criteria

1. Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.
2. Preceptees will avail of formal and informal learning activities, evidenced in their professional portfolio, to maximise the development of their knowledge, skills, experience and attitudes during the preceptorship period.
3. Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.
4. The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.
5. Preceptors will use existing networks in their organisation to share and learn from experiences, challenges and solutions.
6. Organisations will have a process to facilitate continuity of the preceptorship process.

Standard Statement 2: Preceptorship Governance

Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting the development of effective leadership capacity and performance management.

Criteria

1. Organisations will have a written process/procedure to guide the implementation of preceptorship.
2. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.
3. Ward Sisters/Charge Nurses and Community Team Leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills
4. Organisations will demonstrate that preceptors are supported in undertaking the role
5. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisation requirements
6. Organisations will ensure that preceptorship is part of their governance arrangements
7. Organizations will submit a report, using the monitoring tool to the Chief Nursing Officer, DHSSPS, to meet the requirements of the Professional Assurance Framework for Nursing and Midwifery

Preceptorship Framework , Impact Measurement Team Membership	
Sharon McRoberts	<i>Assistant Director of Nursing, Regulation, Workforce Planning, Education and Development South Eastern Health & Social Care Trust and Chair of the Impact Measurement Team</i>
Paul Davidson	<i>NIPEC Council Member</i>
Bernadette Gribben	<i>Associate Senior Professional Officer NIPEC and Project Lead</i>

Cont.	Activity	Target	Related objective
	<ul style="list-style-type: none"> g. Carry out data collection across the five HSC Trusts and the independent sector using collaborative, inclusive and participatory approaches h. Analyse Data • Share findings and agree recommendations with NIPEC Chief Executive before finalising the report 	<p>June 2017</p> <p>August 2017</p> <p>September 2017</p>	
6.	<p>Scope how widely the Preceptorship framework has been applied as outlined within Standard Statement 2: Preceptorship Governance</p> <p>The methodology to be used is as follows :</p> <ul style="list-style-type: none"> a. Agree template to collect data to measure the impact of the framework b. Pilot, review and amend template c. Carry out data collection across the five HSC Trusts and the independent sector using collaborative, inclusive and participatory approaches d. Analyse Data e. Share findings and agree recommendations with NIPEC Chief Executive before finalising the report 	<p>April 2017</p> <p>May 2017</p> <p>June 2017</p> <p>August 2017</p> <p>September 2017</p>	(iv)
7.	<p>Make recommendations which will enhance the use of the Preceptorship Framework</p>	September 2017	(viii)
8.	<p>Complete final report</p>	October 2017	
9.	<p>Present to Chief Ex and NIPEC council members for acceptance and further dissemination as agreed</p>	October 2017	

Survey to Wards Sisters/Charge Nurses, preceptee and Preceptors

Preceptorship Framework for Nurses and Midwives and Specialist Community Public Health Nursing Questionnaire

In 2012, the Northern Ireland Practice and Education Council (NIPEC) lead a regional project in the development of a Preceptorship Framework for Nursing, Midwifery and Specialist Community Public Health Nursing in Northern Ireland. This Framework was developed by NIPEC, in partnership with key stakeholders, on behalf of Department of Health.

The aim of this project is to measure the impact of the Preceptorship Framework in relation to the benefits of the tools and resources on the Nursing, Midwifery and Specialist Community Public Health Nursing workforce.

From the information received, NIPEC will make final recommendations, in a final project report for the Preceptorship Framework. This is to ensure it remains fit for purpose in line with the Nursing and Midwifery Council's, The Code (2015) and Revalidation (2016) processes.

We really value your opinion and feedback on the content and format of this resource. All feedback will be anonymised and used solely to improve the adoption and utility of the Preceptorship Framework for Nursing, Midwifery and Specialist Community Public Health Nursing.

Thank you for your contribution

- 1 Please state which Trust you are from?
- 2 Please state your professional Group
 - Nursing
 - Midwifery
 - Specialist Community Public Health Nursing
- 3 Please state your place of employment
 - Health and social care trust
 - Independent sector
 - Education provider
- 4 Please state are you a Preceptor
 - Yes
 - No
- 5 Please state are you a Preceptee
 - Yes
 - No
- 6 Do you use the NIPEC Preceptorship Framework
 - Yes
 - No (Please go to Question 9)

The NIPEC Preceptorship Framework contained two standard statements highlighted below:

Standard Statement 1 (Preceptorship Implementation)

All preceptees will participate in a period of preceptorship, in which they will build their confidence as autonomous, accountable practitioners, by enhancing their knowledge, skills and attitudes with the help of a preceptor. The period of preceptorship should not exceed six months, unless there are circumstances that may require an extension. Moreover, it should run alongside the individual's induction and probationary periods.

- | | | | |
|-----|---|-----|----|
| 7. | Do you agree that this statement is still relevant, please suggest any changes you think should be made | Yes | No |
| | Do you agree with the criteria below, to support Standard Statement 2. Please describe each of the following: | Yes | No |
| 8. | Organisations will ensure that preceptees understand the preceptorship process and engage fully with it. | | |
| 9. | Preceptees will avail of formal and informal learning activities, evidenced in their professional portfolio, to maximize the development of their knowledge skills, experience and attitudes during the preceptorship period. | | |
| 10. | Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs | | |
| 11. | The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness. | | |
| 12. | Preceptors will use existing networks in their organization to share and learn from experiences, challenges and solutions. | | |
| 13. | Organisations will have a process to facilitate continuity of the preceptorship process. | | |
| 14. | Additional Comments you would like to make. | | |

Standard Statement 2 (Preceptorship Governance)

Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting the development of effective leadership capacity and performance management.

15. Do you agree that this statement is still relevant – suggest any changes.
16. Organisations will have a written process/procedure to guide the implementation of preceptorship.

17. Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.
18. Ward Sisters/Charge nurses and Community Team leaders will hold a local register of preceptors who are able to demonstrate the essential qualities and skills.
19. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements
20. Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements
21. Organisations will audit the preceptorship standards annually, using the monitoring tool.
22. Additional Comments
23. Do you use a different Preceptorship Framework? Yes No Not Applicable
24. If **Yes**, please indicate which framework you use and why?
If **No**, please comment why not?

As part of the Preceptorship Framework, there is a requirement to agree a learning agreement/contract to support the preceptees

- | | | | |
|--|-----|----|----------------|
| 25. Does your organisation have a learning agreement? | Yes | No | Not Applicable |
| 26. Has NIPEC's Learning Agreement been adopted? | Yes | No | Not Applicable |
| 27. Is NIPEC's Learning Agreement useful/helpful? | Yes | No | Not Applicable |
| 28. Have you used the NIPEC template for your preceptorship meetings? | Yes | No | Not Applicable |
| 29. Do you access the NIPEC Microsite for Preceptorship? | Yes | No | Not Applicable |
| 30. Do you access the NIPEC online portfolio as part of Preceptorship framework? | Yes | No | Not Applicable |
| 31. Does your organisation have a learning agreement? | Yes | No | Not Applicable |

Section to be completed by Bands 6 & 7

- | | | | |
|--|-----|----|----------------|
| 32. Have you used the NIPEC Preceptorship Standard Audit Tool? | Yes | No | Not Applicable |
| 33. Was the NIPEC Preceptorship Standard Audit Tool useful? | Yes | No | Not Applicable |
| 34. Any other comments you would like to make about the Preceptorship Framework? | | | |

Questionnaire to the Executive Directors of Nursing

In 2012, the Northern Ireland Practice and Education Council (NIPEC) lead the development of the regional Preceptorship Framework for Nursing, Midwifery and Specialist Community Public Health Nursing in Northern Ireland. This Framework was developed by NIPEC, in partnership with key stakeholders, on behalf of Department of Health.

The aim of this project is to measure the impact of the Preceptorship Framework in relation to the benefits of the tools and resources on the nursing, midwifery and specialist community public health nursing workforce. From the information received, NIPEC will make final recommendations, in a final project report for the Preceptorship Framework. This is to ensure it remains fit for purpose in line with the Nursing and Midwifery Council's, The Code (2015) and Revalidation (2016) processes.

We really value your opinion and feedback on the content and format of this resource. All feedback will be solely used to improve the adoption and utility of the Preceptorship Framework for Nursing, Midwifery and Specialist Community Public Health Nursing.

Thank you for your contribution.

Standard 2: Preceptorship Governance

Preceptorship will become an effective tool to support preceptees through the transition period and it will be embedded within the organisation's governance arrangements, supporting effective leadership and performance management.

1. What written process/procedure has your organisations in place to guide the implementation of preceptorship?
2. What systems has your organisations in place to track and monitor preceptees, from commencement of employment through to completion of the preceptorship period?
3. Are Ward Sisters/Charge Nurses and Community Team Leaders maintaining a local register of preceptors who are able to demonstrate the essential qualities and skills as listed in the Preceptorship Framework?
4. What support is in place to support preceptors within your organisations
5. How does your organisation ensure that preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements?
6. How does your organisations ensure that preceptorship is part of governance arrangements?
7. Does your organisations audit the preceptorship standards annually using the Preceptorship framework monitoring tool
8. How many newly registered nurses commenced employment in your organisation between 1st April 2016 and 31st March 2017?
9. Please add any additional comments you would like to make below



***Impact measurement: Preceptorship Framework
Focus Group***

- ***Step one: Self Reflection***
- ***Step two: Discuss with your neighbour***
- ***Step three: Discuss with the larger group***

1. Which Preceptorship Framework do you use?

2. List three things about the Preceptorship Framework you like
 - i.
 - ii.
 - iii.

3. List three things about the Preceptorship Framework which you think needs changed
 - i.
 - ii.
 - iii.

4. Any other comments you would like to make



For further Information, please contact

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**This document can be downloaded from the NIPEC website
www.nipec.hscni.net**

January 2018