NIPEC

Northern Ireland Practice
& Education Council

Impact Measurement Assessment of the Northern Ireland Preceptorship Framework (2022)

Executive Summary

This Impact Measurement Assessment evaluated the impact of the Northern Ireland Preceptorship Framework (2022) and its associated resources across HSC Trusts, Primary Care, and the Independent Sector, using NIPEC's Impact Measurement Framework (2025). It examines the implementation and effectiveness of the Preceptorship Framework, highlights examples of best practice, and evaluates the alignment of NIPEC's strategic objectives and priorities with the evolving needs and expectations of its stakeholders.

Using the five Impact Measurement Statements from the Impact Measurement Framework the key findings are as follows:

- **Communication & Advocacy:** There is good evidence of strong stakeholder engagement and increased awareness of the NI Preceptorship Framework. Variation exists across sectors; particularly in Primary Care, where the absence of a regional professional infrastructure hinders consistent preceptorship delivery.

- **Accountability:** Most organisations aligned their policies and programmes with the NI Preceptorship Framework. Governance and reporting mechanisms varied, with no regional processes in place to provide annual assurance on preceptorship compliance to the Chief Nursing Officer.

- **Evidence of Effectiveness:** The majority of preceptees commenced their preceptorship within the first week and reported that their confidence and competence improved significantly. Time constraints and workload pressures remain key challenges.

- **Continuous Improvement:** There was widespread adoption of the Preceptorship Framework templates and resources. Good practice examples were widely shared.

- **Future Planning:** NIPEC should continue to enhance digital platforms, strengthen stakeholder networks, as well as consider regional champions to promote local adoption and implementation of NIPEC's outputs and resources. Where applicable, it should recommend mandatory reporting to the Chief Nursing Officer, to ensure accountability, consistent oversight, and alignment with regionally agreed standards and practices.

The Preceptorship Framework has delivered a positive and measurable impact, supporting safe, effective care and workforce development.

NIPEC should continue to leverage its leadership and influencing role by fostering strong engagement and collaboration with key stakeholders across all sectors. Building on its achievements to date, NIPEC can further strengthen its impact by supporting the development of consistent, sustainable approaches that enhance professional practice and development. Continued advocacy and partnership working will be essential to ensure that future initiatives are embedded as strategic priorities and deliver meaningful improvements across the health and social care sectors.

Contents Page

1.   Introduction

This report outlines the findings of an Impact Measurement Assessment carried out by the Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC). The assessment examined the implementation and effectiveness of the Northern Ireland Preceptorship Framework for Nursing and Midwifery (2022)[1] and its supporting resources, using NIPEC's revised Impact Measurement Framework (2025).

The project was conducted between May and October 2025 across Health and Social Care (HSC) Trusts, Primary Care, and Independent Sectors.

2.   Context

Each year, NIPEC conducts an Impact Measurement Assessment on one of its finished products. The assessment is structured around five Impact Measurement Statements outlined in the *NIPEC Impact Measurement Framework (2025)*. These statements (Figure 1) serve as benchmarks for assessing and demonstrating impact, linking NIPEC's strategic objectives and priorities with its outputs and outcomes.

Figure 1: NIPEC Impact Measurement Statements

	Impact Measurement Statements
1	Communication and Advocacy
2	Accountability
3	Evidence of Effectiveness
4	Continuous Improvement
5	Future Planning

For the 2024–2025 business year, NIPEC selected the *Northern Ireland Preceptorship Framework for Nursing and Midwifery[2]* (2022) as the focus of its Impact Measurement Assessment evaluating its implementation and effectiveness.

NIPEC updated the Preceptorship Framework in 2022 following a request from the Chief Nursing Officer (CNO). The revised Framework is designed to promote a consistent and structured approach to implementing the Nursing and Midwifery Council (NMC) *Principles for Preceptorship (2020)[3]* across all healthcare sectors.

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[1] Preceptorship Framework NI | NIPEC
[2] Referred to as the Preceptorship Framework
[3] Principles of preceptorship - The Nursing and Midwifery Council

The Preceptorship Framework emphasises the importance of a well-supported and structured preceptorship period for newly registered nurses and midwives. It also applies to registrants who are:

- Joining a new part of the NMC register;

- Undertaking specialist or advanced practice roles;

- Re-joining the NMC register;

- Returning to practice;

- Commencing work in the UK from within or outside the European Economic Area (EEA) and European Union (EU).

3.0 Impact Measurement Assessment

3.1 Aim

The Impact Measurement Assessment, aims to evaluate the impact of the *Northern Ireland Preceptorship Framework (2022)* and its associated resources. It seeks to:

- Describe the implementation and effectiveness of the Preceptorship Framework;
- Identify and highlight examples of best practice;
- Evaluate the extent to which NIPECs strategic objectives and priorities align with its stakeholder needs.

3.2 Objectives

The objectives of the Impact Measurement Assessment are aligned with the NIPEC Impact Measurement Statements, set out in NIPEC's Impact Measurement Framework, (Figure 2):

Figure 2: NIPEC Impact Measurement Statements and Objectives

	Impact Measurement Statements	Objectives
1	Communication and Advocacy	Maximise NIPEC's visibility and credibility by actively engaging key stakeholders, influencing policy and practice, and promoting the value of collaboration.
2	Accountability	Support stakeholders in achieving strategic priorities and/or their organisational goals.
3	Evidence of Effectiveness	Demonstrate the effectiveness of NIPEC outputs in enhancing nursing and midwifery practice.
4	Continuous Improvement	Support continuous learning and refinement of NIPEC's processes and outputs.
5	Future Planning	Inform NIPEC's strategic direction and future initiatives.

3.3 Workplan

The impact measurement project was conducted over six months, with data collection taking place between June and July 2025. It was led by a NIPEC Senior Professional Officer (SPO) who had not been involved in updating the Preceptorship Framework, ensuring objectivity in the impact measurement assessment process. Support was

provided by the SPO who previously led the Preceptorship Framework's development, contributing their historical context and expertise. Additional project management input provided support in the completion of the project.

3.4 Methodology

This section outlines the approach adopted to evaluate the impact of the Preceptorship Framework, ensuring consistency, transparency, and alignment with Impact Measurement Statements. The methodology was designed to provide robust evidence of effectiveness, accountability, and continuous improvement across participating organisations.

3.4.1 Impact Measurement Indicators

To evaluate the five Impact Measurement Statements, a set of specific impact indicators was developed. These indicators served as a framework for the evaluation process by providing relevant and measurable data, enabling a systematic assessment of outcomes (Figure 3).

Figure 3. NIPEC Impact Measurement Statements, Objectives and Impact Indicators

	Impact Measurement Statements	Project Objectives	Impact Indicators
1	**Communication and Advocacy**	1. Maximise NIPEC's visibility and credibility by actively engaging key stakeholders, influencing policy and practice, and promoting the value of collaboration.	I. Level of stakeholder engagement, collaboration and communication. II. Advocacy outcomes.
2	**Accountability**	2. Support stakeholders in achieving strategic priorities and/or their organisational goals.	I. Alignment of outputs with stakeholders' needs. II. Influence on professional policies and procedures.
3	**Evidence of Effectiveness**	3. Demonstrate the effectiveness of NIPEC outputs in enhancing nursing and midwifery practice.	I. Extent to which project outcomes are implemented in practice. II. Organisational changes to embed NIPEC's outputs.
4	**Continuous Improvement**	4. Support continuous learning and refinement of NIPEC's processes and outputs.	I. Stakeholder satisfaction with outputs.

			II. Evidence of good practice and outcomes
5	**Future Planning**	5. Inform NIPEC's strategic direction and future initiatives.	I. Stakeholder feedback to inform future planning.

Rating Scale

To ensure consistency and comparability, a structured rating scale was applied to the stakeholder evidence against each Impact Measurement Statement. The scale was designed to reflect levels of achievement and alignment with NIPEC's strategic objectives and priorities (Figure 4).

Figure 4: Rating Scale

Monitoring Criteria	Rating Scale
Evidence demonstrates comprehensive alignment with the Impact Measurement Statement.	Fully Achieved
Evidence shows limited alignment with the Impact Measurement Statement however further action is required.	Partially Achieved
Evidence does not demonstrate alignment with the Impact Measurement Statement.	Not Achieved

3.4.2 Target Groups

The target groups employed in the Impact Measurement Assessment were as follows:

- **Group 1**: Preceptees, Preceptors and their Line Managers
- **Group 2**: Executive Directors of Nursing (EDoNs)/Senior Managers (or designated deputy)
- **Group 3:** Professional Leads for Preceptorship
- **Group 4**: HSC Clinical Education Centre

3.4.3 Data Collection Methods

A convergent mixed-methods design was employed, incorporating both quantitative and qualitative data collection methods. This approach enabled a comprehensive understanding of the Preceptorship Framework's impact across various sectors.

- **Survey's**

  Tailored questionnaires were developed for each target group and disseminated across the five HSC Trusts, Primary Care, and Independent sectors. They were hosted on MS Forms and promoted via HSC platforms, with a four-week completion window. (See Appendix 1).

- **Focus Groups**

  Invitations to participate in focus groups were distributed to target groups 1, 2, and 3 via NIPEC's established stakeholder networks and communication channels, including its website. The invitation period lasted four weeks.

  Refer to Figure 5 for detailed information on survey response rates and focus group participation.

Figure 5: Survey response rates and focus group participation by data collection method.

Group	Role	Sector	Survey Responses	Focus Group Participation
Group 1	Preceptees	HSC Trust	49	Did not progress
		Primary Care	1	
		Independent Sector (inc. Hospice)	1	
	Preceptors	HSC Trust	34	Did not progress
		Primary Care	3	
		Independent Sector (inc. Hospice)	4	
	Line Managers	HSC Trust	21	Did not progress
		Primary Care	0	
		Independent Sector (inc. Hospice)	2	
Group 2	Executive Directors of Nursing/Senior Managers (or designated deputy)	HSC Trust	5	
		Primary Care	0	2 attended
		Independent Sector (inc. Hospice)	0	0
Group 3	Organisation's Professional Lead for Preceptorship	HSC Trust, Primary Care, Independent Sector (inc. Hospice)	Not Applicable	14 attended
Group 4	HSC Clinical Education Centre	Professional Lead	1	

SECTION 2:

4.0 Impact Measurement Assessment of the Preceptorship Framework

4.1   Presentation of Findings

This section presents the key findings from the Impact Measurement Assessment, structured around the five NIPEC Impact Measurement Statements, objectives and associated impact indicators (see Figure 3). The findings are based on the evidence provided in the survey responses, stakeholder feedback, and available documentation, and reflect the extent to which the Preceptorship Framework has been implemented and embedded across the healthcare sectors.

> **4.2 Impact Measurement Statement: Communication and Advocacy**

Objective 1: Maximise NIPEC's visibility and credibility by actively engaging key stakeholders, influencing policy and practice, and promoting the value of collaboration.

Impact Indicator I. *Level of stakeholder engagement, collaboration and communication.*

The evidence gathered from the following documents in NIPEC's archived records demonstrates a strong commitment to a coproduction approach in the development and revision of the Preceptorship Framework and its associated microsite.

- NIPEC Business Plan (2021 -2022)
- Preceptorship Framework Final Report (2022)
- Preceptorship Framework – Project Plan (2011)

This collaborative process actively involved a wide range of stakeholders, including:
- Department of Health (DoH)
- Nursing and Midwifery Council (NMC)
- Health and Social Care (HSC) Trusts
- Primary Care
- Education providers
- Independent sector organisations
- Hospices
- Regulation and Quality Improvement Authority (RQIA)
- Professional bodies

The revised Preceptorship Framework was hosted on the NIPEC website at: [Preceptorship Framework NI | NIPEC](#). and posted across different social media sites.

Impact Indicator II*: Advocacy Outcomes*

Evidence of advocacy outcomes is reflected in stakeholder feedback, with respondents acknowledging NIPEC's leadership in embedding preceptorship as a strategic priority and fostering a preceptorship culture across all sectors. One HSC Trust reported that '*the revised Preceptorship Framework has renewed our focus on preceptorship which has resulted in the production of a Trust wide preceptorship booklet'*.

While this reflects notable achievement, the assessment findings indicate that implementation of the Preceptorship practices vary across sectors. Primary Care respondents specifically highlighted the absence of a regional professional infrastructure that integrates governance, workforce planning, continuous professional development (CPD), and access to supervision and reflective practice. This lack of coordinated support significantly limits the sector's capacity to implement and sustain effective preceptorship for newly qualified nurses and midwives.

> ### 4.3 Impact Measurement Statement: Accountability

Objective 2. Support stakeholders in achieving strategic priorities and/or their organisational goals.

Impact Indicator I. *Alignment of outputs with stakeholders' needs*

Transitioning from a student to a NMC registrant is widely recognised as a critical adjustment period that requires significant investment into preceptorship programmes to ensure they are flexible, responsive and tailored to individual learning needs.

Stakeholders acknowledged in their feedback, NIPEC's influence and contribution in supporting them to meet the NMC requirements of the NMC Preceptorship Principles. The majority of organisations (80% of HSC Trusts and one Hospice) have aligned their preceptorship programmes for newly registered, returning to the register, and internationally educated nurses and midwives to the Preceptorship Framework. One of the Hospices reported that they operate under their UK national policy and procedures.

There was evidence of widespread adoption of the Preceptorship Framework templates and resources—such as learning agreements, evaluation templates, and skills assessment tools. These resources were reported to be instrumental in standardising preceptorship practices across sectors.

While the Preceptorship Framework reflects the NMC requirements, feedback highlighted the need for greater awareness of the distinct needs of nurses and midwives who have trained outside of N. Ireland.

Impact Indicator II. *Influence on professional policies and procedures*

- **Organisational Policies**

The majority of organisations (60% of HSC Trusts and one Hospice) have policies aligned with the Preceptorship Framework; others had alternative arrangements in place such as a Standard Operating Procedure (SoP) and another Hospice operated under their UK national policy.

One HSC Trust did not have a Preceptorship policy in place, but commented that its development is underway.

- **Governance, Integration and Monitoring**

Organisations employ a range of different monitoring and reporting mechanisms to monitor preceptorship compliance and provide assurance to senior management that preceptorship systems are being implemented effectively. Some organisations maintain comprehensive monitoring systems that include monthly data collection on new registrants, cross-referencing with HR records, and structured follow-ups at defined intervals (e.g., 6 weeks, 12 weeks, and 12 months). In some cases, professional leads produce monthly reports shared with directorates and governance forums, contributing to Trust Board and performance reporting, with action plans initiated as required. Others report annually, using senior nursing and midwifery forums to review challenges and agree improvement plans.

A small number of organisations have identified the need to strengthen reporting arrangements and are actively developing more robust systems to improve consistency and reliability in preceptorship data collection and analysis.

While the Framework states that the CNO requires annual assurance; *'that the systems and processes are in place to support Preceptorship'* there is currently no consistent process across organisations for submitting annual preceptorship reports to the CNO.

- **Preceptorship Preparation**

All organisations indicated a clear commitment to preparing and supporting preceptees, preceptors, and all staff contributing to the delivery of preceptorship. They facilitate access to the HSC Clinical Education Centre (CEC) eLearning preparation programme, which is aligned to the Preceptorship Framework. This programme promotes understanding of the various roles within the preceptorship process and

provides a consistent, regional approach to the implementation and effective delivery of preceptorship.

Feedback on the eLearning programmes has been positive with attendees commenting that; "*it was all very relevant to daily practice with preceptees*" and "*it makes me aware of my responsibilities and how I can become a good preceptor*".

Staff working in a non-HSC organisation reported that they are not able to avail of the on-line preparation programme due to challenges in licencing permits.

One of the Hospices support their preceptors to attend their UK Preceptor Preparation programmes as well as 3-year mandatory Preceptor Refresher programmes.

4.4   Impact Measurement Statement: Evidence of Effectiveness

Objective 3. Demonstrate the effectiveness of NIPEC outputs in enhancing nursing and midwifery practice.

Impact Indicator I. *Extent to which project outcomes are implemented in practice.*

The evidence for this Indicator was categorised into the following groups:

- Preceptees
- Preceptors
- Line Managers
- Executive Directors of Nursing (EDoNs) and Senior Managers**.**

4.4.1 Preceptees

Structured Support and Building Confidence

- **Preceptorship Programme Initiation & Duration:** 84% of preceptees began preceptorship within the first week, and 74% reported that their preceptorship period lasted 6 months.

- Preceptee midwives reported that they are not assigned a preceptor as their preceptorship period lasts 18 months and is led by the Practice Education Team.

- **Protected Time & Contact:** 59% of preceptees had two or more protected contacts per month with their preceptor, despite challenges such as misaligned shifts and staffing shortages.

- **Confidence Development:** Preceptees reported a significant improvement in their confidence: the proportion feeling very confident in applying clinical knowledge increased from 5.4% to 37.5%, while confidence in decision-making rose from 7.1% to 42%, highlighting the positive impact of structured support.

- **Support & Relationships:** Preceptees highlighted the approachability and guidance of preceptors as key to easing their transition from student to newly qualified registrant and building assurance.

  'My preceptor was so approachable and taught me so much'.

  'Having the support of an experienced colleague made my transition very smooth and allowed me the time I needed to develop my skills and confidence'.

STRUTURED SUPPORT AND BUILDING CONFIDENCE

84% began preceptorship within the first week

59% had two or more protected contacts monthly with their preceptor

Confidence Development

Applying Clinical Knowledge
5%
38%

Decision Making
7%
42%

"My Preceptor was so approachable and taught me so much"

LIFELONG LEARNING

84% engaged in structured and self-directed learning activities, including wound care, medicines management, venepuncture, and advanced procedures like tracheostomy care.

82% used the Preceptorship Learning Agreement Template, and midwifery preceptees accessed tailored learning packs

REFLECTIVE PRACTICE SKILLS

82% of preceptees participated in reflective supervision sessions, individually and in groups, which were seen as essential for confidence-building and professional growth.

'I was encouraged to reflect on my practice every two weeks and think of how I could improve'.

Lifelong Learning

- **Learning Engagement:** 84% of preceptees engaged in structured and self-directed learning activities, including wound care, medicines management, venepuncture, and advanced procedures like tracheostomy care.
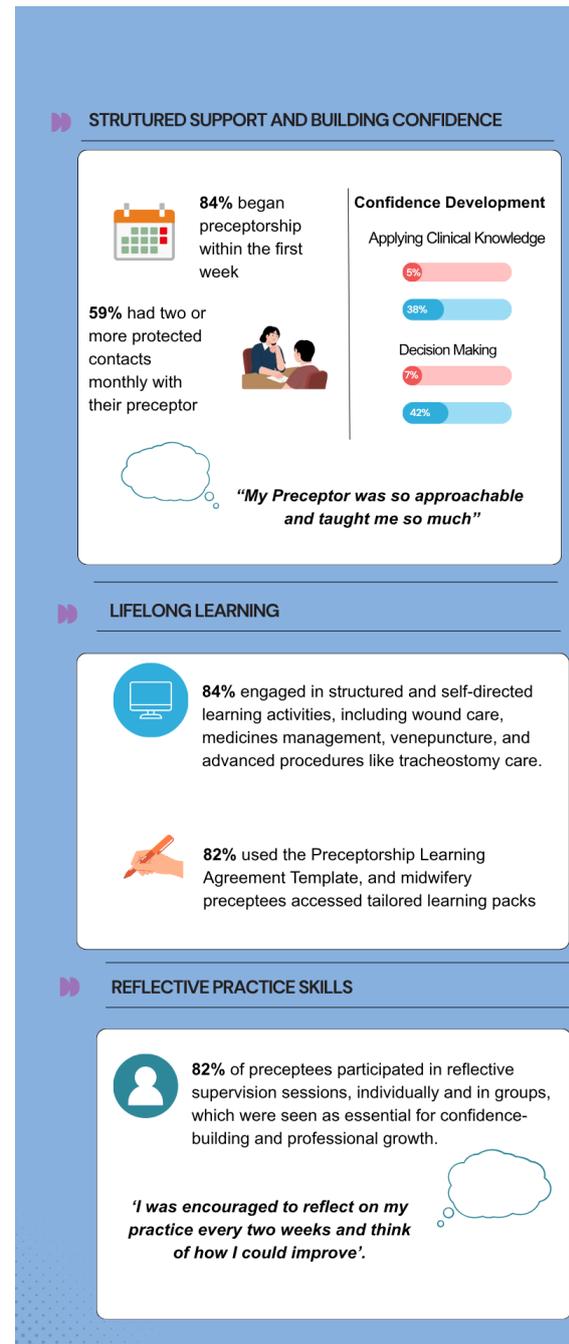
- **Documentation & Learning Resources:** 82% used the Preceptorship Learning Agreement Template, and midwifery preceptees accessed tailored learning packs.

Reflective Practice Skills

- **Reflective Supervision:** 82% of preceptees participated in reflective supervision sessions, individually and in groups, which were seen as essential for confidence-building and professional growth.

- **Structured Reflection:** Preceptees valued the reflective nature of the programme, helping them to recognise their progress and develop their critical thinking techniques.

  'I was encouraged to reflect on my practice every two weeks and think of how I could improve'.

  'If I struggled with something we would make a plan for me to improve, such as practicing to give medications more smoothly'.

4.4.2 Preceptors

Time Constraints

- The majority of preceptors expressed a continued commitment to their preceptorship role and a willingness to support new staff, provided that appropriate structures and support mechanisms are in place.

- Time constraints was reported as the most significant challenge in fulfilling the preceptorship role. 30% of responses indicated that preceptors were not able to dedicate protected time to support their preceptees. The demands of clinical responsibilities often limited their opportunities for meaningful engagement with preceptees, particularly during busy times or when working patterns did not align.

    'Busy shifts made it difficult to provide adequate teaching, particularly during the early stages of the preceptee's training when they were still unfamiliar with their role'.

    'There was insufficient time to spend with my preceptee due to a demanding work schedule'.

    'It was difficult to find protected time to complete documentation, especially when not working the same shifts as the preceptee'.

TIME CONSTRAINTS

- 30% of preceptors reported they were unable to dedicate protected time to their preceptees

- Clinical demands limited time to engage during busy shifts or when working different rotas

- Lack of scheduled, protected time made it difficult to teach and complete documentation

ORGANISATIONAL AND MANAGERIAL SUPPORT

- Most preceptors felt supported by their immediate teams

- Lack of a central preceptorship team cited as a challenge

- Suggestions included adding protected time into off-duty rotas and greater managerial oversight

PRECEPTORSHIP PREPARATION AND ROLE DEFINITION

- 69% felt adequately prepared for their role as a preceptor

- 72% had a good understanding of the NI Preceptorship Framework

- 83% felt confident using reflective supervision

- Suggested improvements included; formal induction, refresher training and clearer guidance on responsibilities.

Organisational and Managerial Support

- While most preceptors felt supported by their immediate teams, a small subset described a lack of structural and managerial support. This absence of a centralised support system and limited involvement from line managers were frequently mentioned as obstacles.

    'There was no central preceptorship team available for support.'

    'I received no support from my line manager when issues with the preceptee arose.'

- Suggestions for improvement included the establishment of dedicated preceptorship teams, integration of protected time into off-duty rotas, and active managerial oversight to prioritise

and monitor preceptorship activities. These structural supports were viewed as critical to enabling preceptors to fulfil their role effectively and sustainably.

Preceptorship Preparation and Role Definition

- Preceptors (69%) reported that they felt adequately prepared for their role as a preceptor, and 72% indicated that that they had a good understanding of the NI Preceptorship Framework. The majority of preceptors (83%) felt confident in providing constructive feedback and used reflective supervision effectively within their preceptorship role.

- A minority of respondents expressed uncertainty regarding role expectations, which impacted their confidence and effectiveness in supporting new staff.

  'Being assigned the role without adequate preparation made it difficult to know what was expected.'

  'Lack of training in expectations/assessment paperwork that needed to be completed as part of the preceptorship role'.

- Respondents advocated for refresher courses, formal induction into the role, and clearer guidance on responsibilities. These measures were seen as essential to ensure consistency, build confidence, and enhance the overall effectiveness of the preceptorship process.

4.4.3 Line Managers

Structure, Systems & Documentation

Approximately 68% of line managers indicated that they kept a preceptorship register with the following details:

- The number of preceptees
- The number of preceptors
- Start and proposed end date of preceptorship programme
- Numbers who have successfully completed their preceptorship period
- Numbers who have successfully completed evaluations of their preceptorship programme.

(Refer to Figure 6)

The findings reveal a lack of consistency in how preceptorship records are maintained across their different organisations. There appeared to be a lack of clarity on whose responsibility it is to maintain the preceptorship records. While some managers or educators maintain personal or local registers, many depend on education leads or Practice Education Facilitators (PEFs) to oversee this information. Maintaining a formal register is often perceived as an additional burden, particularly in busy clinical environments. However, where structured systems—such as databases, induction booklets, or monthly reporting—are in place - they enable more efficient tracking and provide stronger support for preceptees.

Figure 6: Line Manager Analysis

Structure, Systems and Documentation

- 68% of Line Managers maintain a Preceptorship register

Best Practice
- Use structured systems (databases, induction booklets, monthly reports) to facilitate effective tracking and support

Informing Future Programmes

What works well
- Some teams actively engage with feedback to tailor support mechanisms and improve programme delivery

Challenges
- Others had limited access to evaluation data

"Amendments are made to make the programme efficient and beneficial"

""Unsure as evaluations are returned to central nursing team"

Value and Impact of the Programme

Benefits:
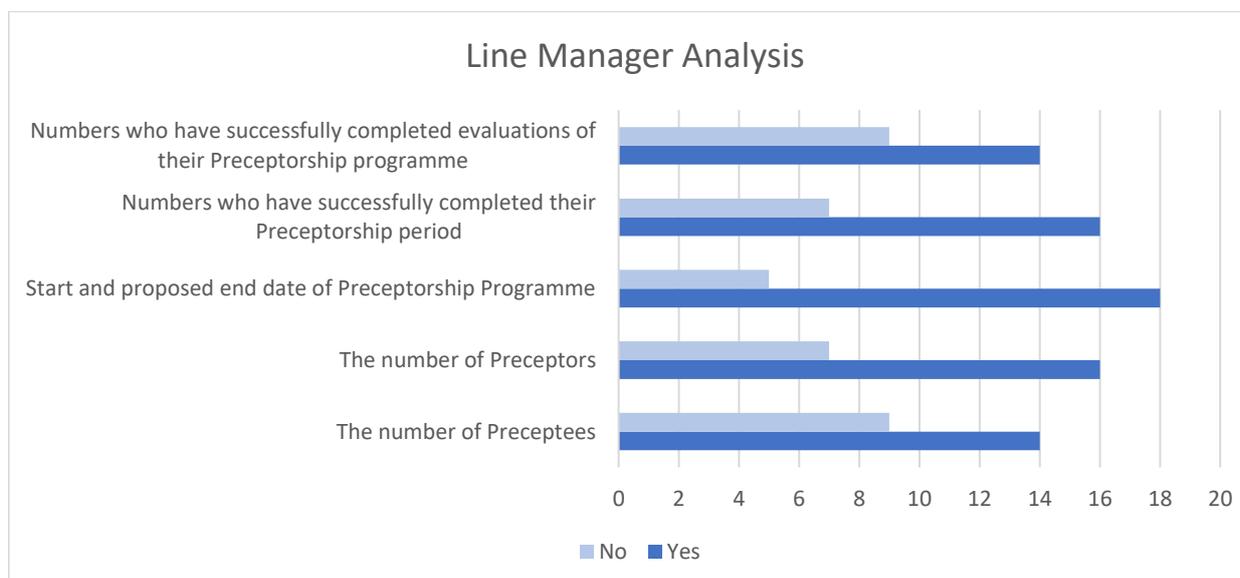- Supportive, structured, confidence building

Challenges
- Time constraints

"Preceptorship definitely has a place but it is not sustainable"

Opportunities
- Clearer role definitions
- Dedicated support and time

Line Manager Analysis

(Bar chart showing No/Yes responses)

- Numbers who have successfully completed evaluations of their Preceptorship programme: No ≈ 9, Yes ≈ 14
- Numbers who have successfully completed their Preceptorship period: No ≈ 7, Yes ≈ 16
- Start and proposed end date of Preceptorship Programme: No ≈ 5, Yes ≈ 18
- The number of Preceptors: No ≈ 7, Yes ≈ 16
- The number of Preceptees: No ≈ 9, Yes ≈ 14

Legend: ☐ No ■ Yes

Informing Future Programmes

Insights from evaluation data reveal inconsistency in how feedback is used to inform future programmes. In some instances, teams actively engage with feedback to tailor support mechanisms, identify learning needs, and improve programme delivery, however, a significant number of respondents reported limited or no access to evaluation data.

'Amendments are made to make the preceptorship programme as efficient and beneficial as possible to support those key staff'.

'Unsure as evaluations are sent and returned to central nursing teams and to date I have not received any communication about evaluations.

There is a notable gap in communications between central/managerial and local teams with several respondents indicating uncertainty about whether evaluations are conducted or how the resulting data is used. In the absence of structured evaluation data, many teams rely on informal feedback or alternative tools to guide support for new preceptees.

Value & Impact of the Programme

86% of line managers reported that their preceptorship programme was effective within their service area/department, however challenges were identified such as time constraints, shift alignment between preceptor/preceptee and concerns regarding the clarity and usability of programme documentation.

'I think the preceptorship programme definitely has a place however the structure and layout is not sustainable in the clinical area when it cannot be guaranteed that preceptors and their preceptees are both on the same shifts for their bi-monthly meetings'.

Feedback from preceptees to the line managers indicates a generally positive perception of the preceptorship programme. Comments such as *'supportive programme'*, *'structured'*, *'helpful'* highlight the value placed on the programme's supportive nature and its contribution to skill development and confidence building.

Line managers reported that preceptors feedback a mix of constructive and positive comments on the preceptorship programme. While many valued the opportunity to support new staff and develop their confidence, they highlighted challenges around time constraints, documentation overload, and vague guidance.

'Time is the main feedback; that preceptors require a little more time to be able to truly discuss each of the preceptees reflections and review the learning from each reflection'.

'Preceptors often struggled to meet with their preceptees every fortnight due to workload pressures'.

4.4.4 Executive Directors of Nursing and Senior Managers

Organisational Commitment, Support and Preparation.

EDoNs and senior managers consistently acknowledged that investment in the implementation of the Preceptorship Framework has contributed to the delivery of safe and effective care (80%), enhanced workforce confidence (100%) and recruitment and retention (80%).

Figure 7: Impact of the Preceptorship Framework
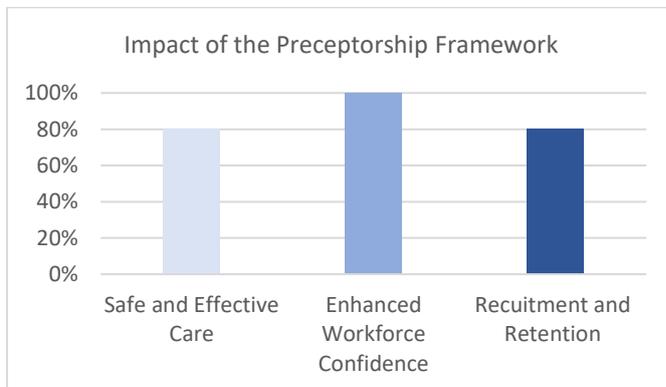
The majority of organisations (HSC Trusts (80%) and Independent Sectors) have demonstrated commitment through the development and implementation of comprehensive preceptorship policies/SOPs, supported by accessible documentation for staff at all levels.

Preceptorship preparation programmes are widely supported, with staff encouraged to complete formal training to ensure readiness for their roles. Resources are made available via internal platforms, and senior staff provide additional contact and support.

Monitoring, Compliance, and Governance

The majority of organisations have established monitoring systems and databases to track preceptorship completion and programme progress. Approximately 60% of EDoNs and senior managers reported that they receive ongoing annual reports from professional

Organisational Commitment Support and Preparation

Impact
- 80% report improved safe and effective care
- 100% enhanced workforce confidence
- 80% support recruitment and retention

Policies and SOPs
- Most organisations have comprehensive preceptorship policies and SOPs
- Accessible documentation for all staff

Preparation
- Formal training widely supported
- Resources available via internal platforms
- Senior staff provide additional support

Monitoring, Compliance and Governance

Systems in Place
- Majority use monitoring systems/databases to track preceptorship programmes

Reporting
- 60% receive annual progress reports from professional teams
- Governance structures vary but strategic oversight evident

Commitment
- Strong organisational focus on embedding preceptorship
- Issues addressed promptly

Barriers to Effective Implementation

Workforce Capacity
- Staffing shortages and unplanned absences
- Increasing operational demands

Time Constraints
- Difficulty securing protected contact time
- Prioritising preceptorship amidst daily pressures is a challenge

Clarity and Consistency
- Ambiguity around the definition of "protected contact time"

leads on preceptorship attainment. Although governance structures and reporting mechanisms vary across organisations, there is clear evidence of strategic oversight and a strong organisational commitment to embedding preceptorship and addressing emerging issues in a timely manner.

Evaluation on preceptorship programmes vary across organisations, with most using templates based on the Preceptorship Framework and tools such as MS Forms or booklet-based evaluations to capture feedback. While some evaluations focus primarily on preceptee experience rather than programme effectiveness, there is recognition of the need to review the evaluation process and explore more anonymous, accessible methods such as QR codes.

Barriers to Effective Implementation

Workforce Capacity and Staffing Pressures: Staffing shortages and unplanned absences are limiting opportunities for training and development. In addition, recruitment and retention difficulties are affecting the continuity between preceptors and preceptees, while operational demands are reducing the time available for staff to engage in preceptorship activities.

'As would be expected, the barriers are in areas where recruitment and retention are an issue and therefore it is challenging to have consistent staff to manage a positive preceptorship experience'.

Time Constraints and Competing Priorities: Securing protected contact time for meetings and documentation remains difficult. Preceptorship often overlaps with induction processes, creating confusion and highlighting the need for a cultural shift in how preceptorship is understood. Although staff are committed, prioritising preceptorship amidst daily pressures continues to be a challenge.

Clarity and Consistency: There is ambiguity around the definition of 'protected contact time', leading to inconsistent interpretations. Clearer and more standardised expectations are needed for both preceptors and preceptees to ensure consistency and shared understanding across organisations.

'Both preceptors and preceptees report challenges in finding 'protected time' to sit and review progress and complete documentation – for some '*protected time'* is interpreted as '*working consistently with each other'.*

It was emphasised that preceptorship should not be extended solely for the purpose of achieving professional competencies.

4.5 Impact Measurement Statement: Continuous Improvement

Objective 4. Support continuous learning and refinement of NIPEC's processes and outputs.

Impact Indicator I. *Stakeholder Satisfaction with Outputs*

All participating organisations reported that the Preceptorship Framework contributes positively to the effectiveness and success of preceptorship practices within their respective settings, with the exception of one organisation in the Independent sector, which follows a different policy framework.

These organisations reported utilising the following templates and resources provided within the Framework:

1. Roles and Responsibilities

2. Preceptorship Learning Agreement Template

3. Evaluation of Preceptorship Programme Template

4. Preceptor Qualities and Skills Assessment Tool

5. Extenuating Circumstances Application Form Template

6. Organisation Annual Preceptorship Reporting Template

Collectively, organisations agreed that these materials provide a robust foundation to support, monitor, and evaluate preceptorship practices, enhancing consistency and quality across the system. However, several areas were identified where internal processes within organisations require strengthening to ensure the Framework's guidance is fully and consistently operationalised.

These include:

- **Enhancing reporting templates to capture extended preceptorship duration:**
  Organisations must ensure their internal reporting tools are comprehensive to capture activity figures and if necessary, support contextual information—for example, cases where preceptees require extended preceptorship due to extenuating circumstances.

- **Modification of evaluation templates:**
  Organisations should strengthen their evaluation approaches to ensure a more holistic review that reflects both programme outcomes and the overall preceptorship experience.

- **Strengthening guidance and clarity on protected contact time:**
  Organisations must reinforce clear expectations around protected contact time for both preceptors and preceptees, enabling structured support, progress reviews, and early identification of learning needs to support a safe and effective preceptorship experience.

Impact Indicator II. *Evidence of Good Practice and Outcomes*

All organisations shared examples of good practice initiatives they have used to promote, encourage and embed preceptorship Examples of these initiatives are included in Figure 8.

Figure 8: Good Practice Initiatives

The 'Green Lanyard Scheme'	The 'Green Lanyard Scheme' promotes visibility enabling preceptees to be easily identified. This supports a supportive and inclusive culture, and promotes open dialogue around learning and development.
Structured Group Supervision Sessions	The Supervision sessions brings preceptees from multiple directorates together to provide a neutral and reflective space that enhances peer learning and supports professional growth during the early stages of practice.
Pop-up Preceptorship Clinics	Pop-up preceptorship clinics and bespoke skills sessions provide flexible, accessible support sessions.
Preceptorship Champions	Preceptorship champions actively support local implementation and consistency.
Structured Check-ins	Check-ins with preceptees are conducted at 6 weeks, 12 weeks, and 12 months to provide ongoing support and training.
Preceptee Forums	Preceptee Forums for newly qualified Nurses and Midwives and international Nurses and Midwives provide

	space for discussion on transition, wellbeing, revalidation, and professional development.
Resources	Bespoke resources such as Preceptorship Portfolios and Guidance Toolkits have been developed to support Preceptorship programmes.
Health Roster	A specific tab has been added to the Health Roster within one organisation to monitor preceptorship compliance.
Improvement Plans	A two-year improvement plan was introduced in response to low preceptorship completion rates within one organisation. After the first year, notable progress was observed, including enhanced preceptorship culture and visibility, and improved rates of completion of the preceptorship programmes.
Evaluations	Face-to-face evaluations are carried out, however the use of QR codes to facilitate more accessible and anonymous feedback is being considered.

4.6   Impact Measurement Statement: Future Planning

Objective 5. Informing NIPEC's Strategic Direction and Future Initiatives.

Impact Indicators I: *Stakeholder Feedback to inform Future Planning*

The following feedback from stakeholders throughout the Impact Measurement Assessment has provided valuable insights and recommendations to inform NIPEC's future strategic direction and future initiatives including the following:

Providing Leadership:

Stakeholders across all organisations recognised the significant value of NIPEC's leadership in developing the Preceptorship Framework and its associated resources. This has facilitated a consistent and structured approach to supporting the implementation, sustainability and advancement of Preceptorship within their settings.

- NIPEC should continue to develop its digital platforms and stakeholder networks to promote consistent messaging and encourage active participation of its business.

- NIPEC should consider establishing regional or sectoral champions to facilitate local adoption and provide peer support in implementing NIPEC's outputs and resources.

Policy and Practice Alignment:

Implementation of the Preceptorship Framework is not fully consistent across all organisations, with one Trust currently without a policy or pathway in place. In addition, reporting and monitoring mechanisms also differ significantly, ranging from comprehensive monthly data collections and governance reporting to annual reviews. This wide variety and lack of uniformity highlights the need for standardised processes to ensure consistent assurance and compliance.

- Where appropriate, NIPEC should recommend to the CNO the introduction of mandatory reporting requirements for regional governance and compliance measures. This would provide a robust mechanism for accountability, ensure consistent oversight, and support alignment with regionally agreed standards and practices.

Supporting Professional Growth:

- NIPEC should collaborate with colleagues in Primary Care and the Independent Sectors to jointly develop approaches that strengthen and support the professional development of nurses and midwives.

Promoting Best Practice and Shared Learning:

- NIPEC should continue to facilitate and celebrate innovation and excellence, while fostering a culture of continuous improvement and promoting the sharing of good practice. In relation to preceptorship, consideration should be given to further supporting newly qualified nurses and midwives—such as through the development of a Community of Practice, or dedicated event, to enable learning to be shared across organisations and showcase emerging ideas

These recommendations will assist NIPEC in refining its strategic priorities, ensuring that its business remains responsive, inclusive, and impactful across all HSC sectors.

4.7 Limitations of the Impact Measurement Activity

Although the findings from the Impact Measurement project are noteworthy, they must be considered in light of the limitations in relation to the number of respondents who participated in the evaluation.

- **Focus groups**

  Despite concentrated efforts requesting nominations for the focus groups, response rates among certain target groups were too low to proceed.

- **Independent Sector**

  Efforts to engage with the Independent Sector were met with challenges, particularly in establishing consistent contact. Participation from this sector remained low, which limited the breadth of feedback and representation in the evaluation findings.

- **Primary Care**
  Engagement with the Primary Care sector was restricted mainly by the small numbers of newly qualified nurses and midwives employed within this setting. This resulted in preceptorship programmes not being widely established, which impacted the level of participation and the availability of relevant feedback during the evaluation process.

- **Insights Beyond Scope and Future Considerations**

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

5.0   Evaluation

The Impact Measurement Assessment was designed to evaluate the implementation and effectiveness of the Northern Ireland Preceptorship Framework (2022) and its associated resources across HSC Trusts, Primary Care, and the Independent Sector.

Despite some challenges in stakeholder engagement (as outlined in Section 4.7), the data gathered through surveys and feedback has provided valuable insights into the progress and perceived impact of the Preceptorship Framework. The findings highlight examples of good practice and identifies opportunities for further development and refinement.

The application of NIPEC's five Impact Measurement Statements ensured a structured, comprehensive, and strategic approach to the evaluation. This approach enabled a robust assessment of current outcomes while informing future planning and continuous improvement.

The findings from the Impact Measurement Assessment are presented under each of the five Impact Measurement Statements, with a rating scale applied to assess the extent to which each was fully, partially, or not achieved (see Figure 9).

Figure 9: Findings from the Impact Measurement Assessment

Impact Measurement Statement	Findings	Fully/Partially/Not Achieved.
Communication and Advocacy	• NIPEC successfully engaged a wide range of stakeholders through a co-production approach, including representatives from the DoH, NMC, HSC Trusts, Primary Care, Education Providers, Hospices and Independent sectors. • NIPEC's leadership role was acknowledged for embedding preceptorship as a strategic priority and fostering a preceptorship culture across all healthcare sectors. • The assessment highlighted variation across sectors; particularly in Primary Care, where the absence of a regional professional infrastructure limits the ability to integrate governance, workforce planning, CPD, and reflective practice, hindering consistent preceptorship delivery.	Achieved.
Accountability	• Stakeholders acknowledged NIEC's influence and contribution in supporting them to meet the NMC requirements of the NMC Preceptorship principles. • The majority of healthcare organisations aligned their preceptorship policies/SOPs to the Preceptorship Framework • All organisations demonstrated a commitment to preparing and supporting preceptors by encouraging staff to complete formal training, ensuring they were fully equipped for their roles. • No evidence was found to indicate that any of the organisations submitted annual assurance reports to the CNO.	Achieved
Evidence of Effectiveness	• The majority of preceptees commenced their preceptorship within the first week, and reported that their preceptorship period lasted 6 months	Achieved

	• Feedback indicates that preceptorship significantly enhanced confidence in applying clinical knowledge and making decisions, demonstrating the positive impact of structured support. • Most preceptors felt prepared, but time constraints and workload pressures were common barriers. • Line Managers reported that Preceptorship was effective across their teams, however there was variation on how preceptorship records were maintained and the use of evaluations to inform future programmes. • EDONs and senior managers acknowledged the Preceptorship Framework's contribution to safe care, workforce confidence, and retention.	
Continuous Improvement	• Stakeholders affirmed the Preceptorship Framework's value and utility, with widespread adoption of the Preceptorship Framework templates and resources. These were reported as instrumental in standardising preceptorship practices across the sectors. • Organisations shared a wide range of good practice initiatives such as; supervision sessions, Preceptorship Champions, and bespoke support programmes.	Achieved
Future Planning	• NIPEC has used its strategic leadership, influence and commitment in supporting high standards of practice, education and professional development of nurses and midwives, • NIPEC provides a strategic collaborative approach to communicate and engage with its key stakeholders in the development of regional products and resources.	Achieved

6.0 Conclusion

The Northern Ireland Preceptorship Framework has delivered a positive and measurable impact, supporting safe, effective care and workforce development. NIPEC's leadership and collaborative approach have been instrumental in embedding preceptorship as a strategic priority and fostering a culture of continuous improvement.

Building on this success, NIPEC should continue to demonstrate its strategic influence and leadership by promoting standardisation, strengthening governance, and fostering a culture of shared learning through regional champions and best practice initiatives.

Continued advocacy and partnership working will be essential to sustain improvements and align future initiatives with stakeholder needs.

Appendix 1 - Questionnaires

Impact Measurement of the Northern Ireland Preceptorship Framework (2022)

The Northern Ireland Practice and Education Council (NIPEC) are leading a survey, to measure the impact of the regionally agreed Northern Ireland Preceptorship Framework and its associated resources on nursing and midwifery practice.

If you have been a Preceptee, a Preceptor or a Line Manager (responsible for supporting the Preceptorship programme in the clinical environment) since June 2022, we would like to receive your feedback on your experience.

We invite you take part in the following on-line survey which should no take longer than 15 minutes to complete. Your insights will help us to understand what works well and identify areas for improvement. All responses are anonymous, and no identifiable information will be collected.

Participation is voluntary, and you may withdraw at any point before submitting the survey. We would be grateful if you could also share this survey with colleagues who may be eligible to participate in this survey.

Thank you in advance for your time

Kind regards
Linda Kelly, Chief Executive

* Required

1. Please identify if you are/have been a Line Manager, Preceptee or Preceptor *

○ Preceptee

○ Line Manager

○ Preceptor

2. Please select what organisation/sector you worked in during your Preceptorship period. *

○ HSC Trust

○ Primary Care

○ Independent Sector (Nursing Home; Private Hospital)

○ Hospice

○ Other

3. Other - Please state below *

[   ]

4. Please select which one is applicable to you; *

○ I am a new NMC registrant

○ I have recently joined a new part of the NMC register

○ I have recently completed Specialist/Advanced Level of Practice

○ I have re-joined the NMC Register

○ I have returned to nursing/midwifery practice

○ I have recently started working within the UK but my country of origin is outside the EEA/EU

5. Did your Preceptorship period commence within the first week of your employment? *

○ Yes

○ No

6. Please comment *

[   ]

7. How long did your Preceptorship period last? *

○ 0-3 months

○ 3 - 6 months

○ 6+ months

Section 1: Confidence & Professional Development

Rate your confidence in the following areas before and after your Preceptorship period (1 = Not at all confident, 5 = Extremely confident)

8. Confidence **before** your Preceptorship period *

	1 = Not at all Confident	2 = Reasonably Confident	3 = Confident	4 = Very Confident	5 = Extremely Confident
Applying clinical knowledge in daily practice	○	○	○	○	○

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Making independent clinical decisions	◯	◯	◯	◯	◯
Communicating effectively with patients/clients and colleagues	◯	◯	◯	◯	◯
Reflecting on and improving my practice	◯	◯	◯	◯	◯
Understanding my professional responsibilities under the NMC Code (2018)	◯	◯	◯	◯	◯

9. Confidence **after** your Preceptorship period *

	1 = Not at all Confident	2 = Reasonably Confident	3 = Confident	4 = Very Confident	5 = Extremely Confident
Applying clinical knowledge in daily practice	◯	◯	◯	◯	◯
Making independent clinical decisions	◯	◯	◯	◯	◯
Communicating effectively with patients/clients and colleagues	◯	◯	◯	◯	◯
Reflecting on and improving my practice	◯	◯	◯	◯	◯
Understanding my professional responsibilities under The NMC Code (2018)	◯	◯	◯	◯	◯

Section 2: Preceptorship Experience

10. *Rate on a scale of 1 - 5, (1) being Strongly Disagree and (5) being Strongly Agree the following statements.* *

	1 - Strongly Disagree	2 - Disagree	3 - Neutral	4- Agree	5 - Strongly Agree
The Preceptorship period helped ease my transition into my new role/area of practice.	○	○	○	○	○
My Preceptor was accessible and supportive.	○	○	○	○	○
My Preceptorship programme was designed to meet my learning and development needs.	○	○	○	○	○
I had adequate time for learning and reflection.	○	○	○	○	○
I felt empowered and valued in my role during my Preceptorship period.	○	○	○	○	○

Section 3: Preceptorship Period

11. Did you have two or more protected contacts with your Preceptor per month? *

   ○ Yes

   ○ No

12.   Please provide further information *

   [   ]

13. Did you engage in agreed learning opportunities as part of your professional development? *

  ◯ Yes

  ◯ No

14.   Please provide examples. *

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15. Did you record your progress on the Regional Preceptorship Learning Agreement Template? *

  ◯ Yes

  ◯ No

16.   Please comment *

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17. Was reflective supervision included in your Preceptorship? *

  ◯ Yes

  ◯ No

18.   Please comment *

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19. Please provide examples *

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Section 4: Overall Impact

20. What was the most beneficial aspect of your Preceptorship experience? *

21. What improvements would you suggest to improve Preceptorship for future nurses and midwives? *

Experience as a Line Manager

22. Please select your employing organisation *

- ◯ HSC Trust

- ◯ Primary Care

- ◯ Independent Sector

- ◯ Hospice

- ◯ Other

23. Please state employing organisation *

24. Within your service area/department do you have a Preceptorship programme in place for new NMC registrants, international nurses and nurses returning to practice? *

- ◯ Yes

- ◯ No

25. Please provide reasons why *

26. Would you consider the Preceptorship programme to be effective within your service area/department? *

○ Yes

○ No

27.　　　Please provide reasons for this *

[   ]

28. Do you maintain a register with the following details? *

	Yes	No
The number of Preceptees	○	○
The number of Preceptors	○	○
Start and proposed end date of Preceptorship Programme	○	○
Numbers who have successfully completed their Preceptorship period	○	○
Numbers who have successfully completed evaluations of their Preceptorship programme	○	○

29.　　　Please comment on your feedback to the previous question *

[   ]

30. Please provide a summary of the key points of feedback that you have received from Preceptees in your service area/department who have undertaken the Preceptorship Programme *

[text box]

31. Please provide a summary of the key points of feedback that you have received from Preceptors in relation to the Preceptorship Programme *

[text box]

32. How is data from the evaluations of the Preceptorship Programme being used to inform future support for new NMC registrants, international nurses/those returning to practice within your service area/department? *

[text box]

Experience as a Preceptor

33. Please identify the organisation/sector you last worked in as a Preceptor *

○ HSC Trust

○ Primary Care

○ Independent Sector

○ Hospice

○ Other

34. Other - Please state *

[text box]

35. Please identify approximately the last time you undertook the role of a Preceptor *

[date field]

36. **Section 1: Preparation and Support** *

Rate on a scale of 1 - 5, (1) being Strongly Disagree and (5) being Strongly Agree the following statements.

	1 - Strongly Disagree	2 - Disagree	3 - Neutral	4 - Agree	5 - Strongly Agree
I read and have a good understanding of the NI Preceptorship Framework	○	○	○	○	○
I felt adequately prepared for the role of Preceptor	○	○	○	○	○
I had access to the Preceptor Preparation Programme and/or resources that were developed to prepare Preceptors for their role	○	○	○	○	○
I understand how to use the Preceptorship Learning Agreement Template effectively.	○	○	○	○	○

37. **Section 2: Experience in Role** *

Rate on a scale of 1 - 5, (1) being Strongly Disagree and (5) being Strongly Agree the following statements.

	1 - Strongly Disagree	2 - Disagree	3 - Neutral	4 - Agree	5 - Strongly Agree
I was able to dedicate protected time to support my Preceptee.	○	○	○	○	○
I felt confident in providing constructive feedback.	○	○	○	○	○
I used reflective supervision effectively to develop my Preceptee's confidence both personally and professionally.	○	○	○	○	○

38.   Section 3: Challenges and Support

What challenges did you encounter in your role as a Preceptor? *

39. What additional support would help you in this role? *

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