

Provenance and Peer review: Unsolicited contribution; Peer reviewed; Accepted for publication May 2013.

# Preceptorship: professional development and support for newly registered practitioners

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Preceptorship is one aspect of continuous professional development which is vital to support healthcare professionals in the delivery of safe, effective, person-centred care. This article outlines the various aspects of preceptorship for nurses, midwives and specialist community public health nurses in Northern Ireland. It is hoped that the elements within it have transferability across other healthcare professions. The article will help the reader understand where preceptorship fits within a professional development and support continuum.

## Introduction

Preceptorship is a process whereby an employer supports a practitioner, newly registered with the Nursing and Midwifery Council (NMC) or Health and Care Professions Council (HCPC), to develop his/her confidence in the chosen field of practice, to consolidate their knowledge and skills and to allow them to gain strength from professional socialisation with colleagues. The NMC has recommended that employers make preceptorship available for those new to the NMC register (NMC 2006, 2011). HCPC's standards of continuous professional development (CPD),

although not referencing preceptorship per se, require registered practitioners to continually learn and develop throughout their careers so that they are able to work safely, legally and effectively (HCPC 2012). Preceptorship is also recommended within the NHS Knowledge and Skills Framework (KSF) (DH 2004).

Each of the four countries within the UK has mechanisms to support the implementation of preceptorship for newly registered practitioners. These are:

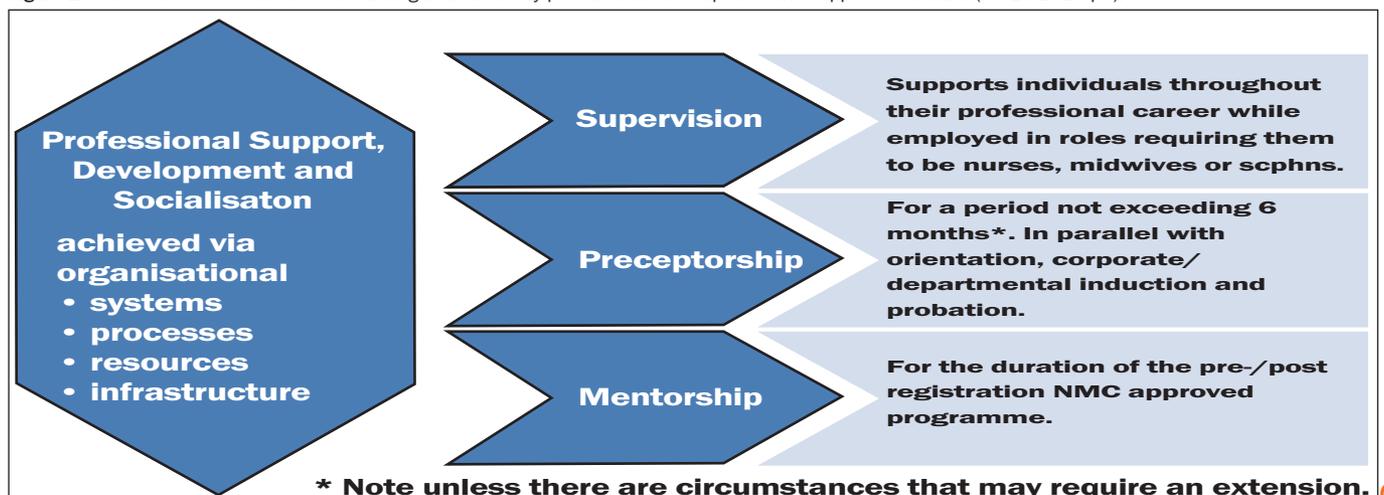
- England. Preceptorship framework for newly registered

nurses, midwives and allied health professionals (DH 2010)

- Scotland. Flying Start NHS@
- Wales. Health boards have local preceptorship programmes in place for organisations to implement the NMC guidance
- Northern Ireland. Preceptorship framework for nursing, midwifery and specialist community public health nursing (NIPEC 2013)

In addition, many organisations have arrangements which have been developed at a local level to support preceptorship for operating department practitioners.

Figure 1 The three core elements of the nursing and midwifery professional development and support continuum (NIPEC 2013 p7).



# Preceptorship: professional development and support for newly registered practitioners

Continued

## Preceptorship a core element of professional support and development

Northern Ireland's framework (NIPEC 2013) describes preceptorship as being one of three core elements within the nursing and midwifery professional development and support continuum (Figure 1).

The NMC has set standards to support the mentorship process for pre-registration student nurses and midwives, and those in the formal mentor role must be an NMC registrant who meets the required standard (NMC 2008). NIPEC recommends that preceptors for nurses and midwives should also be NMC registrants. NIPEC considers however that there is an important distinction to be made in relation to supervision for nurses, which is available to support a registrant throughout their professional career. Where supervision is required to facilitate professional support and learning this should only be provided by NMC registrants. Supervision for other purposes can be provided by colleagues who are not NMC registrants, but are experts in their field of practice which is relevant to the individual's role. The variation in these processes of professional support may also have relevance for practitioners registered with HCPC.

Unlike supervision for nurses, supervision of midwives is a statutory system (required by law) in the UK. It secures protection of the public from poor midwifery practice, by

monitoring midwives' practice and providing support and guidance to every midwife. This role is carried out on the NMC's behalf by local supervising authorities in Northern Ireland, England, Scotland and Wales (NMC 2013).

The preceptorship framework (NIPEC 2013) and supporting website ([www.nipec.hscni.net/preceptorship](http://www.nipec.hscni.net/preceptorship)) are designed to facilitate the implementation of preceptorship in all organisations which employ nurses, midwives and specialist community public health nurses (SCPHNs) in Northern Ireland.

The framework comprises:

- Two preceptorship standards
- Audit tool to support the monitoring of the standards
- Self-assessment tool identifying the essential skill set for preceptors

It is important that all registrants comply with the relevant legislative and statutory requirements, including organisational policies, procedures, systems and processes to ensure that they meet the requirements of the regulatory body and their employer.

## What is preceptorship?

The process of preceptorship enables newly registered practitioners to cement their knowledge and skills and to develop confidence in their new role, facilitated by a preceptor. The following definitions are presented in Northern Ireland's preceptorship framework (NIPEC 2013 p6).

**Preceptorship** is a period of structured transition for the preceptee during which he or she will be supported by a preceptor, to develop confidence as an autonomous professional, to refine skills, values, attitudes and behaviours, and to continue on a journey of lifelong learning (adapted from DH 2010)

**A preceptor** is a registered nurse, midwife or SCPHN who has been given a formal responsibility to support a newly registered practitioner through preceptorship.

**A preceptee** is a newly registered practitioner on part 1, 2 or 3 of the NMC register, who is entering practice for the first time as a nurse, midwife or SCPHN. The term also includes those returning to practice and new registrants from outside the UK.

Table 1 Nursing and midwifery professional development and support processes (NIPEC 2013 p8)

	<b>Mentorship</b>	<b>Preceptorship</b>	<b>Supervision</b>
<b>By whom?</b>	A mentor/sign-off mentor who is a registered nurse, midwife or SCPHN, on the organisation's database, who meets the NMC standards for learning and assessment in practice	A preceptor who is a registered nurse, midwife or SCPHN on a locally held register in the organisation	A supervisor who is a registered nurse, midwife or SCPHN on a locally held register in the organisation
<b>For whom?</b>	For student nurses or midwives undertaking a pre or post registration programme to help them develop their competence and experience in their field of practice, in order to become safe and competent practitioners	For newly registered nurses, midwives or SCPHNS, those returning to practice and those new registrants from outside the UK, in the early stages of their employment, to help them develop confidence in their new role and ensure the delivery of safe and effective care	For nurses, midwives, or SCPHNs, to help them continue to develop their competence and confidence to ensure the delivery of safe and effective care
<b>Where</b>	In approved practice placements	In a practice setting	Usually in the practice setting

### Task 1



Reflect

Within your perioperative environment reflect on the distinction between mentorship, preceptorship and supervision, as presented in Table 1. Having read this article how will it influence your practice?



**Notional Learning Hours**  
1 Hour for reading and reflection

**Knowledge and skills dimension**  
Core 2: Personal and people development  
Core 5: Quality

*To ensure the effective implementation of preceptorship, attention must be given to supporting and developing individuals in their roles*

Although Northern Ireland's preceptorship framework (NIPEC 2013) was developed for those registered with the NMC, the guiding principles on which it is based should have relevance to those registered with the HCPC.

### What preceptorship is not

It is worth noting that the process of preceptorship does not replace induction for the newly appointed preceptee. This serves a different purpose, although it can run in parallel to the preceptorship period. Induction provides all employees with a good understanding of how the organisation works, including its principles, values and objectives. Its function is also to ensure that employees have the knowledge, skills and attitudes necessary to perform their role in a safe, person-centred working environment.

Many organisations also have a probationary period for those newly appointed; preceptorship is not a replacement for this either. The

**Table 2** Qualities and skills required of effective preceptors

- Ability to act as a professional role model (Rose 2007, Stewart et al 2010)
- Effective communication, interpersonal, reflective, critical thinking and decision-making skills (Rose 2007, Smedley & Penney 2009)
- Ability to recognise cultural and individual diversity needs (Smedley & Penney 2009, Stewart et al 2010)
- Effective leadership skills, assertiveness and flexible as regards change (Rose 2007, Smedley & Penney 2009)
- Effective clinical, teaching and facilitation skills and delivering evidence based practice (Rose 2007, Smedley & Penney 2009)
- Competent, confident and motivated in their own role and in the role of preceptor (Leigh et al 2005, Rose 2007)
- Patience and the ability to guide the preceptee through complex activities and tasks (Rose 2007, Smedley & Penney 2009).

probationary period represents the best opportunity for managers to identify any capability, conduct or attendance issues that exist and manage these appropriately before confirming an employee in post. Management of this process however can, in some cases, lead to a decision not to confirm an employee in post because the necessary standard has not been achieved.

- Patients and clients should benefit as a result of being cared for by safe, competent and confident registrants, who are professionally supported in their new role (Leigh et al 2005, Daylan 2012).

The benefits are also highlighted in the preceptorship frameworks of Scotland, England and Northern Ireland (NES 2006, DH 2010, NIPEC 2013).

Task 2

 Reflect

 Review

Understanding what preceptorship is and what it is not

A newly registered nurse commences work in the main theatre department in an acute trust. Consider how you would support them through the preceptorship period if you were nominated to act as their preceptor. Discuss with other members of your team the distinctions between preceptorship and the other employment processes that apply to a preceptee, such as induction and probation. Review your perioperative department's policies for preceptorship, induction and probation and discuss with your colleagues the importance of all three processes.



Notional Learning Hours

1 Hour for reading and reflection

Knowledge and skills dimension

Core 2: Personal and people development

Core 5: Quality

Core 6: Equality and diversity

Preceptorship is NOT:

- a substitute for organisational performance management processes
- a replacement for managing fitness to practice
- a period in which the preceptee is not accountable for his/her actions or omissions
- a replacement for mandatory training
- a replacement for induction or probation.

### Benefits of preceptorship

There is much literature to support the benefits of preceptorship:

- For new registrants, their confidence and competence are enhanced, leading them to feel valued and respected by their employer (Jamieson et al 2012).
- For preceptors, the opportunity to develop their colleagues professionally, and act as a good role model adds to their job satisfaction and helps towards achievement of their career aspirations (Rose 2007, Stewart et al 2010).

### Being an effective preceptor

To ensure the effective implementation of preceptorship, attention must be given to supporting and developing individuals in their roles. Roles and responsibilities have been clearly defined for those involved in the preceptorship process and this article will focus on the role of the preceptor. In Northern Ireland, although there are no formal qualifications associated with being a preceptor, it is recognised that those registrants who want to undertake the role should have some preparation. Registrants who undertake the role of preceptor should complete relevant learning and development activities to prepare them for the role and which will continue to support them in it.

It has also been agreed in Northern Ireland, that those who act as a preceptor for a nurse, midwife or SCPHN should also be an NMC registrant, preferably with at least twelve months' experience post-registration within the same area of practice as the preceptee.

# Preceptorship: professional development and support for newly registered practitioners

Continued

It is also important to consider the qualities and skills required of effective preceptors. The following have been identified as essential from a review of the literature (see Table 2). It should be noted these qualities and skills are also common to mentors and supervisors.

## Standards for preceptorship in nursing and midwifery

Two standards have been developed to guide and sustain the implementation of preceptorship for nurses, midwives and SCPHNs across Northern Ireland. It could however also be adapted for use by operating department practitioners and other healthcare professionals. Each of

the standards has criteria against which organisations can measure their progress in relation to the implementation and governance of preceptorship. The standards reflect the ones for nursing supervision which the Department of Health, Social Services and Public Safety launched in 2006 (NIPEC 2007). See Table 3 for the standards and criteria required of preceptorship.

Table 3 Preceptorship standards and criteria (NIPEC 2013)

Standard statement	Criteria
<p><b>1: Preceptorship implementation</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>Organisations will ensure that preceptees understand the preceptorship process and engage fully with it.</li> <li>Preceptees will avail themselves 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.</li> <li>Line managers will ensure that preceptees are allocated time with their preceptor to meet their identified learning and development needs.</li> <li>The processes of appraisal, personal development planning and supervision will be used to support preceptors in their role and ensure their effectiveness.</li> <li>Preceptors will use existing networks in their organisation to share and learn from experiences, challenges and solutions.</li> <li>Organisations will have a process to facilitate continuity of the preceptorship process.</li> </ul>
<p><b>2: Preceptorship governance</b></p> <p>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.</p>	<ul style="list-style-type: none"> <li>Organisations will have a written process/procedure to guide the implementation of preceptorship.</li> <li>Organisations will have systems in place to track and monitor preceptees, from commencement through to completion of the preceptorship period.</li> <li>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 as listed in Table 1.</li> <li>Organisations will demonstrate that preceptors are supported in undertaking the role.</li> <li>Organisations will ensure that their preceptorship arrangements meet and satisfy professional regulatory body and organisational requirements.</li> <li>Organisations will ensure that preceptorship is part of their governance arrangements.</li> <li>Organisations will audit the preceptorship standards annually, using the monitoring tool.</li> </ul>

## Conclusion

The preceptorship period is critical for practitioners who are newly registered with the NMC and the HCPC. The preceptorship process is designed to help the preceptee develop his/her confidence and enhance competence, including critical thinking and decision-making skills. It is suggested that, although Northern Ireland's preceptorship framework was developed for NMC registrants, the standards, audit tool and preceptor skill set self-assessment tool could be adapted to meet the needs of operating department practitioners, for whom formal processes to support preceptorship do not currently exist.

Task 3

 Review

 Discussion

**Benefits of preceptorship**

Read the preceptorship framework relevant to the country in which you are employed and three other articles from the reference list. Then discuss with your colleagues the benefits described in this article: do you recognise them in the perioperative environment? Consider how the preceptorship process could be improved in your department?

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Notional Learning Hours

2 Hours for reading and discussion

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Knowledge and skills dimension

Core 2: Personal and people development

Core 5: Quality

Core 6: Equality and diversity

## Task 4



Reflect

### Skill set for preceptors

A perioperative staff nurse who has worked in theatre for three years has been asked by the theatre manager to act as preceptor to a newly qualified staff nurse. Reflect on the essential skill set for preceptors - what do you consider to be the most important skills for a preceptor? Complete NIPEC's self-assessment tool to identify your learning and development needs and plan with your manager how you could develop or enhance your preceptor skills [www.nipec.hscni.net/preceptorship/](http://www.nipec.hscni.net/preceptorship/)



### Notional Learning Hours

3 Hours for reading, completing online self-assessment tool and discussion with manager

### Knowledge and skills dimension

Core 2: Personal and people development

## Task 5



Review



Discussion

Consider the effectiveness of the implementation of preceptorship within your operating department

Review the two preceptorship standards in the article and with members of your team consider the criteria within the standards that are relevant to your perioperative department. Do you believe preceptorship is effectively implemented in your department? With your colleagues apply the relevant criteria in the two standards to enable you to gather evidence to support your decision.



### Notional Learning Hours

2 Hours for reading and discussing with colleagues and gathering evidence

### Knowledge and skills dimension

Core 2: Personal and people development  
Core 5 Quality

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No competing interests declared

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