ETC

8 June 2022

Preceptorship

Executive Summary

Preceptorship is defined by the Department of Health and Social Care (DHSC) as “a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning”.

Preceptorship has been gathering momentum in the wider health and care landscape with the NHS and other regulators (such as the NMC) recently publishing, or working to develop, guidance on preceptorship. From an internal HCPC perspective, the response to our New Graduate Survey 2021 indicates preceptorship is an area where our registrants feel less supported.

The HCPC does not currently have rules, guidance or a specific organisational position on preceptorship. However, in late 2021 the HCPC agreed to develop joint principles for preceptorship with Health Education England (HEE) as part of a wider programme of collaborative work.

Annex A sets out some early thinking in relation to our proposed approach to the HEE partnership project and our wider organisational position.

This paper intends to provide an opportunity for ETC to share insight and direction as we shape this programme of work. In particular, we are keen to hear ETC’s thoughts on:

a. whether this paper identifies key priorities and areas of risk and opportunity;
b. to what extent we want to prioritise alignment with existing preceptorship principles and frameworks (and what impact this might have on the ambition to tailor principles to our registrants’ specific needs);
c. key areas to factor into the development of, and consultation on, the principles; and
d. any particular four nation or non-AHP focus points for engagement.

Previous consideration	Preceptorship has not been considered previously by ETC however ETC received a paper on the wider HEE programme of work at their March meeting this year.

Decision	ETC is asked to discuss the report. We are seeking general comments and steers from ETC at this meeting.
Next steps	The project team will consider any feedback from ETC with a view to discussing more detailed outcomes of ongoing research with Council in July.
Strategic priority	This programme of work directly supports strategic objectives 1, 2, 3 and 4 of the HCPC's corporate strategy. In particular objective 2 around promoting high quality professional practice.
Financial and resource implications	We have been allocated £100,000 by HEE to support work to develop principles on preceptorship. We anticipate that the current agreed work with HEE will be covered by this funding. This will be reviewed on an ongoing basis. We have made HEE aware that our approach to this project will need to take account of our full regulatory remit, including the four nations and 15 professions we regulate. Any additional work outputs, outside of the HEE project, will need to be resourced separately.
EDI impact	A full Equalities Impact Assessment will be developed as part of this programme of activity. This work provides an opportunity for us to review our work to develop preceptorship support to ensure that any differences in early-careers outcomes inform our outputs.
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Annex A

Summary

1. In 2021 the HCPC agreed to a programme of work to develop principles for preceptorship, in partnership with HEE. This work supports our wider strategic ambitions, particularly around promoting high quality professional practice.

2. We have been developing our workplan and we currently await the preliminary findings of research commissioned by HEE. This research seeks to understand the specific needs and nuances of preceptorship programmes for AHPs. This is important because much of the literature and existing research focusses on single profession groups such as nursing.

3. The HEE research will examine evidence and use extensive stakeholder engagement to identify general themes of preceptorship which apply to all AHPs and specific needs of individual professions (discussed in more detail from paragraph 22 onwards). We will support this research with analysis of data we hold as a regulator.

4. This research, supplemented by our engagement across the 15 professions and four nations, will form the evidence base for our draft principles. We anticipate that we will be in a position to consult on the principles in the autumn with a view to publishing outputs by spring 2023. The output will likely be similar to the principles produced by the NMC but will be rooted in evidence of what works for the professions we regulate.

5. The purpose of this paper is to outline our early approach to this project and seek initial views from ETC on the risks, opportunities and focus areas we have identified.

What is preceptorship?

6. Preceptorship is defined by the Department of Health and Social Care (DHSC) as “a period of structured transition for the newly registered practitioner during which he or she will be supported by a preceptor, to develop their confidence as an autonomous professional, refine skills, values and behaviours and to continue on their journey of life-long learning”.

7. Preceptorship is not just about new graduates; it provides structured support for any professional in a period of transition including:
    a. new graduates;
    b. international professionals new to the UK register;
    c. those returning to practice; and
    d. those experiencing significant changes in their job role (e.g., working in a different sector, stepping up to an increased level of responsibility etc)

8. There has been increased focus on preceptorship programmes recently, especially around the links to workforce retention. This is important as employers seek to provide additional support to those entering professions who may have experienced disruption to their education and training because of Covid-19.

9. NHS data indicates higher leaving rates in professional groups between 1-5 years post qualification. These findings form the basis of NHS work programmes to implement more structured foundation support, including preceptorship. As part of our future work, we intend to review this data, as well as any relevant data we hold as an organisation, to gain an understanding of any trends.

10. As preceptorship programmes take place once employment has started, the responsibility to provide preceptorship programmes falls to the employing organisation. We know that some professional bodies and education providers have developed frameworks and material to support employer programmes, and in some cases these are very comprehensive. However, there is significant variation between the approaches taken across different professions resulting in varying levels of support for individuals. We think that an agreed set of overarching principles would support greater coherence and consistency in preceptorship support provided.

11. In recognising the value structured preceptorship can have during an important period of a professional's career, other health regulators have recently published guidance (e.g. NMC Principles for Preceptorship 2020) or are considering guidance in this area.

12. Various NHS preceptorship frameworks are in operation, or development, across the four nations but these are mostly focussed on nursing professions. NHS England and NHS Improvement launched a national preceptorship programme in 2021 with a view to providing an updated framework for nursing preceptorship in light of the NMC guidance. Similarly, NHS Education for Scotland (NES) launched a national framework for preceptorship in Scotland published in 2021 citing the NMC guidance.

13. In 2010, the Department of Health for Wales refreshed their Preceptorship Framework for Nursing so that it would also apply to registered midwives and AHPs. The Northern Ireland Department of Health, Social Services and Public Safety (DHSSPS) and Practice and Education Council for Nursing and Midwifery (NIPEC) published a national preceptorship framework for nursing professionals in 2013 which they are currently updating.

14. To note, NES has a well-established, multi-professional 'programme of development' titled Flying Start NHS® which has been operating since 2006. The aim of Flying Start NHS® is to support the development and embedding of effective habits in continuing professional development for all newly

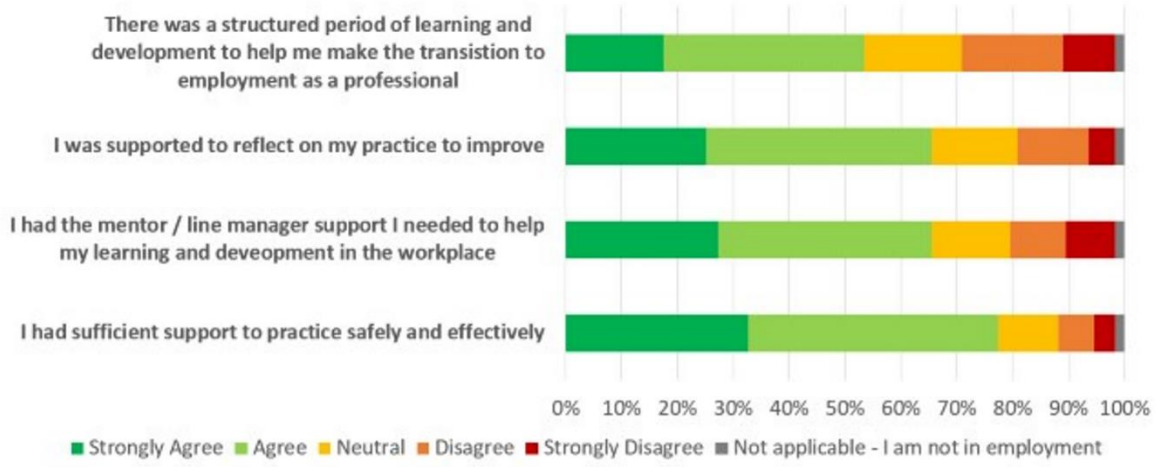
qualified practitioners in their first year. When addressing the relationship between preceptorship and Flying Start NHS®, NES say the Flying Start NHS® programme complements and often forms ‘a significant part of preceptorship programmes’. The Flying Start NHS® programme is also used in Wales.

Preceptorship and the HCPC

15. The HCPC does not currently have rules, guidance, or a specific formal organisational position on preceptorship.

16. Separate to the HEE commission, we do have some indirect internal information that identifies preceptorship as a potential area for us to explore. The initial findings from our New Graduate Survey 2021 indicated a lower level of agreement for statements relating to preceptorship (see chart below) in comparison to statements about quality of training and preparedness to practice.

17. Please note the survey had 888 responses, which is only a 7% response rate, so there are limitations to any inferences we make from this data but it does give some indication that there is room for improvement with regards to supporting registrants transitioning to autonomous professionals.



18. We should have initial findings of the 2022 New Graduate Survey (which will be titled a Year in Registration) by the end of summer which we will compare with these 2021 results. We are proposing to add a number of qualitative questions to the 2022 Year in Registration survey which will enable respondents to explain their rating. We hope this qualitative insight will help us to better understand the challenges and what ‘good support’ looks like on a practical level.

19. We also hold internal data which we plan to analyse to see if it is possible to identify any potential trends for registrants in periods of transition. For

example, we could look for links between Fitness to Practise referrals and length of time of the register or whether, from an EDI perspective, specific groups are more or less likely to face challenges.

20. We also hope to have the research we are planning to commission on registrants' preparedness to practice. While the focus of this research is separate to preceptorship, we hope the research will identify common themes to further inform thinking in this area. This research commission aims to better understand:

    a. how well newly-qualified HCPC registrants are prepared for practice;
    b. whether there are any differences in the level of preparedness for newly-qualified HCPC registrants who have one or more protected characteristics, and what causes those differences;
    c. what support exists for newly qualified registrants, and whether additional support may be required, to provide for their transition from graduate to autonomous practitioner; and
    d. whether different support might be needed for newly-qualified HCPC registrants who have one or more protected characteristics.

21. We plan to use all of the above internal information to support the focussed HEE research project (detailed below) and to inform our pursuant consultation activity. By analysing and sharing the data we hold as a regulator we can ensure perspectives from all our registrants, including the four-nations and our non-AHP registrants, are captured and considered as part of our wider engagement programme.

HEE research

22. HEE have commissioned research looking at AHP preceptorship, led by Chris Burton, Professor of Health Services Research, Canterbury Christ Church University. The research will use a realist synthesis methodology to produce a series of evidence led statements about what works in AHP preceptorship, for who and in what circumstances.

23. The research is comprised of four stages:

Phase	Purpose	Approach	Output	Timeline
1	scoping	- high level literature review - interviews with key stakeholders identified by the research team	initial framework to focus synthesis	end of May
2	searching	Deep dive into the evidence, focussing on:	evidence base to understand: - what works, - for whom, and	end of June

		- evaluation of existing and proposed AHP preceptorship programmes - review of preceptorship programmes in other health care professions (e.g. nursing) but also in other disciplines (e.g. the NQT programme for teachers) - reports of good practice and/or projects that really exemplify successful AHP programmes - detailed interviews with stakeholders, including the professional bodies representing each AHP group.	- in what context this is a 'content, mechanism, outcome' approach (CMO) and will lead to production of statements in Phase 3.	
3	analysis	Pulling the evidence together	Population of CMO statements relating to: - general elements of preceptorship which are widely transferrable for all AHP's (e.g. the need for structure) - peripheral elements of preceptorship which do not work for all professional groups and will need tailored approaches for each profession (e.g provision for professional socialisation)	end of July
4	checking	Testing the CMO statements to ensure they make sense and	Finalised statements from the research	July onwards

		are constructed in a way that is helpful in policy and practice and that will naturally lead into wider consultation	project to take forward to test at consultation	

24. We will support this research project with our internal analysis, detailed above, in addition to:

    a. agreeing a comprehensive communication and engagement plan which makes provision for effectively engaging with our wider remit, in particular ensuring a four-nation approach is taken and non-AHP professions are an integral part of the journey;
    b. feeding into the stakeholder interviews both in terms of shaping the format of discussions but also as an interviewee. This provides us with an opportunity to reflect engagement with the other professions we regulate and ensure a four-nation view is captured;
    c. using all the above to shape the consultation.

25. HEE have provided initial timeframes for completion of each research phase (detailed in the table above) and are currently mid-way through Phase 1.

26. We hope to have some early Phase 4 findings, which will inform the basis of our consultation approach, in July 2022. Pending Council's approval, this will be followed by a public consultation and analysis of responses towards the end of the year. We hope to be in a position to publish joint principles with HEE by spring 2023.

The principles

27. Following this work, the intention is for us to have an agreed set of general principles for preceptorship, applicable to all of our registrants. As mentioned, a key focus of our communication and engagement strategy will be on ensuring four nation and non-AHP professional considerations are reflected in the principles we co-produce. HEE are also engaged in further work with the 14 AHP professional bodies to supplement the joint principles with profession specific support.

28. We will want to draft these principles in a way that takes account of, and where appropriate complements, existing work in the wider health and social care sector. In particular, existing preceptorship frameworks across the UK and the approaches taken by other health regulators, such as the NMC.

29. AHPs and other HCPC regulated professions are still sometimes seen as a relatively new addition to healthcare teams. Early engagement undertaken by HEE indicates that AHPs, as a wider professional group, seek to be seen as an integral part of multidisciplinary healthcare teams, and not as a separate

entity with separate rules. We will need to draft principles in a way that balances the need to support collaborative, multidisciplinary team working which is complimentary to existing work in the wider health and social care landscape with the need to prioritise the specific needs of the professions we regulate.

Status of the principles

30. We need to consider the status of the principles we publish. Whether the principles constitute informal, helpful 'advice from the regulator' or formal guidance tied to regulatory processes.

31. The NMC have taken a voluntary, but strongly encouraged, approach. The foreword to their guidance says:

> *"Although voluntary, we know preceptorship helps newly registered professionals have the best possible start as a registered professional in the UK. We know preceptorship has a variety of benefits for employers and preceptees, among others."*

32. As part of HEE's early engagement conversations, we've heard anecdotal feedback which suggests the NMC's guidance was largely positively received. Registrants and employers perceived the guidance as a robust statement from the regulator about the importance of dedicating time to preceptorship, indicating the value of regulatory input on a practical level.

33. Our starting point would be to take a similar approach to the NMC. In future, we might wish to consider taking a stronger stance which goes beyond voluntary engagement. The benefit of this would be increased weight on the employing organisations to provide a preceptorship programme that provides a consistent level of support to all of our registrants. However, we do not recommend this approach as it isn't enforceable as part of our current regulatory remit.

34. We intend to keep the status and use of this guidance under review once implemented.

Language – 'foundation preceptorship'

35. The term 'preceptorship' is commonly used in the literature and understood across the four nations. However, given that most of the existing frameworks were developed with nursing professionals in mind, anecdotal evidence indicates that employers and registrants are more likely to associate preceptorship with nursing. Particularly in Scotland, where the Flying Start NHS® development programme is well established, AHPs are more likely to refer to this support programme than preceptorship. We intend to explore this assumption further in our engagement.

36. HEE are keen to title our co-produced guidance ‘Evidence-led principles for Foundation Preceptorship’ to set this apart from nursing initiatives. With ‘foundation’ referring to the ambition to support registrants in a period of transition to achieve a solid grounding in their new role.

Analysis

37. This programme of work provides is a real opportunity for the HCPC to demonstrate proactive, supportive and evidence-led regulation. At its core this work supports the overarching regulatory role of promoting public safety by ensuring consistency of support for those in periods of transition which, in turn, creates increasingly confident and competent professionals who deliver safe and effective care.

38. This directly supports several of the objectives set out in the corporate strategy around improvement and innovation, promoting high quality professional practice, developing insight, exerting influence and being visible, engaged and informed. It is also in line with the organisational values around being fair, compassionate, inclusive and enterprising.

39. However, there are some risks:

    a. HEE’s remit is England only and their project focus is AHPs alone. HCPC’s remit covers the whole of the United Kingdom and professions that fall outside of the AHP umbrella. We will mitigate this risk by developing a considered and inclusive communication and engagement strategy. Details of the strategy are yet to be agreed but specific engagement with Scotland, Wales and NI and the non-AHP professions we regulate will be a priority area, particularly around the time of the consultation which we will use as a vehicle to capture the views of all our stakeholders.

    b. Without sufficient collaboration and engagement, we risk inadvertently causing confusion by producing a guidance document which sets different expectations for different types of health professional. This will be hard for individuals and employing organisations to manage and the opposite of our ambition. However, we know stakeholders are looking to the regulator to provide clarity in the area by producing overarching guidance, clearly setting out our position and how preceptorship programmes support high quality professional practice.

40. We have direct influence over the scope and approach of the project, so we are in a good position to mitigate and manage these risks. As our work develops we will supplement extensive engagement activities with inclusive messaging to raise awareness of the work programme across our full registrant membership. Our communication and engagement will focus on our intention to take a complementary approach to existing preceptorship

programmes whilst being led by the evidence on what really works for all of our registrants.

Next steps

41. We are keen to hear ETC's thoughts on:

    a. whether this paper identifies key priorities and areas of risk and opportunity;
    b. to what extent we want to prioritise alignment with existing preceptorship principles and frameworks (and what impact this might have on the ambition to tailor principles to our registrants' specific needs);
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