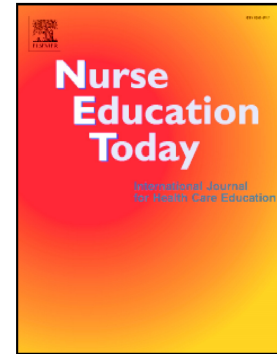


What is the evidence that can inform the implementation of a PRECEPTORSHIP scheme for general practice nurses, and what is the evidence for the benefits of such a scheme?: A literature review and synthesis



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Title Page:

- i. Title: WHAT IS THE EVIDENCE THAT CAN INFORM THE IMPLEMENTATION OF A PRECEPTORSHIP SCHEME FOR GENERAL PRACTICE NURSES, AND WHAT IS THE EVIDENCE FOR THE BENEFITS OF SUCH A SCHEME?: A LITERATURE REVIEW AND SYNTHESIS
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Abstract

Objectives

This is a literature review of the published evidence of the benefits and suggested structure of preceptorship programmes for General Practice Nursing, with the aim of informing General Practices and networks who are instituting preceptorship programmes.

Design & Data Sources

A literature search was carried out in the CINAHL Plus database of English language papers from the year 2000-2019 using the search terms; (Precept* or mentor*)AND("community practice" OR "primary care" or "general practice" or "new GPN" or "new general practice nurse" or "nurse new to general practice" or "induction GPN" or "GPN").

Review method

A literature review and narrative synthesis of the evidence.

Results

Our searches produced twelve papers. Seven papers reported on single preceptorship programmes in General Practice or primary care, with qualitative or quantitative evaluation of their effects. Three qualitative papers reported participant experience of preceptorship, or discussed the learning needs that preceptorship must address. Two literature reviews reported the evidence for preceptorship in General Practice or nurse practitioner programmes.

Conclusion

The quality of the evidence on General Practice Nurse preceptorship is low. There is a lack of robust evidence on the effects, and the benefits. These should be evaluated as preceptorship programmes are implemented.

The limited available evidence suggests that a structured preceptorship programme, of more than 4 months duration, which allows the development of peer-to-peer support, is a good model for General Practice Nurse preceptorship. The involvement of doctors and the wider practice team is essential for the success of such a programme. Preceptors require training and support in the role. General Practice Nurse preceptorship should support the development of existing professional competencies, including the ability to make real-time autonomous clinical decisions. The financial costs, and cost of time away from clinical care, should be ameliorated as far as possible, when instituting a national General Practice Nurse preceptorship programme.

Keywords

Preceptorship

Mentors

Family Practice

General Practice

Primary Health Care
United Kingdom
Australia

Introduction

General Practice Nursing (GPN) is facing a staffing crisis in the United Kingdom (UK) and internationally, as a result of an aging workforce, and difficulties with recruitment of new nurses into the discipline. In the UK, *The General Practice Forward View* (NHSE 2016) and the '*10 Point Plan for GPN*' (NHSE 2017) policy documents outline a strategy to increase the number of General Practice Nurses in UK General Practices by improving recruitment and retention, with preceptorship forming an important component. This review looks at the existing evidence that can inform GPN preceptorship programmes in the published literature in English, and was conducted prior to a larger scoping project examining the state of GPN preceptorship in England, intended to inform the roll out of preceptorship in General Practice.

Background

Preceptorship is recognised internationally as an important part of helping nurses make the transition from student nurses to registered healthcare professionals. The United Kingdom Central Council for Nursing, Midwifery and Health Visiting (UKCC 1986) recognised the importance of preceptorship in its 1986 proposals for reforming nurse education. This and subsequent UK policy recommended that newly qualified nurses and nurses new to an area of practice should have a period of support for four months under the guidance of a preceptor who should be a registered nurse who has been qualified for at least 12 months (NMC 2006, Department of Health 2008).

The early guidance on preceptorship was focussed on secondary care (DoH 2009, DoH 2010, NIPEC 2013, NHS Wales 2014, NHS Education Scotland 2018).

General Practices in the UK are independent small businesses, and the implementation of preceptorship has been less advanced in the General Practice setting than in large secondary care organisations. In a survey undertaken by the Queens Nursing Institute only 22% of 3400 General Practice Nurse respondents reported receiving a preceptorship programme (QNI 2015). However, General Practice and General Practice Nursing has developed a higher profile in the UK in recent years as the government in its *Five Year Forward View* (NHS 2014) acknowledged primary care as a key component of healthcare reforms. The *General Practice Nursing Workforce Development Plan* suggested that nurses new to general practice should have access to a standardised Preceptorship programme (HEE 2017). *The District Nurse and General Practice Nursing Service Education & Career*

Framework (2015) and the *Ten Point Plan for General Practice Nursing* (2017) advised that all nurses new to general practice should undertake a preceptorship programme. Despite this emphasis, there is a lack of evidence from General Practice or primary care settings about what the structure of a specific GPN preceptorship programme should be, and the benefits of such programmes. For this reason a literature review and synthesis of available and applicable evidence was carried out, in order to map what is known, and where the gaps in evidence lie.

Objectives

A literature review was carried out to identify the evidence for preceptorship in a general practice nurse setting, and to synthesise this evidence, drawing on UK and international sources. The following research question was formulated; what is the evidence that can inform the implementation of a preceptorship programme for General Practice Nurses, and what is the evidence for the benefits of such a programme?

Design & Methods

This paper is a literature review and narrative synthesis of the existing evidence on General Practice Nurse preceptorship from the literature, with the intention of informing General Practices, networks and other stakeholders, who are instituting preceptorship programmes in their areas. A narrative synthesis was chosen because of the heterogeneity of the types of evidence available, and our objective to make accessible the fragmented evidence base in order to “make sense” of it for practitioners. Narrative reviews are intended to synthesise information into a user-friendly format and present a broad perspective, as was our objective (Noble & Smith 2018). In keeping with the narrative review methodology, we did not carry out a formal appraisal of the quality of the studies that we included, (Nobel and Smith 2018). The research on General Practice Nurse preceptorship in the UK is extremely limited, so our search strategy included papers addressing preceptorship in the community and in other primary care settings, in the UK and internationally. The CINAHL Plus database was searched via EBSCOhost using the following search terms;

(Precept* or mentor*)AND(“community practice” OR “primary care” or “general practice” or “new GPN” or “new general practice nurse” or “nurse new to general practice” or “induction GPN” or “GPN”). Date limiters: 01-01-2000 to 01-01-2019. English language only.

Inclusion and Exclusion Criteria

We made a pragmatic decision to use a 20 year retrospective window for our search criteria.

Inclusion criteria:

- Papers describing preceptorship programmes for nurses new to a general practice or family practice setting
- Descriptions of 'mentorship' for nurses working in general practice were the term referred to post-registration nurses
- Papers from the UK, US, New Zealand, Australia or any other country with a healthcare system with a recognisable general practice/family practice structure.
- Papers discussing preceptorship in a community or primary care setting.
- Quantitative or qualitative papers, and existing reviews

Exclusion Criteria

- Papers describing pre-registration mentorship programmes
- Papers describing preceptorship in an acute care setting
- Papers describing preceptorship for medical staff in General practice
- Non-English language papers

Definition of preceptorship in the literature

The definition of preceptorship varies in different countries, with some overlap and confusion with mentoring. For this review, we understand preceptorship as a closed-ended relationship of a fixed duration, where support is provided by a more experienced to a less experienced colleague who is new to the profession or new to a particular field within a profession (NMC 2006, Gordon et al 2014). The aim of preceptorship is to develop the clinical skills, competence and confidence of the less experienced colleague, and to facilitate orientation to the new field and socialisation within the role, including understanding its inter-professional links and pathways (DoH2009). This is always in a post-registration setting, and in the UK, is distinct from pre-registration mentoring, which refers to a similar role undertaken as part of pre-registration nursing programmes. It is also distinct from a more relational, career-development type of mentoring, which is largely supportive in nature, and can be provided by a more experienced colleague to a less experienced colleague after registration on a more open –ended, and less structured basis (Harrington 2011). Where papers have used the term "mentor" but the content of the role is clearly within our definition of "preceptor" we have included these papers in our review.

Results

Our initial search resulted in 475 articles. Of these 399 were removed by title and 50 by abstract, resulting in 26 full-text papers. Of these 10 were not about preceptorship but about

mentoring or educational programmes, 5 did not focus on nurses, and 2 were theoretical or commentary papers and were excluded, resulting in 9 full text papers.

Some additional follow up of references was carried out, resulting in 12 articles reporting research, evaluation or best practice that are included in this review (Figure 1). The included papers are listed in Table 1.

We also include in our discussion a brief overview of research carried out on preceptorship in an acute care setting, with the rationale that some of this is applicable to a general practice context.

Insert Figure 1.here; Flowchart for Search strategy

Insert Table 1. here; Included papers

Discussion

We present the evidence from the literature grouped by evidence on General Practice Nursing preceptorship, and primary care preceptorship from the UK, evidence on general practice and primary care preceptorship from international sources, and finally two reviews of preceptorship in acute care.

Evidence from the UK

There is very little published evidence on General Practice Nursing preceptorship in the UK. Only one published paper was an evaluation of a General Practice Nursing foundation pilot programme (Tinson 2011). This paper was primarily concerned with a General Practice Nursing Foundation programme provided by Higher Educational Institutions (HEIs), with both taught and work-based (practice-based) elements, but concluded that the range and level of skills required to carry out the GPN role are not normally addressed in general training, indicating the need for preceptorship to ease transition into the role (ibid p. 267). Further Tinson (2011) pointed out that many nurses applying for the foundation programme lacked experience of the requirements of the modern General Practice Nursing role. The Practice nurse supervisors (cf. preceptors) who were experienced clinically, sometimes lacked the necessary teaching and assessing skills for the role and benefited from the provision of formalised training (in this case completing a mentorship programme to become a sign off mentor), which increased their confidence in teaching and assessing pre- and post-

registration nurses. This suggests that preceptors may also lack the skills required to carry out their role, and would benefit from specific training. Tinson (2011) also pointed out the difficulties posed by the small business model of general practice, and the demands on the practice of programme.

There is more, but still limited, published evidence on preceptorship programmes for primary care, but not specifically general practice nursing (e.g. community nurses, district nurses, health visitors and school nurses) in the UK. Two papers addressed primary care education (i.e. community nursing, district nursing) more widely in a UK context, but not specifically General Practice nursing. Albutt (2013) reported educator's perspectives on pre-registration nurses' preparedness to work in primary care and noted the need to prepare and support nurses in the much more autonomous working environment of primary care, and reported the views of educators that robust preceptorship programmes were needed to ease the transition to primary care for newly qualified nurses. Ali et al (2011) interviewed 14 primary care nurses (District Nurse, Health Visitor, School nurse, community staff nurse, modern matron and nurse manager) about the preparedness of novice nurses to work in primary care. Themes arising from this included the need to inform novice nurses about the structure of primary care and liaison with other services, the need to develop confidence to make autonomous decisions in a primary care role and the need for preceptorship to help with transition into the role.

Two primary research papers addressed UK preceptorship programmes for health visitors (McInnes 2015) and school nurses (SN) (Phillips et al 2013) and two discussion papers addressed preceptorship for nurses working in community teams (Price 2014, Darvill et al. 2014).

McInnes (2015) explores the impact of a six-month pilot of a Health Visitor preceptorship programme, based on the Health Education England National Preceptorship framework for Health Visiting. The preferred model was one that combined 1-1 meetings with a practice teacher with facilitated group meetings, because of the potential to build up peer support networks using this model. The importance of including the team manager in some meetings between preceptees and preceptor was stressed. Recommendations included maintaining good tripartite communication between preceptors, preceptees and managers, early allocation of a preceptor, and discussed the need to embed preceptorship within an organisational business plan. Phillips et al. (2013) report on a pilot study of a preceptorship programme for newly qualified Health Visitors and Staff Nurses developed by St Georges NHS Healthcare Trust. Participants reported that the preceptorship programme helped them to "*settle into the role*" (p19), to develop professionally and to cope with change. Finding time to meet with preceptors was a problem. Recommendations included the inclusion of action

learning sets as a means of peer support, and the appointment of preceptor facilitators who supported the preceptor.

Price (2014) addresses preceptorship for community teams suggest four areas of learning that preceptors might address – (a) orientation to the structure of primary care and liaison with other services, (b) real-time practice reasoning, (c) skills review and development and (d) socialisation into the wider team, all of which have pertinence to the General Practice Nursing role. Darvill et al. discussed transition for newly qualified children's nurses into a community children's team, and highlighted the important role of preceptors. The physical, and later remote, support of a preceptor was appreciated for its guidance and protection, which increased confidence, but conversely could be experienced as 'surveillance', and as a failure to recognise competence already acquired.

International Evidence

There is most evidence of preceptorship in a General Practice (GP) setting from Australia, where General Practice, like in the UK, is run on a small business model.

Gibson and Heartfield have written a paper examining setting up a framework for mentoring to support nurses in General Practice and to increase their numbers (Gibson & Heartfield 2005). Although these describe a mentoring relationship, where the main emphasis is peer-support, rather than a more formal preceptorship relationship between a senior and junior colleague, there are lessons, which can be carried into an exploration of preceptorship, particularly around the identification of key factors for the successful implementation of the framework in terms of organisational support, skills, attitudes and resources. Gibson & Heartfield (2005) conducted focus groups with doctors and General Practice Nurses from urban, rural and remote locations in Australia regarding the need for mentoring and their experiences of it. Support from General Practitioners (doctors) of any mentoring framework was highlighted as important, with financial implications, benefits for recruitment and retention and benefits for quality of care identified as factors that influence this. Skills required to be a General Practice Nurse mentor were also highlighted which included knowledge of the general practice context, and legislation affecting nursing, the ability to translate knowledge into the general practice context, rapport and trust, and experience in the role. The accessibility of the mentor was also considered important, which may also be important for preceptorship in smaller practices.

Similar to the UK, the primary healthcare nursing workforce in Australia is aging and workforce shortages are a difficulty. The recruitment of graduate nurses into general practice is seen as one solution. Gordon et al (2014) in a discussion document note that,

internationally, transition programs have involved a period of orientation, study days and preceptorship, but that little evidence of efficacy, and no agreed model of funding exists. They set out some guiding principles for designing such a program for transition into primary care, which are relevant to the development of a preceptorship programme for General Practice Nurses in the UK. These are; include all stakeholders (Government and health bodies, doctors, medical and nursing professional organisations) in the design of the programme; carry out a national needs assessment to inform the design, implementation and evaluation of the programme; have a national structured programme to ensure consistency – but one which allows flexibility to adapt to local needs; incorporate existing professional standards, frameworks and competencies for GPNs; adopt an educational component and preceptorship model for supervision and support; evaluate a pilot programme for feasibility, acceptability and scalability before rolling out – followed by a more comprehensive evaluation and dissemination of this, once the programme is established, looking at effectiveness and cost-effectiveness; allocate government funding to support the programme; ensure governance and support from primary care organisations at local levels; provide financial and other incentives to promote engagement of General Practitioners, existing General Practice Nurses and pre-registration nurses; provide Training for and recognition of the role of preceptor (Gordon et al 2014).

They suggest that Key Performance Indicators used in evaluation should be developed collaboratively and should focus on the development of a skilled and sustainable General Practice Nursing workforce. They suggest the following; Competence and confidence of participants with regard to key skills, Intention to stay in General Practice, Impact on existing staff in the practice, and Impact on service delivery in the practice.

Aggar et al. (2017) describe a small pilot study from the above “Transition to Professional Practice in Primary care” program, which collected data at 3, 6 and 12 months from 4 graduate nurses and 11 preceptors. They evaluated Competency, Graduate nurse (preceptees) experience, and Satisfaction of preceptors and preceptees. Preceptors perceived preceptees as more competent at the end of their programme, experience of the programme was generally reported as positive and satisfaction of both preceptors and preceptees was high.

They also noted that preceptors were experienced nurses who were employed within the same practice, and who had undertaken an 8-hour face-to-face training, again emphasising the importance of training and preparing preceptors for their role.

Harrington (2011) provides a literature review of the evidence from the USA of mentoring new nurse practitioners to accelerate their development as primary care providers. Whilst not exactly analogous to the situation of preceptorship for new General Practice Nurses, the type of mentoring (by preceptors) described in the review, including apprenticeship, competency assessment and reflection, has some overlap and relevance. She found no studies showing that mentoring Nurse Practitioners in primary care improved quality of care or job satisfaction, but some limited evidence of a shorter adjustment period to the new role, and higher retention rates.

Zapatka et al. 2014, describing and evaluating a Primary Care Adult Nurse Practitioner fellowship program in the US, with similar aims and addressing similar problems as General Practice Nursing preceptorship, found that graduate nurses reported that mentors (preceptors) enabled them to better develop their clinical skills, communication techniques and professionalism, and also highlighted the value of peer support from other new graduates (in this case medical interns). The benefits of a structured formal, as opposed to informal unstructured, programme were also highlighted.

Evidence in UK of Preceptorship for Newly Qualified Nurses (NQN) in acute settings

This section of the review brings together briefly the published evidence for preceptorship for newly qualified nurses in acute care, included because it is highly likely that some general principles can be carried over to General Practice Nursing.

Irwin et al. (2018) carried out a systematic review looking at the effects of preceptorship on the confidence and competence of newly qualified nurses in the UK. They reviewed 14 papers published between 1996 and 2013. They noted that competence and confidence in a particular skill set was not defined by any of the papers reviewed and was hard to assess in an objective, reliable and reproducible manner. Nonetheless, there was some evidence that “complex preceptorship” i.e. a preceptorship model with core study days, clinical supervision and set competencies, appeared to increase both, although a direct causal link to preceptorship, as opposed to experience in the role, was hard to prove. A second important finding was that support from the wider team was more important than support from the preceptor. This has implications for a General Practice Nursing setting where all members of the multi-professional team may need to be supportive of the preceptorship programme and the preceptees. Unsurprisingly time and accessibility of the preceptor were factors in the success of preceptorship, and in this regard, a more structured program may have a beneficial impact. The authors note that this view is in agreement with the findings from international studies.

Robinson & Griffiths (2009) carried out a scoping review of preceptorship for newly qualified nurses in the UK in 2009, looking at impacts, facilitators and constraints.

They found that the positive impacts of preceptorship included skills development and easier role transition, and increased confidence for the preceptees. Satisfaction with preceptor role and the ability to further knowledge and teaching competencies were positive aspects for preceptors. More formalised programmes had a positive impact on skill development.

Potential negative impacts were a reduction in the supportive aspects of preceptorship if competency assessment was over-emphasised.

Barriers to good preceptorship included lack of time, lack of preceptor preparation and problematic relationships between preceptor and preceptees. No good evidence existed for effects on quality of care or career direction, or on the effect of preceptorship on organisations.

Structured programmes of more than 4 months duration resulted in greater satisfaction from preceptees. The review also recognised the potential challenges of providing preceptorship in a community setting and within small teams.

Facilitators and Barriers to Successful Preceptorship Experience – evidence from the review.

The need for a preceptorship programmes to help nurses make the transition into primary care, in terms of managing the increased autonomy, acquiring the correct skills for independent working, and understanding the structure and relationships in primary care, is reported by many of our sources ((Tinson 2011, Ali 2011, Albutt 2013, Price 2013, Gibson & Heartfield 2005).

There is an emphasis on the need to train and support preceptors who are undertaking preceptorship of new nurses. Tinson (2011) reports the need for training in educational skills. She and others also report the need for support for preceptors in their role, from formal preceptor facilitators, managers and the wider professional team (Philips 2013, Aggar 2012). This echoes the findings of Robinson and Griffith (2009) and Irwin et al (2018) who looked at preceptorship in an acute care setting, but is arguably more important in primary care because of the often isolated and self-contained nature of general practices.

The sometimes isolated working environment of primary care may also explain the findings of MacInnes (2015) in the context of health visitors in the UK, and Zapatka (2014) in the USA ,who emphasise the ability of preceptorship programmes to provide peer support for preceptees, which is a positive feature of such programmes.

General practice, both in the UK and in Australia, are small businesses, owned and run by doctors, and the need for “buy in” and support for preceptorship from medical employers, is reported by Tinson (2011) in the UK, Gibson & Heartfield (2005) in Australia, and Gordon (2014). Gordon(2014) also emphasises the need for adequate, and agreed funding for such preceptorship.

A structured, rather than ad hoc preceptorship programme, is considered to be a facilitator of satisfaction and good outcomes (Gordon 2014; Robinson & Griffith 2009; Zapatka 2014), but authors stress the need for local flexibility, so that the programme works in the specific context in which it is embedded, which is arguably more important in a small-scale general practice setting, than in larger, more standardised secondary care institutions.

Limitations

This review was limited to English language publications, and as a result has excluded evidence from non-English speaking countries. The screening at title and abstract stage was carried out by only one researcher (KN) which introduces the possibility of bias in paper selection. However our screening parameters were very wide, in view of the small amount of research available, and we feel that we did not prematurely narrow our search or exclude relevant papers. Neither author is a General Practice Nurse, and we have no conflicts of interest in GP preceptorship programmes, which would influence our choice of papers or the evidence that we have drawn from them.

Conclusion

The evidence for what works with regard to General Practice Nursing preceptorship, and on its benefits and facilitators is limited and of low quality. However, the purpose of this review was to synthesise the existing elements with a view to guiding General Practices and networks who are implementing preceptorship. The existing literature suggests the following;

- Structured programmes of at least 4 months duration appear to work better than unstructured programmes
- Peer support opportunities are valued and Action Learning Sets – in which preceptees solve problems together – may be beneficial
- Preparation and education of Preceptors is important
- Preceptor facilitators or other higher level support for preceptors is valuable – to support preceptors and help solve problems which arise between preceptees and preceptors

- 'Buy in' from management (General Practitioners) is important
- Orientation to the way General Practice works, its context and linkages to other services should be part of the learning package.
- Existing professional standards, frameworks and competencies for General Practice Nurses should be incorporated into any competency framework
- Competencies should include the ability to make real-time, autonomous, clinical decisions – a key difference in terms of General Practice v. acute hospital settings
- Cost may be an issue in a small business setting – ideally centralised funding should be available

An overview of the evidence on the benefits of preceptorship programmes, and the implications of this evidence, suggests the following;

- There is little robust qualitative evaluation in terms of retention – gathering this evidence should be built in to the design of a standardised programme
- There is little robust evidence in terms of competence and confidence but some qualitative and non-comparative evidence of benefit – thought should be given as to how these are defined and assessed
- There is good qualitative evidence of increased support, settling into role & feeling part of team
- There is some evidence from the literature of better understanding of primary care structure and organisation, and linkage with other professionals
- Quality of care – there is little quantitative evidence, but some qualitative anecdotal evidence of improved quality of care – thought should be given as to how this could be gathered e.g. patient opinion, audit of practice
- Lack of time and accessibility of preceptor may be barriers to a good experience of a preceptorship programme – protected time will help but is a cost and may impact on service delivery

Summary of Findings

Much of the evidence that we found is qualitative and anecdotal, and includes very few formal evaluations of the effects of preceptorship. Nonetheless there was notable consistency across acute and primary care sources, and between countries regarding facilitators of successful schemes, and conversely factors that may act as barriers to success. Practices considering implementing a preceptorship programmes can use this review to consider how they might train and support preceptors, how they might facilitate peer support for preceptees, and how they might structure a preceptorship programme so that some protected time is available, and the relevant skills and autonomy are acquired.

Support from GPs and the wider team should be sought and, if possible, long term funding secured. Practices implementing preceptorship might also want to consider, before initiating the programme, how it will be evaluated, so that evidence can be used to guide decisions about whether it is effective in terms of recruitment, retention, improved quality of care and job satisfaction.

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Zapatka, S.A., Conelius, J., Edwards, J., Meyer, E., Brienza, R., 2014. Pioneering a Primary Care Adult Nurse Practitioner Interprofessional Fellowship. *Journal for Nurse Practitioners*. 10, 378–386. <https://doi.org/10.1016/J.NURPRA.2014.03.018>

Table 1 Included papers

Tinson, S., 2011	Evaluating a general practice nurse foundation pilot programme	<i>Practice Nursing</i> , [e-journal] 2011. 22 (5), pp.267-270.	Evaluation of GPN Foundation programme with comments on preceptorship element
Albutt, G., Ali, P. & Watson, R., 2013.	Preparing nurses to work in primary care: educators' perspectives	<i>Nursing Standard</i> , [e-journal] 2013. 27 (36), pp.41-46.	Describes educators' view on preparedness of nurses to work in primary care setting Includes view that robust preceptorship is needed.
Ali, P.A., Watson, R. and Albutt, G., 2011.	Are English novice nurses prepared to work in primary care setting?	<i>Nurse Education in Practice</i> , [e-journal] 11 (5), pp.304-308. 10.1016/j.nepr.2011.02.001	Describes experienced nurses views on preparedness of novice nurses for working general practice, and includes need for preceptorship
Darvill, A., Fallon, D. and Livesley, J., 2014.	A different world?: the transition experiences of newly qualified children's nurses taking up first destination posts within children's community nursing teams in England.	Issues in comprehensive pediatric nursing, 2014 [e-journal] 37 (1), pp.6-24. 10.3109/01460862.2013.855841.	Experience of preceptorship in transition of newly qualified nurses to community paediatric teams
McInnes, E. 2015.	A Preceptorship model for Health Visiting	Community Practitioner 2015 Oct 46-49	Discusses a preceptorship programme for Health Visitors
Phillips, S. et al.	A preceptorship	Community Practitioner	Discusses a

2013	programme for health visitors and school nurses: a pilot study	2013:86 (1): 18-22	preceptorship programme for school nurses & health visitors
Price, B. 2014.	Preceptorship of Nurses in the Community	Primary Health Care 2014 24; 4 :36-41	Addresses areas upon which preceptors in community nursing teams might focus
Gibson, T. and Heartfield, M., 2005.	Mentoring for nurses in general practice: an Australian study	Journal of Interprofessional Care, 2005. [e-journal] 19 (1), pp.50-62.	GP and GPN views on mentoring (preceptorship) in General Practice in an Australian setting
Gordon, C.J., Aggar, C., Williams, A.M., Walker, L., Willcock, S.M. and Bloomfield, J., 2014	A transition program to primary health care for new graduate nurses: a strategy towards building a sustainable primary health care nurse workforce?	BMC Nursing, 2014. [e-journal] 13 (1), pp.1-13. 10.1186/s12912-014-0034-x.	Discussion document from Australia, drawing together evidence from literature and exploring factors that may contribute to a successful transition programme for new graduates in primary care, including preceptorship.
Aggar, C., Bloomfield, J., Thomas, T.H. and Gordon, C.J., 2017.	Australia's first transition to professional practice in primary care program for graduate registered nurses: a pilot study.	BMC Nursing, 2017 [e-journal] 16, pp.1-11. 10.1186/s12912-017-0207-5.	Evaluation of a pilot study for the above Transition to Primary Care program involving preceptees and preceptors
Harrington, S., 2011.	Mentoring new nurse practitioners to accelerate their	<i>Journal of the American Academy of Nurse Practitioners</i> , [e-journal] 23 (4), pp.168-174.	Literature review of evidence regarding

	development as primary care providers: A literature review.	10.1111/j.1745-7599.2011.00601.x	mentoring (preceptorship) of newly qualified nurse practitioners (NPs) by more experienced NP colleagues.
Zapatka, S.A., Conelius, J., Edwards, J., Meyer, E. and Brienza, R., 2014.	Pioneering a Primary Care Adult Nurse Practitioner Interprofessional Fellowship.	Journal for Nurse Practitioners, 2014. [e-journal] 10 (6), pp.378-386. 10.1016/j.nurpra.2014.03.018.	Presents the experiences of an initial cohort of Nurse Practitioners (NPs) going through an NP Interprofessional fellowship. Highlights the need for mentors (preceptors)

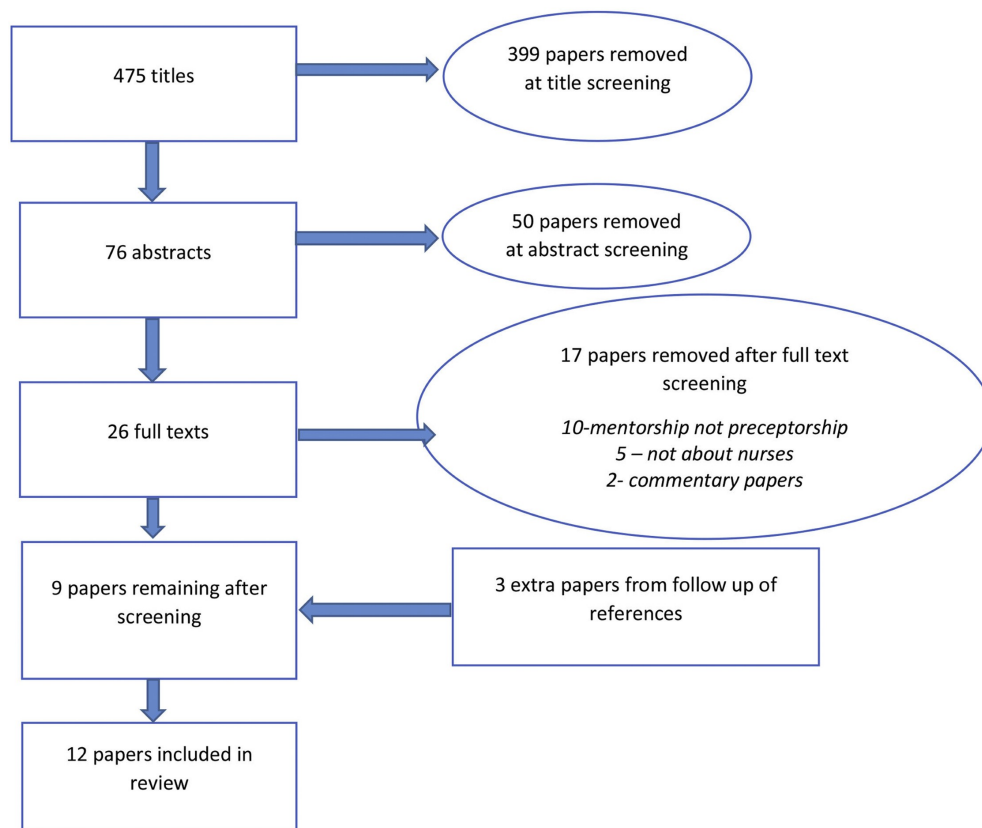


Figure 1