

# Preceptorship in Radiography: Cross-Sectional Scoping of Profession Specific Needs

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# Preceptorship in Radiography: Cross-Sectional Scoping of Profession Specific Needs

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## **Preceptorship in Radiography: Cross-sectional Scoping of Profession Specific Needs**

### **Introduction:**

The Health and Care Professions Council (HCPC), as the regulatory body for radiographers, reported a total of 46,071 registered radiographers in the United Kingdom with 32,687 registering from a UK programme of study, 12,160 from an international route, 1223 from European mutual recognition and 1 from a grandparenting route in May 2024 (HCPC, 2024). The HCPC report into new registrant retention rates in 2019 found that although 97% of radiographers remain registered after 2 years, this drops to 94% after 4 years, and that there are lower retention levels in those entering via an international route (HCPC, 2019). NHS England also report that 40% of all NHS leavers have less than 3 years' service. (NHS England ESR Data, 2024).

A recent report suggests that 17% of the radiography workforce leave within the first two years of service (Palmer, Rolewicz and Dodsworth, 2023). These figures align with the findings of the Society of Radiographers' Workforce Census for both diagnostic and therapeutic radiography (Society of Radiographers, 2022). This highlights the vulnerability of the radiography early-career workforce. and the potential impact that poor retention of skills and expertise has on future ability to provide safe, high quality radiography care. Attrition amongst early-career stage radiographers not only places strain on clinical services but also does not deliver value from public investment into education.

It has been highlighted that good quality structured support may enable retention of healthcare professionals as they commence their professional role (Health Education England, 2018; Harvey and Morris, 2020; Scholes et al, 2017). However, Chaka et al. (2024) acknowledge that retention is not the sole philosophical purpose of preceptorship, but that focus must remain on the supported transition of radiographers into their role. It is however linked to retention as without this support, newly qualified professionals may leave employment due to feeling overwhelmed, underprepared and under-supported.

Evidence on the impact of preceptorship on staff recruitment is also lacking. For example, in Scotland the provision of a national web-based programme of support for newly qualified professionals, Flying Start NHS, did not provide evidence that the programme had a positive impact on staff recruitment (Banks et al, 2010).

It should be noted that preceptorship should support and develop the confidence in an individual's practice as they transition, as opposed to filling any hypothetical gaps in education. However, with the disruption to learning and placement as a result of the COVID-19 pandemic, the value of preceptorship is now profound (NHS

Employers, 2024). Elshami et al. (2022) in a recent study of clinical tutor's perspectives on the impact of COVID-19, found that they believe longer preceptorship support for radiography students is now required as the pandemic reduced student's clinical exposure and experience.

The professional adjustment required in career transitions can provoke intellectual, emotional and developmental challenges (Duchscher, 2009). For newly qualified radiographers joining the workforce, this situation can be intensified by the expectation that once an individual has reached qualification, they should demonstrate their ability to work at the required level (Harvey-Lloyd et al, 2019). Preceptorship can support these transitions through programmes of learning and support from an experienced practitioner (a 'preceptor') providing one to one support (NHS Employers, 2024; HCPC, 2023).

### **Preceptorship**

Preceptorship has been defined by the HCPC (2023) as:

*'a period of structured support provided to HCPC registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.'*

Support during preceptorship to develop professional and social identity contributes to a feeling of belonging within an organisation, and this is ultimately linked to the delivery of safe patient care (Atwal, 2022). The use of preceptorship within the nursing profession realised improved confidence in communication, improved ability to manage stress, and facilitated role development and use of reflection skills (Marks-Maran et al., 2013)

The Health and Care Professions Council (HCPC, 2023) published five principles to guide preceptorship, aiming to mitigate the challenges that registrant's face at these transition points, with an aim to develop confidence in becoming, and in being, an autonomous practitioner. These principles include reference to quality and leadership of preceptorship, and the preceptee and preceptor roles.

The AHP Preceptorship Standards and Framework published by NHS England in 2023 built upon the HCPC Principles for Preceptorship, identifying twenty standards to guide high quality preceptorship and provide standardisation across England (NHS England, 2023a). These include recommended core elements and activities surrounding multi-professional working, communication and self-reflection, all of which should be tailored to meet individual's needs (NHS England, 2023a).



There are similarities and differences in preceptorship needs across the health and care professions, however the principles across the professions are common, with acknowledgement of differences due to professional working practice, size of profession and professional body requirements (NHS England, 2023). Despite well-established preceptorship programmes in Nursing and Midwifery in many organisations, and the building evidence base for preceptorship for the healthcare workforce, there continues to be variability with what appears to be an apparent increase in preceptorship provision across the radiography professions.

### **Preceptorship in Radiography**

A recent scoping review of preceptorship in radiography identified there are a limited number of preceptorship programmes available within the profession (Chaka et al., 2024). The baseline survey of AHP Preceptorship across England in 2023 reported 73 organisations offering preceptorship for diagnostic radiographers (NHS England, 2023b National Survey Results.docx (sharepoint.com)). Tuckey and Hutton (2021) reported to the Society of Radiographers in their reducing Pre-registration Attrition and Improving Retention in Radiotherapy (RePAIR) implementation progress report, that 36 NHS Radiotherapy providers across England had a preceptorship programme in place for therapeutic radiographers. This figure had grown by 36% in 2023 when the baseline survey of AHP Preceptorship across England identified that 49 organisations (80% of Radiotherapy centres in England) offered preceptorship to therapeutic radiographers (National Survey Results.docx (sharepoint.com)).

NHS Education for Scotland (2024) funded an AHP Preceptorship scoping exercise to understand AHP preceptorship across Scotland and to identify good practice. 67% of the AHP respondents reported having a preceptorship programme within organisation, however this is not identified by profession. It should also be noted that radiographers accounted for 13% of the total respondents (DRAD 11% and TRAD 2%).

Previously, a preceptorship scheme composed by the Association of Radiographers on behalf of Society of Radiographers was linked to progression from a band 5 to a band 6 however disappeared following the introduction of Agenda for Change (cited in Harvey-Lloyd, 2018). This model of preceptorship has been described as having a “mechanistic” approach, focusing on the completion of twelve activities rather than on developing preceptee confidence (Harvey-Lloyd, 2018). Preceptorship, in accordance with the NHS England Framework (NHSE, 2023) and HCPC Principles (HCPC, 2023) should be designed to develop an individual AHP’s confidence to become an autonomous practitioner when transitioning into a new role, as opposed to (re)assessing competence.

Competence refers to an individual's abilities and knowledge (HCPC, 2023). The Reducing Pre-registration Attrition and Improving Retention (RePAIR) implementation progress report established that 77% of preceptorship programmes in NHS Radiotherapy providers were task focused and competency based (Tuckey and Hutton, 2021). Some models of preceptorship have been identified as being demanding and have been compared to an additional year of study due to the excessive paperwork and overwhelming requirements (Harvey and Morris, 2020; HEE, 2018).

Developing confidence is a pivotal aspect of preceptorship. Radiographers feel that programmes which improve self-confidence avail career transition (Chaka et al., 2024). NHS England (2023c) recommended that preceptorship within the paramedic profession should include development of, and reflection on self-confidence in clinical decision making.

The RePAIR report (HEE, 2018) which addressed preceptorship offers within Nursing, Midwifery and Therapeutic Radiography identified that several different models of preceptorship can exist even within one organisation. However, programmes are frequently trust-led, including study days focussing on core skills alongside profession specific skills. Although multi-professional elements of preceptorship enable common themes of preceptorship to be delivered and encourages collaboration, it should also be ensured that profession-specific support is available with a tailored approach to the individual (NHSE, 2023a; HCPC, 2023). NES (2024) also suggest that profession specific preceptorship may improve implementation in organisations. The RePAIR report also established that health and wellbeing aspects are not integrated into preceptorship programmes in NHS Radiotherapy Health Care providers (Tuckey and Hutton, 2021).

Chaka et al's 2024 scoping literature review into preceptorship and mentoring, highlighted that preceptorship programmes within radiography have been described as being informal, with the support through transition being published more frequently in radiotherapy than in imaging. However, Chaka et al's review established that radiographers feel transition is improved when supported by formal, structured and accessible programmes that include learning and developmental opportunities and feedback, but also with opportunities for competence sign off. In Northern Ireland, a lack of consistency and structure to preceptorship programmes within radiography has also been identified (Morris and Cathcart, 2021). With evidence of great variation in approach and structure to preceptorship, it is clear why the available literature indicates the requirement to standardise the quality of preceptorship offers in the radiography profession (Harvey and Morris, 2020; Hutton and Eddy, 2013).



Despite very limited evidence, preceptorship offers in radiography have shown a positive impact. The first-year post qualification in therapeutic radiography has been identified as a pivotal time for career and clinical skills development, where individuals lacking in confidence significantly benefited from further supervision (Jackson, 2007). To address the complex challenges of transition from student to newly qualified practitioner, the NHS Flying Start online programme was launched in Scotland in 2006 to support newly qualified nurses, midwives and AHPs. This programme delivers learning and support to develop confidence, through practice related activities and protected time to complete the programme. In an evaluation of the programme, Banks et al. (2011) found positive outcomes with regards to increased confidence and clinical skill development following completion of the programme, although only 3.6% of participants were from a radiography profession. Much of this 'evidence' however is old, and needs updating in light of current practices.

Harvey-Lloyd (2018) explored the experiences of new diagnostic radiography graduates and suggested development of a coaching-based model that would encourage conversation, reflection and feedback. Nisbet (2008) has proposed a model of preceptorship for newly qualified Therapeutic Radiographers which combines professional and technical competency standards, focusing on crucial professional skills such as knowledge, communication, team-working and decision making, where the preceptee develops a portfolio and prepares case studies for reflective discussion.

Similarly, the British Medical Ultrasound Society (2022) was commissioned by HEE to develop a Preceptorship and Capability Development Framework for Sonographers to support the development and implementation of preceptorship. This framework suggests four overlapping components of preceptorship to increase sonographer confidence and competency; these are defined as transition, competence and credibility, role development and embedding values for lifelong learning and development.

The AHP Preceptorship Standards and Framework (HEE, 2023) have also provided guidance to delivering preceptorship offers, including structured templates for preceptee and preceptor meetings and recommendations on programme content (NHSE, 2023a). However, there is a requirement to determine how to implement the standards and framework alongside the HCPC Principles for Preceptorship into radiography preceptorship offers.

Further research is required to determine an effective model of preceptorship for radiographers, suggests Chaka et al. (2024), with Harvey-Lloyd and Morris (2020) suggesting that a new model which integrates skill and competence development alongside a supportive component is needed. Harvey and Morris (2020) and Jones

et al. (2015) have also recognised that new models of preceptorship need to be developed to align with the differing needs, including the values and expectation of 'generation Z'. Generation Z, (individuals born between 1995 and 2009) (McCrindle and Wolfinger, 2010) have been described as self-directed, pragmatic and individualist (Jones et al., 2015). With the youngest of generation Z starting University in 2027, preceptorship must acknowledge the needs of the future workforce.

## **Preceptee Empowerment**

### **Transition Shock**

The concept of "Transition Shock" is reported within the literature, a term that describes the reaction of newly qualified practitioners transitioning from the protected university environment to the demands of an unfamiliar clinical setting (Duchscher, 2009 and Harvey, 2019). The RePAIR report which specifically considered therapeutic radiographers (HEE, 2018) identified a clear association with the support offered during preceptorship and attrition of newly qualified AHPs. Preceptorship guides through the challenges of transition and the role of staff members supporting individuals should not be underestimated (Hutton and Eddy, 2013).

Despite this, Naylor et al. (2016) in a study exploring the transition of diagnostic radiographer students to qualified practitioners, identified a lack of "reality shock". However, this finding could be attributed to the fact that the study only included participants who were employed at one of their previous student placement sites.

The Step to Work programme launched in England in 2022 incorporates e-learning to prepare students for employment and introduce the concept of preceptorship ([Part Two: AHP Pre-preceptorship; the evidence base for change | NHS England | Workforce, training and education](#)), to support individuals moving through a transition, especially as newly qualified practitioners, international recruits to the NHS or returners to practice.

### **Pre-preceptorship**

The concept of pre-preceptorship was introduced to support individuals who are transitioning towards employment, with NHS England's (2024) work providing some evidence to support this need. Whilst described to support international recruits, returners to practice and also newly qualified practice, there is more literature that has a deeper focus on those moving from being students within pre-registration qualifications into newly qualified employment. The RePAIR report also identified that the final year of pre-registration degrees 'should lead more seamlessly into' the first part of a preceptorship programme" (HEE, 2018). Evidence from NHS England (2024) suggested that students are attracted to employers who demonstrate

commitment to support and early career development and progression, which is also supported by Banks et al.'s work in 2010. This is a long time to recognise the requirement for this, and emphasises that need for action.

In discussing the importance of education providers and employers in enabling the transition to workforce, in the survey of NHS Radiotherapy Health Care Providers, only 16% declared that their preceptorship programme had been designed in conjunction with a HEI (Tuckey and Hutton, 2021). NHS England's (2024) recommendations emphasise the importance of collaboration between HEIs and employers, to better enable that transition.

## **Preceptor Role**

The preceptor, who supports the preceptee during preceptorship, is a major influence in the achievement of a smooth transition into a role and therefore an effective preceptorship period (Clipper and Cherry, 2015, HCPC 2023). As a professional role model the preceptor can provide a supportive, constructive and compassionate environment with learning opportunities which develops the preceptees professional and social identity (Nesbitt, 2008, HCPC, 2023). Further evidence explains that the role of the preceptor should not be confined to solely providing support with technical aspects but with appreciation for caring and the well-being of the preceptee, providing emotional support and signposting if required (Quek and Shorey, 2018; Hautala et al., 2007).

[The AHP Educator Career Framework](#) produced by the Council of Deans for Health (2023) describes the knowledge, skills and behaviours required to be an effective educator and role model, which includes the role of a preceptor. This framework sets out expectations across six domains with associated capabilities and includes education and training standards which could be used to support the role of a preceptor. This could enable a standardised approach linked to the education pillar of practice. This permits the value of the preceptor role to be recognised via dedicated continued professional development for example. Many organisations are still at the implementation stage with regards to the operationalisation of the framework, and it appears there is scope to facilitate the sharing of experiences and good practice through this stage.

Panzavecchia and Pearce (2014) found that nursing preceptors are not adequately prepared for their role in supporting newly qualified staff, identifying a requirement for guidance on support for the preceptor. Preceptors value preparation prior to starting their role and regularly throughout (Tracey and McGowan, 2015). Clipper and Cherry

(2015) have identified that robust preparation for the role of preceptor is essential, and that formalised preceptor training is associated with improved newly-qualified nurse transition and first year retention in comparison to non-structured training. Carlson and Bengtsson (2015) explored the educational requirements of preceptors in Sweden to assist in the development a CPD course. Although all participants had completed undergraduate training in preceptorship, further learning requirements remained once the preceptor role had been adopted. Key elements needed for preceptor preparation included reflective activities and development of teaching and learning strategies. Preceptors also report that they want to learn about how to work with preceptees who's learning and personality styles may differ from their own (Richards and Bowles, 2009).

Preceptors want further understanding regarding the principles of effective communication, and to better prepare them to deal with difficult conversations (Carlson and Bengtsson, 2015). Williams et al (2022) have identified that simulation has a role in increasing preceptor confidence in the management of challenging learning situations. Simulation can also realise peer learning opportunities regarding how to communicate and manage the preceptee. Opportunities for preceptors to share their experiences has previously been associated with a reduction in stress (Hautala et al., 2007) and preceptors would invite the option to discuss the rewards and challenges the role brings (Tracey and McGowan, 2015).

NHS England (2023a) provided role descriptors and standards for the organisation recommending the provision of initial and ongoing training and development for preceptors. Although there is a multiprofessional preceptor e-Compendium provided by NHS England as an introduction to the preceptor role (NHSE, ElfH 2024), there is a need to establish what the training requirements are for radiography preceptors and a clear pathway of development opportunities in role.

With the preceptor being a key supporting element to success of preceptorship outcome (Quek and Shorey; 2018; Hutton and Eddy, 2013) it is crucial that the correct individual is selected for the role. However, evidence suggests inconsistency in how preceptors are initially assigned their roles. In some instances, individuals available to fulfil the role are selected for convenience, despite the commitment of the preceptor being a key influencing factor that underpins the dynamic of the preceptor-preceptee relationship (Quek and Shorey, 2018). Morris and Cathcart (2021) identified that service managers in Northern Ireland select radiography preceptors according to desirable attributes, such as their band, experience and training. Marks-Maran et al (2013) identified that nearly 70% of nurses felt they should have been able to choose their own preceptors, which is supported by Richards, (2009) who report a preceptee preference to not be randomly allocated, as this is perceived as a lack of support. Butler (2022) has questioned whether twelve



months of experience is sufficient experience for a preceptor to support newly qualified staff, but counter this with a suggestion that nurses with less experience may be more supportive.

The importance of support for preceptors is a recurring theme in the literature. Interestingly, Richards and Bowles (2009) suggested preceptors themselves may benefit from having an assigned preceptor to provide them with support. Nursing preceptors also want to receive feedback on their role as a preceptor (Bengtsson and Carlson, 2015). Hautala et al. 2007 identified that 83% of nurse preceptors experienced mild or moderate stress, which does not diminish with increasing length of service, but was attributed to lack of organisational support. This was clear in a study where less than half of preceptors knew who their preceptorship lead was (Panzavecchia and Pearce, 2014). NES (2024) identified that only 45% of preceptors have allocated time to undertake their role as a preceptor and recommend that more training and support is required for preceptors.

Recognising the importance of the preceptor within preceptorship offers, The Christie NHS Foundation Trust has designed a National Digital Preceptorship Programme for Therapeutic Radiographers in England which includes the delivery of preceptor training to preceptors (NHS England, 2023b) [Preceptorship | NHS England | Workforce, training and education \(hee.nhs.uk\)](https://www.hee.nhs.uk/workforce-training-and-education). The themes from this project have been identified as: understanding of the preceptor role, protected time, skills needed including coaching, peer support, preceptor wellbeing, a blended approach to development and learning opportunities, the value of networking and a community of practice and the recognition of the preceptor role.

## **Delivering Preceptorship Programmes**

### **Length of Preceptorship offer:**

In Northern Ireland, there is substantial variation in duration of preceptorship offer, with some lasting between 0-8 weeks and others proceeding beyond 48 weeks (Morris and Cathcart, 2021). In contrast, Harbottle (2006) in a survey of therapeutic radiographers identified one preceptorship offer running for 3-6 months in comparison to 12-18 months in another department. Despite this variation, the survey highlighted that the length should be according to preceptee needs, rather than imposing a conclusive timescale. The duration of most therapeutic and diagnostic radiographer preceptorship programmes in England and Scotland has been reported as being between 6 and 12 months (Tuckey and Hutton, 2021, NES 2024). The RePAIR report (NHS HEE, 2018) also found standard preceptorship length to be

between 6-12 months, where practice educators also recognised the requirement to extend based on individual's needs.

Similarly, the Preceptorship and Capability Development Framework for Sonographers recognises that it is unsuitable to define a specific length of preceptorship as this may depend on different educational routes into the profession and on preceptee attributes (The British Medical Ultrasound Society, 2022).

This suggests that there is perhaps not a requirement to harmonise the length of preceptorship nor propose a standard time frame, though the NHS England Preceptorship Standards and Framework (2023) recommends this as being 12 months. Harvey and Morris (2020) also suggest that the extent of formal support required decreases in significance as individuals develop confidence, with discussion also recognising the support availability being unclear when the formal period of preceptorship ends (Tuckey and Hutton, 2021), highlighting the need for ongoing wellbeing support and access to a mentor or buddy (in line with the original RePAIR recommendations (NHS HEE, 2018)). Jones et al (2015) also explore this need for a longer transition period, to enable a focus on on-going support, feedback, recognition and career development.

### Challenges to implementation of Preceptorship

Lack of protected time to complete preceptorship requirements is a common theme and is identified as a barrier to the implementation of preceptorship (Chaka et al, 2024; RePAIR (NHS HEE), 2018; Morris and Cathcart, 2021; NES 2024). In a UK based study in one acute hospital trust, time was indicated in 83% of the questionnaires as a major barrier to effective preceptorship (Panzavecchia and Pearce, 2014). Although there was only a small sample size within this study, the need for allocated protected time for preceptorship is clear, to reduce the burden on the preceptor and preceptee amongst an already demanding workload (Tracey and McGowan, 2015; Richards, 2009).

NES (2024) similarly reported that a lack of knowledge regarding preceptorship, added to the time required to enable and organise a preceptorship programme were limiting factors in establishing preceptorship in Scottish organisations. Team based approaches to preceptorship may resolve some of the time constraints, where preceptees may be allocated multiple preceptors. Such shared responsibility reduces workload, encourages collaboration and increases support (HEE, 2021), especially against a backdrop where staffing issues frequently impact the availability of preceptors (Morris and Cathcart, 2021) and with the increasing demand for imaging and radiotherapy services (Nightingale et al., 2023), it can be inferred that workforce shortages have the potential to hinder the success of preceptorship outcomes.



The RePAIR report (HEE, 2018) identified how staffing shortages exacerbate the pressures on newly qualified staff, where an expectation to take on further responsibility can cause heightened anxiety and inculcates feelings of being rushed through preceptorship to meet service demands. The NMC (2020) in their Principles of Preceptorship note that for newly registered nurses, midwives and nursing associates, a positive preceptorship experience leads to increased confidence, feeling valued by an employer and gaining greater professional and team identity, which would hope to reduce anxiety levels.

Establishing mechanisms to monitor quality and oversight for preceptorship offers, alongside development of ways to measure the impact of the preceptorship is also required. As Chaka et al. (2024) highlights “with no requirement to provide preceptorship data to regulatory bodies, there is a danger that preceptorship may be regarded as optional and low priority”.

Various authors offer mechanisms to ensure the quality of preceptorship offers, including suggestions of the requirement for preceptorship programmes to be submitted for accreditation (Nisbet, 2008), or for individuals to be accredited (Banks et al, 2010)

The literature available supports the importance of determining preceptorship needs specific to the radiography professions, to determine how the HCPC Principles for Preceptorship (2024) and NHS England’s AHP Preceptorship Standards and Framework (2024) can be implemented.

**The project:**

This project specifically included a requirement for:

Profession specific recommendations which complement the HCPC AHP Preceptorship Principles and the NHSE Preceptorship Standards and Implementation framework and will include;

- i. Report on early career period/preceptee availability and structure of preceptorships and possible impact of preceptorship on retention.
- ii. Identification of preceptor needs, requirement, and capacity
- iii. Report on findings relating to profession specific service needs and requirements in relation to preceptorship.

### **Project Steering Group establishment**

A Steering Group was established, to offer expert knowledge and oversight of the project in its design and set up, as well as to review and discuss results collected. This was made up of purposively selected individuals who were known to the Society of Radiographers as working in preceptorship through departments, organisations or nationally funded projects. Particular attention was paid to ensuring representation from the four countries, across both therapeutic radiography and diagnostic radiography, and those with differing perspectives in relation to preceptorship.

Steering Group members included:

Helen White (Chair)	Project Lead, Associate Professor, College Lead for Practice Quality and Accreditation at Birmingham City University (BCU), TRAD.	
Victoria Fletcher	Project team, Subject Lead for Diagnostic Radiography, Senior Lecturer BCU, DRAD.	
Rebekah Jones	Project Team, BCU Lecturer, Experience of preceptee and preceptor, TRAD.	
Amanda Weaver	Project Team, AHP Preceptorship Freelance Consultant, Physiotherapist.	
Nick White	Project Team, Subject Lead for Therapies and Rehabilitation, Senior Lecturer BCU, TRAD.	
Kathryn Williamson	Project Team, Professional Officer Education and Accreditation, Society of Radiographers (Sponsor), DRAD.	
Carrie Biddle	Regional Head of AHPs and HCS, South West, NHS WTE, NHS England, SLT.	England
Amanda Evans	National Imaging Portfolio Programme Lead, NHS Wales Executive, DRAD.	Wales
Louise Hancock	Radiography Education Lead – South West Imaging Academy, DRAD.	England
Dr Jane Harvey-Lloyd	Associate Professor Diagnostic Radiography, University of Leeds, DRAD.	England
Janice Johnson	NHS Education for Scotland (NES) funded project on preceptorship, DRAD.	Scotland
Kate Knapp-Tabbernor	AHP Education & Workforce Lead (Preceptorship) South West London AHP Faculty, TRAD.	England
Tracey McIvor	Service Manager: staffing and workforce DRAD.	Northern Ireland
Alison Sanneh	Project Lead for Therapeutic Radiography Project by The Christie/Society or Radiography/NHS England, TRAD.	England
Nadine Singh	Programme Lead (Workforce) West of England Imaging Network, Project manager.	England
Ruth Watson	Practice educator with staff development, promotion and outreach SIG co-chair, DRAD.	Northern Ireland

Ffion Wynn	Healthcare Science Strategic Programme Manager, Health Education and Improvement Wales, TRAD.	Wales
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## **Methods**

### **Surveys**

Online surveys were created through MS Forms, to enable ease of distribution across the four countries, intended to gather a breadth of responses. The questionnaires were designed making reference to the literature reviewed, to identify the areas needed for concentration of questioning.

- Survey one was directed to service managers, to gather service specific information at an organisational level (see appendix 1).
- Survey two was directed to preceptors for review of time, needs and links to capacity for job planning and workload oversight (see appendix 2).
- Survey three was directed initially to preceptees, however following Steering Group discussion, this was changed to be a survey to all the radiographic (therapeutic and diagnostic) workforce and not just those who might consider themselves to be in a preceptorship period ('a preceptee') (see appendix 3).

Responses were designed to be anonymous, whilst capturing detail on the country and region of employment plus length of post-qualification experience. All questions were designed so that both diagnostic radiographers and therapeutic radiographers could respond, with the first question asking for the profession of the individual completing the survey. Responses were analysed separately by profession.

Surveys were distributed through a range of professional and organisational networks, including the Society and College of Radiographers membership data base and communications team; through CoR professional officers; Heads of Radiography Education (with a request to forward to practice partners); the Radiotherapy Advisory Group; Imaging Academy leads; through the International recruits aligned to the NHS England Cancer and Diagnostics team; the England TRAD preceptorship project and preceptorship champions network; through separate Imaging Service Manager networks national to Northern Ireland, to Scotland and to Wales; Radiotherapy UK Service Manager networks and NHS England regional heads of AHPs, AHP preceptorship leads and preceptorship communities of practice. Steering group members also distributed through their local networks, and the networks of which they were members. Following an initial review of responses at the end of week 1, steering group members employed in Scotland, Wales and Northern Ireland were specifically requested to redistribute the surveys to generate a higher response rate in the countries within which they were employed. Social Media platforms were also used, and the survey links were shared at appropriate events attended.

### **Focussed Discussion Groups**

Following an initial review of the survey responses, Focussed Discussion Groups (FDGs) were held to delve deeper into the survey responses (see appendix 4). The final question of

the preceptorship surveys contained a link to a follow on MS Form, if participants wanted to take part in the FDGs. This maintained the anonymous nature of the responses to the surveys. FDG dates were listed for participants to sign up to the date and time that suited them best. These dates were also circulated via the distribution channels listed above.

Twelve Focussed Discussion Groups were set up, hosted via teams to enable access from as wide a geographic population as possible and for ease of transcription. Separately for diagnostic radiographers and therapeutic radiographers, the focussed discussion groups were set up for preceptees to review experiences on being new into preceptorship period, recognising that the preceptees might be newly qualified practitioners, international recruits or returners to practice; for preceptors, to review preceptor needs and support requirements; and for service managers and practice educators, to review preceptorship offers at an organisational level. Two opportunities to attend each of the discussions were provided for each of therapeutic radiography and diagnostic radiography.

Ethical approval was gained from Birmingham City University, prior to the release of surveys.

Participation numbers:

	<b>Diagnostic radiographer participants</b>	<b>Therapeutic radiographer participants</b>	<b>TOTAL</b>
Survey 1 (service managers)	17	16	33
Survey 2 (preceptors)	39	25	64
Survey 3 (radiography workforce)	234	56	290
Focussed Discussion Group (service managers and practice educators)	FDG 1 – 5 PEs (4 organisations) FDG 2 – 2 PEs  TOTAL = 7	FDG 1 – 5 (4 organisations) (4 education leads; 1 clinical lead) FDG 2 – 4 (2 PEs, 2 AHP preceptorship leads) TOTAL = 9	16
Focussed Discussion Group (preceptors)	FDG 1 – 3 FDG 2 – 0 + 1 (attended preceptee FDG) TOTAL = 4	FDG 1 – 0 FDG 2 – 1 TOTAL = 1	5
Focussed Discussion Group (preceptees)	FDG 1 – 1 (IR) FDG 2 – 0 (1 preceptor attended) TOTAL = 1 (IR)	FDG 1 – 0 FDG 2 – 0 TOTAL = 0	1

Several more participants who had accepted to attend the FDGs were unable to attend, or did not attend on the day. These were preceptees (DR -3), service managers and practice



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educators (DR - 4; TR – 2) and preceptors (TR – 1). Of those that informed us, inability to attend was due to clinical pressures and being needed to work or changing of shifts.

Please note that all FDG participants were employed within NHS organisations in England. Only one participant was speaking with experience from a private imaging provider (DR preceptor).

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## **Results from Service Manager / Practice Educator survey and Focussed Discussion Groups**

### **Demographics:**

33 survey responses were received to the Service Manager and Practice Educator Survey. Of these 17 were from imaging departments and 16 from radiotherapy departments. All were NHS Acute Trusts, except one private imaging provider in Scotland.

Geographic spread of responses was different for therapeutic radiography and diagnostic radiography:

**Diagnostic radiography:** 1 Northern Ireland + 9 Scotland (2 from SW Scotland, the rest from different regions) + 7 England (2 SW + 2 WMids, the rest from different regions). No diagnostic radiography responses were received from Wales.

*Note* – it was highlighted through our Steering group member, Amanda Evans, who as part of the Wales Executive for the National Imaging Programme, that at the time this survey was released, all of Wales was having a new PACS system roll out. It is felt that this will have impacted the responses, given the alternative priorities.

**Therapeutic Radiography:** 1 Wales + 15 England (5SW + 4 SE + 2 East Mids, the rest from different regions). No responses were received from Scotland or Northern Ireland radiotherapy service managers.

Respondents to the survey declared themselves in a range of job titles, with 7 (21% of combined responses) declaring as Service Manager. Some responses were completed by combinations of individuals, including practice educators (13), preceptorship leads (9) and a practice development lead (1).

**7 respondents (21%) answered Service Manager for this question.**



Attendees at the Service Manager and Practice Educator Focussed Discussion Groups were predominantly practice educators, with 7 diagnostic radiographer practice educators (representing 6 organisations) and 6 therapeutic radiographer practice educators / education leads (representing 5 organisations), plus 2 therapeutic radiographer AHP preceptorship leads, and one therapeutic radiographer clinical lead also attended the radiotherapy focussed discussion groups (9 therapeutic radiographers in total). Recognition of this is

important, as their practice educator perspective has therefore influenced much of the discussion.

All Focussed Discussion Group attendees were from England.

### **Preceptorship awareness**

All respondents stated they had heard of or had a good understanding of preceptorship, with 79% responding 'supported' within their understanding.



Many respondents included recognition that preceptorship was for international recruits as well as newly qualified practitioners, with diagnostic radiographer responses including reference to transition into modality roles. Therapeutic radiographer responses predominantly focussed on newly qualified practitioner transitions, and diagnostic radiographer responses were more likely to reference 'mentors'.

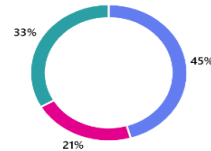
- 15 (94%) therapeutic radiographer and 8 (47%) of diagnostic radiographer respondents stated they were aware of the NHS England Preceptorship Standards and Framework.
- 13 (81%) therapeutic radiographer and 13 (76%) of diagnostic radiographer respondents stated they were aware of the HCPC Principles for Preceptorship
- 1 therapeutic radiographer respondent had heard of NES Flying start programme, and for diagnostic radiographers, 11 (65%), including all 9 Scotland respondents had heard of the NES Flying start programme.

In asking whether these (NHS England Standards and Framework, plus the HCPC Principles) were included in organisational preceptorship offers however, less than 50% responded yes, with a third of respondents being unsure:



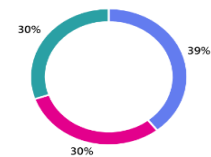
17. Is reference to the HCPC Principles for Preceptorship included within your Preceptorship?

Yes	15
No	7
Unsure	11



18. Is your support and programme structured on the NHS England AHP Preceptorship Standards and Framework?

Yes	13
No	10
Unsure	10



NHS England AHP Preceptorship self-assessment for organisations completions:

- Diagnostic radiography – 3 stated yes (one achieving, one emerging, one unsure of maturity score). All Scotland departments stated no, or not applicable.
- Therapeutic radiography – 4 stated yes (one achieving, 3 unsure of maturity score). The Wales department stated no, not applicable.

It is important to acknowledge how NHS England funded initiatives have been rolled out, and how Northern Ireland, Wales and Scotland have not necessarily had need to engage with these initiatives.

### **Preceptorship offers**

Only one respondent (therapeutic radiographer) stated that there was no preceptorship period offered, with two diagnostic radiographers stating 'unsure'.

In **therapeutic radiography**, these were offered to newly qualified practitioners, with most also recognising international recruits and returners to practice.

- 3 respondents offer department level preceptorship; the rest offered at AHP or multi-professional organisational level. Variations on how preceptorship is delivered include use of Oxleas AHP preceptorship programme (1), Trust AHP preceptorship being new (3), being portfolio or workbook based.
- 9 respondents stated the Department Practice Educator was involved in the delivery of the preceptorship offer, with 11 stating 'Named preceptors (not practice educators)' delivered the preceptorship. Of these 7 (44%) had both practice educators and preceptors (who were not practice educators)
- All therapeutic radiography preceptorship packages except one (who stated 'unsure') included preceptor-preceptee meetings

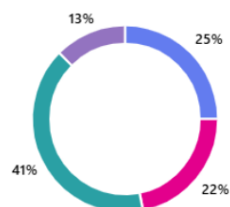
In **diagnostic radiography**, all offered to newly qualified practitioners (only two stated only NQPs were offered this), with most also offering to international recruits and across all transitions.

- All respondents, except one in Scotland, stated that preceptorship is provided by the department only, with several stating they were moving from department to organisational (AHP or multi-professional) preceptorship. Variations on how preceptorship is delivered include use of the BMUS framework (1).
- 11 respondents stated the Department Practice Educator was involved in the delivery of the preceptorship offer, with 10 stating 'Named preceptors (not practice educators)' delivered the preceptorship. Of these 6 (35%) had both practice educators and preceptors (who were not practice educators)
- 13 diagnostic radiography preceptorship packages included preceptor-preceptee meetings. The four who did not, stated use of peer support and peer assisted learning was included (this was also part of preceptorship packages where preceptor-preceptee meetings were declared).

The length of the preceptorship period is variable across organisations,

56. What is the **length** of your Preceptorship period for preceptees?

Under 6 months	8
6-11 months	7
12 months	13
12-24 months	4
Over 24 months	0



**Diagnostic radiographers:** 7 under 6 months, 3 at 6-11 months, 4 at 12 months, 3 at 12-24 months

**Therapeutic radiographers:** 1 under 6 months, 4 at 6-11 months, 9 at 12 months, 1 at 12-24 months. 1 did not respond.

Whilst 6 respondents stated they were unsure if the length of preceptorship could be tailored to the preceptees needs, all other respondents stated 'yes'.

For both diagnostic radiographers and therapeutic radiographers, and discussed within **Focussed Discussion Groups**, was evidence of the variation for when a preceptorship period starts in relation to starting a job. Organisational offers were described to start at set times / months, meaning they initiated after a new starter to the organisation, with two participants highlighting that when large groups start together, it is difficult to release at the same time to attend.

For some preceptorship was initiated after an induction period and was 1-2 months after starting a job role; for many the preceptorship period included competence sign off and

being 'Rota-ready' (diagnostic radiographer). Competence development was a pronounced part of discussion for diagnostic radiographers, though was also within discussion for the therapeutic radiographers, though this was not an expectation on the part of all:

'What I've been or I've tried to be very clear about all the time, is that preceptorship is different to induction because I do think that gets confused. It's not about competence, it's about. It's a professional behaviour, ...' (diagnostic radiographer)

The discussions did though highlight inconsistency in terminology uses around preceptorship, including preceptor and preceptee, but also mentor, supervisor, buddy and line managers and their roles in relation to preceptorship. Similarly, induction, appraisal and sign off periods were a core part of the discussion, for both therapeutic and diagnostic radiographers.

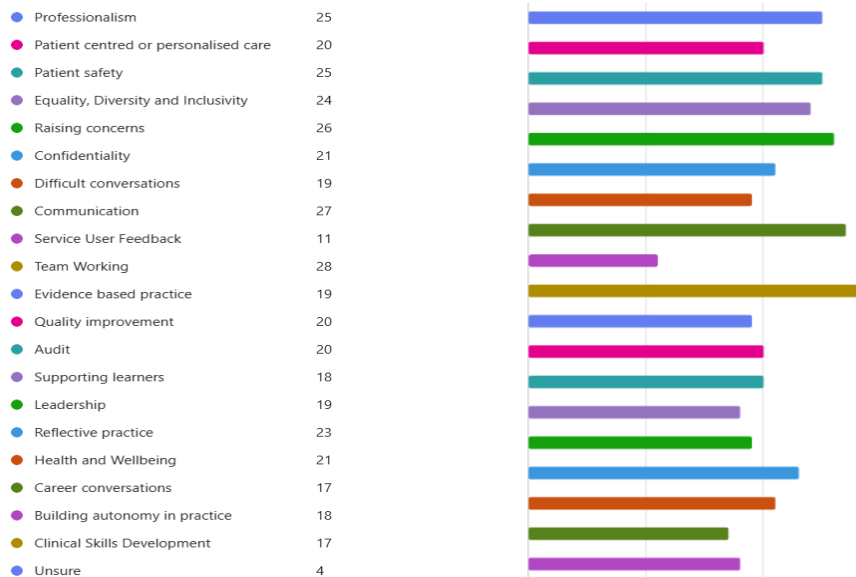
'it's getting like the wording of it fully understood by people our department' (diagnostic radiographer)

'Being kept separate to appraisals and line managers is really important' (therapeutic radiographer)

Across both imaging and radiotherapy responses, the below evidences the range of what is covered within preceptorship offers. Although there is some commonality, there is also wide variability in what is covered organisation to organisation. Focussed Discussion Group participants also shared views on the organisational offers:

for sessions to be valuable to each profession rather than being too generalised. (diagnostic radiographer)

we need to add some bits of benefit that are going to interest people. (diagnostic radiographer)



One Focussed Discussion Group participant suggested that

'It would be nice if the SoR had a checklist of this is what we think.'

'Radiography framework.....because what would be lovely in an ideal world is if your radiographer does go from trust A to trust B that all the stuff that they learn to trust A they can take with them to trust B, it becomes a transferable.' (diagnostic radiographer)

One participant in a Focussed Discussion Group highlighted their awareness of the lack of ability to access College of Radiographers preceptorship pages / resources unless the individual is a CoR member. It was suggested that other professions enable access for all.

Confidence in high quality preceptorship was also variable across respondents. At a department level, the mean average being 6.3, the modal average being 7 and the range in responses being 3 to 10. At an organisational level, the confidence in quality dropped to 5.45 (mean), modal dropped to 6 and the range in response from 1 to 10. This perhaps evidences the need for profession specific frameworks for radiographers.

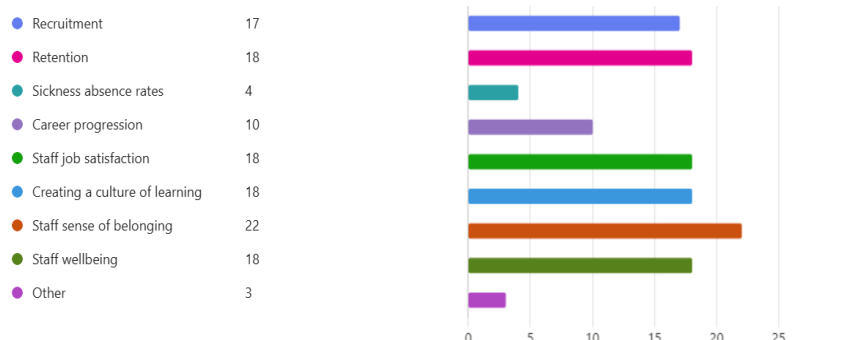


## Preceptorship Impact

Within the survey data the following were cited as being 'positive impacts' of preceptorship within departments:

29. In your opinion, do you feel your preceptorship offer has a positive impact on your department in terms of:

[More details](#)



Reviewing this at a profession-by-profession level:

- In **diagnostic radiography**, 12 (71%) stated retention and 9 (53%) recruitment as positive impacts, with 10 (59%) stating job satisfaction, 12 (71%) a sense of belonging and 8 (47%) stating culture of learning. 11 (65%) stated staff wellbeing. 3 (18%) did not respond to this question.
- In **therapeutic radiography**, only 5 (31%) stated retention and 8 (50%) recruitment as positive impacts, with 9 (56%) stating job satisfaction, 10 (63%) a sense of belonging and 10 (63%) stating culture of learning. 7 (44%) stated staff wellbeing. 3 (19%) did not respond to this question.

One therapeutic radiography respondent also stated

**'Feel that all could be affected but have no evidence base to support'.**

6 respondents (3 diagnostic radiography and 3 therapeutic radiography) answered yes to preceptorship impact being measured within the organisation, with the majority stating 'unsure'. 4 (2 diagnostic radiography and 2 therapeutic radiography) stated impact was measured organisationally through recruitment data. One diagnostic radiographer stated through survey (but with no further detail) and the final respondent stated that the Trust asked for feedback (but with no further detail).

At a departmental level, in considering measurement of preceptorship impact, 7 answered yes (4 diagnostic radiography and 3 therapeutic radiography), all stating that recruitment and retention data was collated, plus individual feedback from preceptees (3) and preceptors (2). Of these 7, only two were also those where preceptorship data at an organisational level was measured.

The lack of impact evidence collected was also discussed within the **Focussed Discussion Groups**, though all participants agreed that there was positive impact, all stated that data was not collected that might evidence an impact on retention but that other impacts are observed. It was also discussed that typically qualitative feedback from preceptees was collected to enable development of the preceptorship offer.

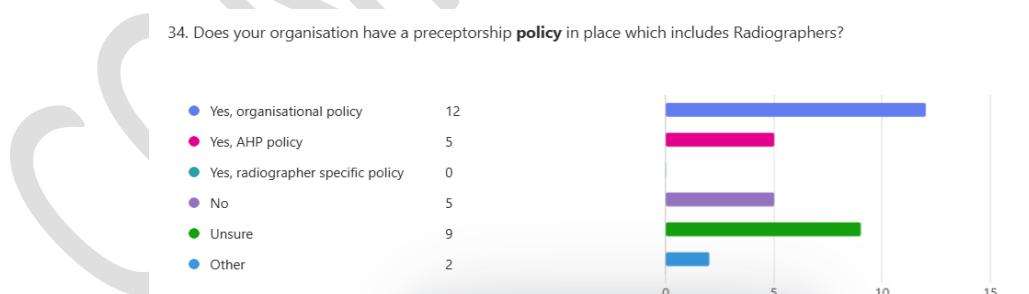
what I will say anecdotally is I feel that our preceptorship programme does attract people to full recruitment.... knowing that there is some kind of support framework is I think is attractive to future employees

In one organisation, a therapeutic radiographer participant highlighted that the increased confidence levels of preceptees was a positive, however this meant that progression from band 5 (AfC pay scale) to band 6 (AfC pay scale) was expected sooner by the preceptee on completion of preceptorship, leading to individuals leaving the organisation sooner for promotion elsewhere. In a different organisation, a further therapeutic radiographer participant emphasised this to be the case for international recruits who arrive to a team with experience.

In common with other Focussed Discussion Groups for both diagnostic radiography and therapeutic radiography, discussion was raised about whether retention data for the *department* was important, compared to retention to the *profession*. Similarly commented on, was that this data needs to be collected on a longer term basis to see impact on enhanced and advanced practice in relation to confidence and upskilling.

### Preceptorship Policy and Job Roles

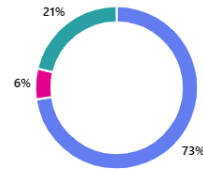
Survey data relating to organisational preceptorship policy:





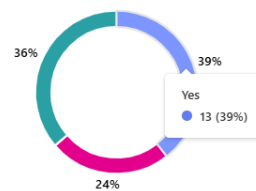
36. Does your organisation have processes for offering Preceptorship to eligible staff?

Yes	24
No	2
Unsure	7



37. Does your organisation have processes for staff to request Preceptorship?

Yes	13
No	8
Unsure	12



Asked whether job descriptions existed for roles:

For **diagnostic radiography**:

- 6 (35%) had preceptor job descriptors; 6 (35%) has preceptee job descriptors. These were a different 6 respondents for each or preceptor and preceptee.
- 7 respondents were unsure; 3 stated no job descriptions existed for either preceptor or preceptee.

For **therapeutic radiography**:

- 9 (56%) had preceptor job descriptors; 9 (35%) has preceptee job descriptors. These were the same 9 respondents for both preceptor and preceptee.
- 7 respondents were unsure job descriptions existed for either preceptor or preceptee.

Raised within the **Focussed Discussion Groups** was a variety of opinion on whether the preceptor should be of the same or a different profession to the preceptee. Discussion highlighted the role of a preceptorship offer in supporting individuals in a range of professional ways that were not profession specific, including confidence, communication and managing of self. However, the importance of knowing the profession and the context, which is different to other AHPs and professional groups, was felt to be most important in making the preceptor – preceptee link. The discussions also highlighted competence-based sign off being required as part of the preceptorship period, which required a radiographer (diagnostic or therapeutic) professional.

The impact of supporting preceptees might be more staffing resource intensive for some organisations than others, especially when newly qualified practitioner new starters tend to start at the same time:



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‘its [preceptorship] often an area that’s over looked when there is short staff’ (diagnostic radiographer)

‘if the staff can't have the time to attend and the preceptors can't have the time to train and to have the meetings, then you know it still doesn't actually happen.’ (therapeutic radiographer)

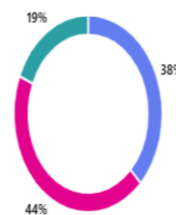
A suggestion raised within Focussed Discussion Groups was the potential for preceptors to be geographically distant to the preceptee (ie in another department), which might positively impact the ability to offer preceptorship. This also linked to a positive discussion about professional networks to support those as preceptors, as well as those who are preceptees.

### Preceptor Role

Registers of preceptors are not held in all departments (5 diagnostic radiography and 7 therapeutic radiography stating yes).

64. Do you have a register of your Preceptors?

Yes	12
No	14
Unsure	6



Only 5 (29%) **diagnostic radiographer** respondents stated they have requirements for undertaking the preceptor role. These were stated as being:

- trust preceptor training module, at least 12 months within the trust
- Length of service and suitability of applicant.
- band 6 over 5 years
- Must be at least 12 months qualified. Have undertaken preceptor training (either eLfh or F2F in Trust with preceptorship team).
- Usually a Band 6 Radiographer

Only 4 (25%) **therapeutic radiographer** respondents stated they have requirements for undertaking the preceptor role. These were stated as being:

- Trust preceptor training - 1 day Plus Elearning for health Ecompendium. Trust are looking to increase CPD/preceptor learning.



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- They need to have been in post for at least 12 months. They need to have gone through the Preceptor training, including completing the e-learning (e-compendium) for healthcare.
- Need to have completed clinical competencies as well as completed dept assessor/learning environment workbook and have experience/training in coaching/mentoring
- Must have completed their own preceptor period

One therapeutic radiographer also stated:

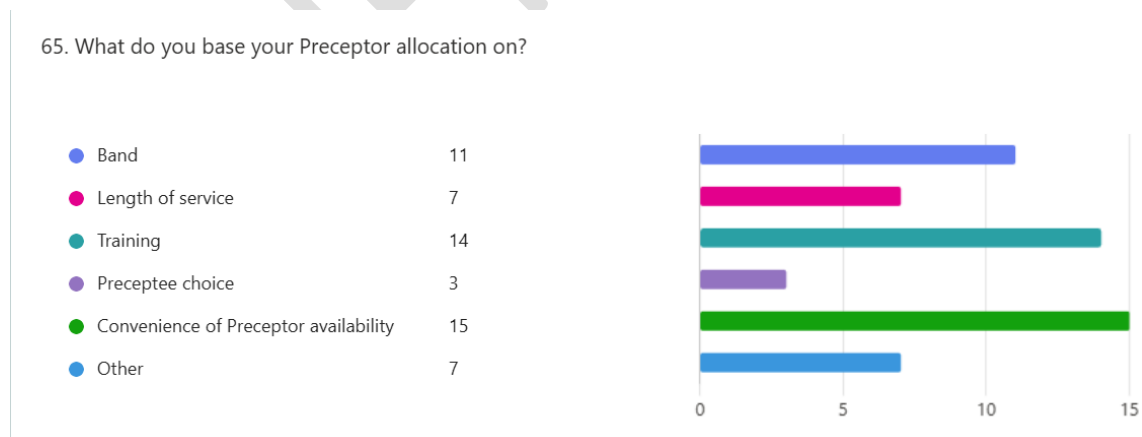
‘The key traits we look for [in a preceptor] is passion for preceptorship, good communication skills and those willing to give extra care to others’.

with another therapeutic radiographer stated that building a rapport was important.

**Focussed Discussion Group** conversation in relation to the experience / expectations of preceptors highlighted variances between professions.

Therapeutic radiographer discussion included AfC pay band 6's being practice educators or preceptors, in comparison with AfC pay band 7s, who typically have a clinical facing leadership role. One therapeutic radiographer participant stated that volunteers at any grade were accepted, recognising that recent preceptees might make better preceptors as they had most recent understanding of what the preceptee was going through.

Allocation of preceptors is based, in the majority of departments, on ‘Convenience of preceptor availability’, followed by Training and Band:



One respondent stated ‘Limited number of preceptors, so the same people usually end up doing this’ (diagnostic radiographer) and another that ‘availability in regards to not overloading individuals’ (diagnostic radiographer) were factors.

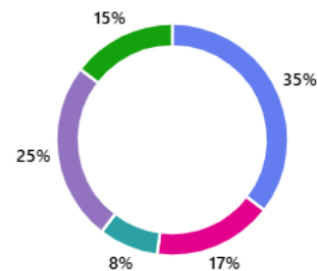


Alongside preceptee choice, 'feeling that they will work well together' (therapeutic radiographer) and 'desire to be a preceptor' (therapeutic radiographer) were also mentioned.

Training provision for preceptors, both initial and ongoing, is variable.

68. Do you provide initial and ongoing training and development for Preceptors?

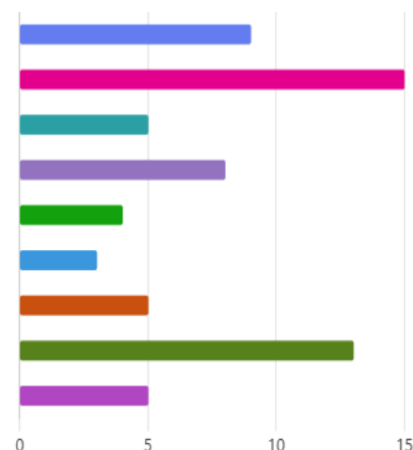
Yes, initial training	17
No initial training	8
Yes ongoing training	4
No ongoing training	12
Other	7



- **4 diagnostic radiographers** stated initial training only. Of the 3 diagnostic radiographers who received ongoing training, protected time was also received for two (one at 12-19 hours per year; the other at 20+ hours per year)
- **11 therapeutic radiographers** stated initial training only. Only one received ongoing training (and 20+ hours of protected time per year). 1 further received protected time 20+ hours per year, 2 received protected time at 12-19 hours per year, and one received protected time at less than 12 hours per year.

73. Do Preceptors have access to any additional skill based training to support their role?

Coaching	9
Mentorship training	15
Active listening	5
Supervision	8
Reflective skills	4
Goal setting	3
Formal Post-Graduate practice education programmes of study	5
No additional training	13
Other	5



Given the range of responses, there appears to be a slight mis-match between what is stated to be available, and the lack of protected time, plus how 'additional skills based training' matches to the respondent's reported lack of ongoing training that is provided to preceptors.



One respondent stated 'Training is up to the preceptor - we support any training the individual feels is required' (therapeutic radiography).

Only 3 respondents stated that funding would be provided to attend further training, with 13 being unsure. It was also highlighted however that post-graduate qualifications might be separate, and an individual's annual appraisal might also lead to funds being released.

**Focussed Discussion Groups** highlighted the lack of training and support available for being a preceptor. This was variable across organisations, from a half-day session on the organisation's policy, to self-motivated individuals completing coaching qualifications and using this to evidence why others should be enabled to attend similar courses.

'I mean you need to be a good listener, you need to not solve your preceptees problems. It's the whole coaching skills trying to be there, companion, almost walking that journey with them, but not solving their problems for them, signposting'  
(therapeutic radiographer)

Within Focussed Discussion Groups, specific questions were asked in relation to mental health support, and health and wellbeing of the preceptor and for preceptors to support preceptees. Organisational support that could be sign posted was recognised by all, however specific training for preceptors in supporting individuals was lacking for most, with the exception of three participants who highlighted mental health first aid training (one diagnostic radiographer participant) and restorative clinical supervision (two diagnostic radiographer participants) being part of the skill set. One respondent stated

I think your preceptors are usually experienced members of staff' (diagnostic radiographer)

linking this to their developed awareness in how to support individuals. However, others, where preceptors were not so experienced, would not necessarily have this skill set.

The preceptor role is not in job planning for the majority of respondents (diagnostic radiography – 3 yes; therapeutic radiography – 2 yes, with one stating this is in development, and a further stating it is ongoing).

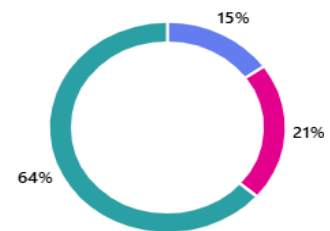
All **Focussed Discussion Group** attendees confirmed that there was no funding associated with preceptor roles, or with preceptorship offers, though one therapeutic radiographer participant highlighted previous funds from NHS England through the Integrated Care System (ICS) for preceptors, enabling backfill. For many of the practice educators (both for therapeutic and for diagnostic radiographers) who attended the Focussed Discussion Groups, this was linked to why they as practice educators were also preceptors, as their role enabled them to be available and accessible, in comparison to their clinically focussed colleagues.



Survey respondents were asked about their knowledge of the national Therapeutic Radiographer Preceptorship Champions training and if this would be useful to consider for diagnostic radiographers:

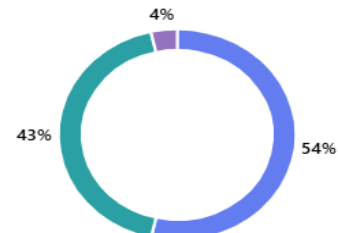
85. Are you aware of the online national Preceptorship Champions Training for Therapeutic Radiographers designed and delivered by the National Therapeutic Radiographers Preceptorship Project Team as part of a project between The Christie NHS Foundation Trust, Society of Radiographers and NHS England?

- Yes I am aware and attended myself 5
- Yes I am aware but did not attend 7
- No I am not aware 21
- Yes, I am aware but currently work outside of England and so could not attend 0



86. If you are a Diagnostic Radiographer, do you feel a similar online National Preceptorship Champions Training programme would be beneficial?

- Yes 15
- No 0
- N/A (I am a Therapeutic Radiographer) 12
- Other 1



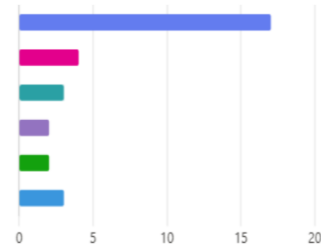
### **Preceptee numbers**

Asked about the numbers of preceptees in the department in the past year (August 2023 – August 2024), the majority (23 / 33 respondents) stated 1-10 preceptees; with 2 diagnostic radiographer respondents stating 21-30 preceptees and 6 respondents highlighting 11-20 preceptee were supported (3 diagnostic radiographer plus 3 therapeutic radiographer).

The allocation of numbers of preceptees to preceptors is also variable, though the majority have stated one preceptee to one preceptor. 3 have stated 6+ preceptees are allocated (2 therapeutic radiography and 1 diagnostic radiography) and 2 have stated 5 preceptees are allocated (one diagnostic radiography and one therapeutic radiography).



63. How many Preceptees are allocated to a Preceptor at one time?

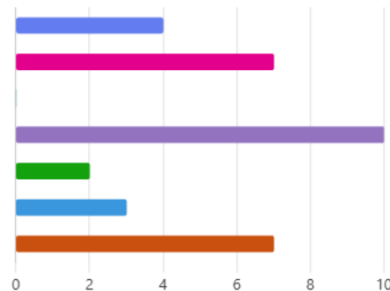
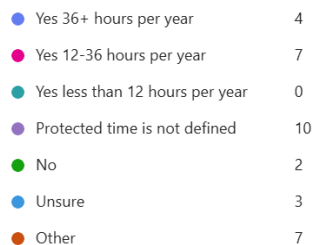


All but 4 respondents stated 0-10 preceptors were available within their departments. Information on department size was not collected, nor total staffing establishment, so it is difficult to draw conclusions from this, however relating the number of preceptees starting to the number of preceptors evidences the need for multiple preceptees to be aligned to each preceptor. 10 respondents (5 diagnostic radiographers and 5 therapeutic radiographers) stated they do not have enough preceptors to support their preceptees.

### Protected time for preceptees.

There is wide variation in whether, and how much, protected time is provided for preceptees to undertake their preceptorship.

58. Do you provide protected time for your Preceptees to undertake preceptorship?



**Diagnostic radiographers:** 3 stated 12-36 hours per year; 2 stated 36+ hours per year. 5 stated protected time is not defined; 3 were unsure. One stated that definitions were being worked on in line with the ICS AHP preceptorship framework. One stated 'ad hoc cpd time when staffing allows'.

'Protected time is not given and due to staffing issues, senior management are reluctant to release staff to attend so many are completing this up to a year post-qualification.'  
(diagnostic radiographer)

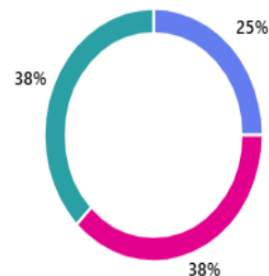


**Therapeutic radiographers:** 4 stated 12-36 hours per year; 2 stated 36+ hours per year. 5 stated protected time is not defined; 1 was unsure. One detailed '9 full study days and 1 hour monthly meetings for at least 6 months'; one 'Minimum of three study days and minimum monthly hour preceptor meetings'; and a further respondent stated 'undefined currently but will be a priority to do this'

### Recognising Value of the Preceptorship, and the Preceptor.

78. Do you recognise the role of the Preceptor in any way?

● Yes	8
● No	12
● Unsure	12



When asked for examples in how to support a preceptor to feel valued and recognised in their role, the following suggestions were provided:

#### **Diagnostic radiography:**

- time to complete the role
- when applying for training opportunities; being a preceptor provides a higher score.
- Additional support and time allocated to the preceptor role. Learning space and time away from the department.
- Creating a framework and scope for imaging

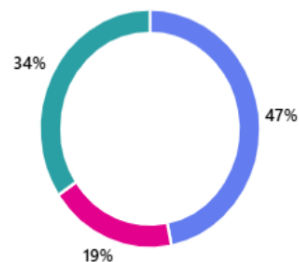
#### **Therapeutic radiography:**

- Recognised roles within the department as a core role within service leadership
- Offer time to undertake roles. Offer relevant, regular training to ensure keeping their skills up to date
- If we could offer more protected time, that would be good. Unfortunately with staffing pressures, it is very difficult.
- Special interest group participation

Enabling self-development, also offers opportunity for recognition of value within the role of preceptor, though this is not always enabled:

76. Do you encourage and promote the benefits for personal and professional development through taking on the role of Preceptor?

● Yes	15
● No	6
● Unsure	11



Where it is encouraged however, the development opportunities to enable career progression are also detailed:

- This [being a preceptor] is encouraged for band 6's and senior band 5s as good professional development.
- The role of preceptor is promoted within the department and is an element of the Band 5 to Band 6 training package.
- Define the role of preceptor to be an example of staff development, specific form of leadership, education and facilitation of learning, and manage and innovate preceptorship format for individual's needs. These all meet general qualities of the 4 pillars of practice, essential starting point for anyone wanting to progress into Band 7 leadership/Advanced Practice

Celebration of preceptorship completion at an organisational level is held for a minority of respondents (5 diagnostic radiographer and 3 therapeutic radiographer organisations, with one respondent highlighting a System level celebration). 4 diagnostic radiographer respondents stated departmental celebrations were held. In radiotherapy, no respondents stated that departmental celebrations are held.

So I think there needs to be that clear narrative about what we're trying to achieve through preceptorship



## Challenges in implementing preceptorship

11 respondents (44%) answered staff for this question.



Specific comments raised by respondents include:

- Preceptorship offers at organisational level do not always focus on the needs of the profession.
- Organisational preceptorship offers do not always make dates available in advance for preceptees to attend.
- When there are lots of preceptees releasing them all to the same event can be problematic
- Lack of preceptors
- Lack of framework / template for the department
- Time and resources. With just about enough staff to cover service delivery it is very difficult to also factor in non clinical opportunity for both preceptor and preceptee
- Unravelling it from our established induction programme that included most of what is now in the preceptor programme
- There is also an unawareness that it takes minimum of 6 months to have even the best person up to speed when they join, we almost need to over establish to maintain safe working levels.
- Staff seeing it as a 'tick box exercise' or new staff being 'needy'

A range of reasons for not liking organisation level preceptorship sessions were shared, including sessions being too long or not directly perceived as relevant, not feeling profession specific enough linked to being a specific profession within AHPs, or multi-professional (including nurses and midwives) but the professional voice being missed.

A range of reasons linked to staffing levels, turnover of staff, size of team to support new starters, multi-centre teams and their support needs,

Profession specific resources that would support preceptorship implementation within your department?



4 respondents (22%) answered support for this question.



Diagnostic radiographer respondent suggestions for profession specific resources that would support preceptorship within the department included:

- regional training for preceptors and preceptees. A more standardised approach across all NHS trusts.
- Profession specific preceptor training (multiple respondents)
- Dedicated space.
- Guidance/documentation from SoR. There is a greater need for support between HEI's and local NHS Trusts/placement sites to understand what HEI's tell students and what placements offer (as not everywhere is the same).
- Templates for goal setting and review

Therapeutic radiographer respondent suggestions for profession specific resources that would support preceptorship within the department included:

- The recognition of AHPs in the service as a whole
- time resource, increasing my knowledge to support the programme
- National support from the development group so that implementation is encouraged and shared learning can take place. Run another champions programme
- Communication and listening skills
- Opt out option - had a lot of members of staff who often decline these meetings - not suited to everyone

One therapeutic radiographer respondent made reference to the Oxleas programme, which perhaps has capacity for being explored in more detail for a wider range of teams.

Across both therapeutic and diagnostic radiographer responses, were several references to the need for funding / monies for

- preceptor and practice educator roles;
- backfill monies to enable supernumerary time for preceptees and for preceptors, to enable timely sign off (with some of this being referenced to competence sign offs);
- funding for preceptor training and resources.

**'appreciate the drive to improve awareness as i believe preceptorship is a vital tool to set up a successful career'**

**Themes identified from the Service Manager and Practice Educator survey and Focussed Discussion Groups.**

Analysis of therapeutic radiographer and diagnostic radiographer responses was carried out separately. The responses showed that those who have linked into the Therapeutic Radiography preceptorship champion programme in England have a greater awareness of preceptorship and the role of the preceptor. However, those who had not linked into that programme, as therapeutic or diagnostic radiographers showed commonality in these themes.

**Conceptualisation:**

- Variation and inconsistency in preceptorship offers nationally across the four countries
- Variance in confidence that organisational offers meet the need of diagnostic and therapeutic workforces
- Unclear recognition of the differences between induction, mentorship, supervision, competence development and preceptorship

**Programme Structure and Content:**

- Recognition of the need for radiographer (therapeutic and diagnostic) input into the design, development and delivery of preceptorship offers
- Recognition of the need for both multi-professional and also uni-professional support within preceptorship offers
- Awareness of the national perspective and potential for use of wider professional support for preceptorship offers
- The need for professional guidance in defining the preceptorship expectations at different career stages (eg newly qualified practitioner, international recruit, transition between AFC pay bandings / career levels) and which might require different preceptorship support

**Preceptor Role:**

- Lack of clarity for the role of preceptor
- Variation in levels of experience required to be a preceptor, though descriptions of skills and behaviours were consistently described
- Lack of training and support for the preceptor, both initially and ongoing
- Recognition of a specific need for preceptor training and support in relation to mental health, health and well being
- Lack of protected time for preceptors to undertake the role
- Lack of recognition for preceptor role

### **Career Progression**

- Development of the preceptor role needs linking to the education and career framework
- Development of the preceptor needs aligning to the 4 pillars

### **Preceptorship Leadership**

- Recognition of the need for an organisational level AHP Preceptorship lead, ensuring the professional voices for all AHP professions are heard, and ensuring the preceptorship offer is fit for purpose and of value to radiographers.
- The importance for departments, organisations, individuals and the professions to recognise the value that preceptorship brings to the individual, the profession and the workforce

### **Monitoring and evaluation of quality in preceptorship:**

- The importance for departments, organisations; individuals and the professions to collect data on the positive impact of preceptorship

### **Professional body role:**

- Recognition of the differences in preceptorship awareness between therapeutic radiography and diagnostic radiography workforces,
- Recognition of the differences in awareness and engagement across the 4 countries
- Development of a framework to enable consistency in profession specific preceptorship offer, to complement organisational preceptorships
- Development of a checklist for what a preceptorship offer could include
- Consideration for the development of online, accessible, profession specific resources to support preceptorship delivery
- Consideration for the development of online, accessible, profession specific resources to support preceptors
- Development of a community of practice for preceptors
- Development of a diagnostic radiographer Preceptorship Champion offer, similar to the National England programme for therapeutic radiographers

## **Results from Preceptor survey and Focussed Discussion Groups**

### **Demographics:**

#### **Survey:**

Total of 64 responses were received from those undertaking a preceptor role, with 61% being from diagnostic radiography and 39% from therapeutic radiography.



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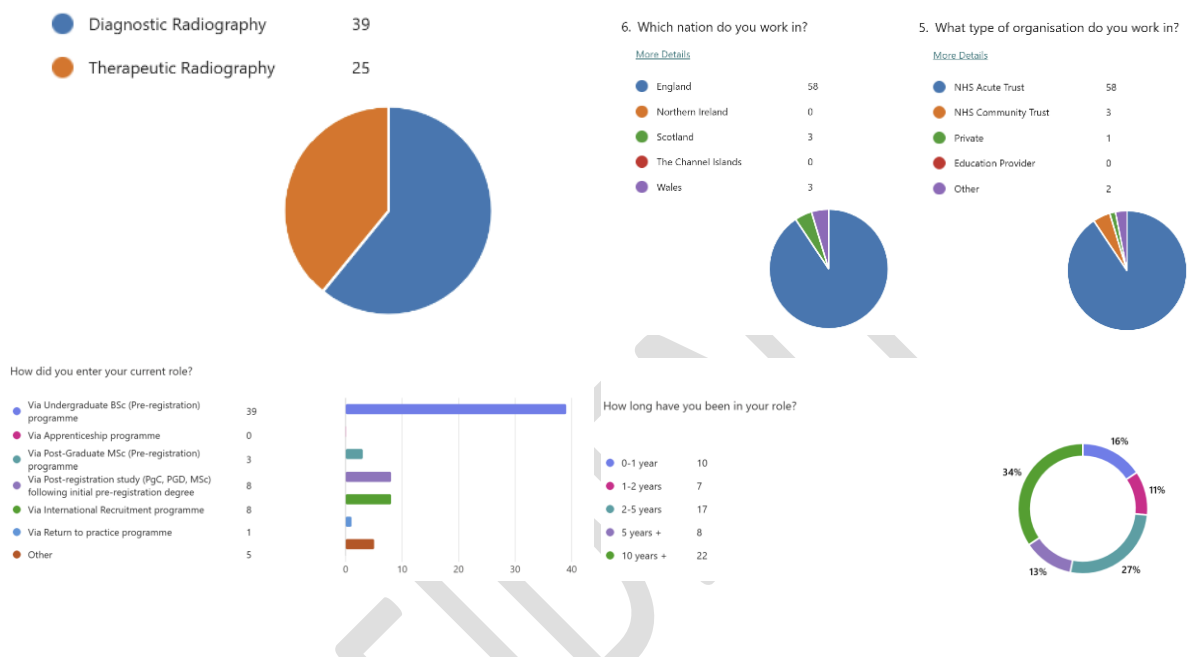


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The majority of respondents were from England (91%) with 3 responses from Wales (1 diagnostic and 1 therapeutic) and 3 from Scotland (all diagnostic). All regions of England had responses to the survey.

91% of respondents work in NHS acute organisations with 3 responses from NHS community trusts, 1 private organisation and 2 'other' organisations.

61% of respondents entered the profession via an undergraduate BSc (pre-registration route) and the 53% have been in their role for between 0 and 5 years.



Understanding of preceptorship included the terms support, transition, integration, structure, confidence, newly qualified radiographers but also wider as new to role including return to practice and internationally recruited staff. However, there was mention of more competency and skills-based terms within the understanding such as upskilling, knowledge and skills, learning protocols and skills. 66% of radiographers reported that clinical skills development is included within their preceptorship.

**To note that 4 people reporting to be in a preceptor role reported they are not aware of the term preceptorship (94% aware) and only 66% in total felt that they had a good understanding of preceptorship.**

8. Have you heard of the term "Preceptorship"?

[More Details](#)

- No - I'm not aware of the term ... 4
- Yes - I have heard of the term Pr... 18
- Yes - I feel I have a good unders... 42





#### **Focussed Discussion Groups:**

During the focussed discussion groups, 5 preceptors were spoken to regarding their experiences of being a preceptor and of preceptorship. 4 were diagnostic radiographers and 1 was a therapeutic radiographer. They were all from England (South West, Midlands, North West and London). Roles ranged from clinicians to advanced practitioners, training leads and lecturer and gave insight from NHS and private practice.

**“I believe preceptorship is a valuable programme for helping people settle and thrive in a potentially stressful new environment”**

#### **Diagnostic Radiography**

- 64% were aware of the HCPC Principles for Preceptorship
- 71% of English respondents were aware of NHS England's AHP Preceptorship Standards and Framework.
- 66% of Scottish respondents were aware of NHS Education for Scotland's Flying Start programme
- Preceptors scored their current job satisfaction at 6.4/10 with 51% happy in their current role but 46% feeling positive about their future career as a radiographer.
- Preceptors score their value of preceptorship at 7.8/10 but their organisations value lower at 6.1/10
- Preceptors' confidence score in undertaking this role was 7.3/10 but when asked about how supported they feel in their preceptor role they reported 5.2/10.



- The preceptor's confidence of high-quality preceptorship support for radiographers from an organisation was scored at 6.2/10 with 56% agreeing (marked as effective or highly effective) that their preceptorship supports a culture of learning, 49% that their preceptorship supports self-reflection and 51% that their preceptorship supports a culture of safe practice.

#### **Preceptor role for diagnostic radiographers:**

- Preceptors may have specific requirements for the role such as 2 years' experience, being a senior practitioner or being a band 6.
- Only 38% of preceptors have received initial training for their role with only 15% in England completing the NHS England Multiprofessional Preceptor e-Compendium
- Only 10% receiving ongoing training.
- 67% of Diagnostic Radiographers, feel a similar online National Preceptorship Champions Training programme to that in radiotherapy would be beneficial
- 23% reported having protected time for their preceptor role but only 4 respondents utilising job planning for the role.
- It is most common to support 1 preceptee with 36% reporting support for 1 preceptee. However, this ranges to over 6 at any given time and a mean average of 2 or 3. Many of those supporting 4 or more, were preceptors who reported they were in education roles. Sonographers also reported supporting multiple preceptees at one time.
- 2 respondents in England reported to hold College of Radiographers Practice Educator Accreditation (PEAS)

#### **Therapeutic Radiography**

Ratings from therapeutic radiographer preceptors were higher across all the domains for awareness, value, confidence and support.

- 84% were aware of the HCPC Principles for Preceptorship
- 88% of English respondents were aware of NHS England's AHP Preceptorship Standards and Framework.
- Preceptors scored their current job satisfaction at 7.12/10 with 76% happy in their current role but 52% feeling positive about their future career as a radiographer.
- Preceptors score their value of preceptorship at 8.7/10 but their organisations value lower at 6.6/10
- Preceptors' confidence score in undertaking this role came out as 8.16/10 but when asked about how supported they feel in their preceptor role they reported 5.9/10.
- The preceptor's confidence of high-quality preceptorship support for radiographers from an organisation was scored at 6.8/10 with 72% agreeing (marked as effective or highly effective) that their preceptorship supports a culture of learning, 76% that their





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preceptorship supports self-reflection and 72% that their preceptorship supports a culture of safe practice.

### Preceptor Role for therapeutic radiographers:

- Preceptors may have specific requirements for the role such as 12-18 months experience (difference with DRAD reporting 2 years) or being a senior practitioner.
- 52% of preceptors have received initial training for their role with 35% in England completing the NHS England Multiprofessional Preceptor e-Compendium
- Only 13% receiving ongoing training.
- 30% reported having protected time for their preceptor role but no respondents report utilising job planning for the role
- It is most common to support either 2 or 5 preceptees with only 21% reporting 1 preceptee is being supported. However, this ranges to over 6 at any given time with a mean average of 2 or 3. Many of those supporting 4 or more, were preceptors who reported they were in education roles, with advanced practitioners and operational leads also reporting support of multiple preceptees at one time.
- 2 respondents in England reported holding College of Radiographers Practice Educator Accreditation (PEAS)
- 48% TRAD respondents have attended online national Preceptorship Champions Training for Therapeutic Radiographers designed and delivered by the National Therapeutic Radiographers Preceptorship Project Team as part of a project between The Christie NHS Foundation Trust, Society of Radiographers and NHS England
  - This training was rated as 8.64/10 and the impact of the training highlighted:
    - Improved understanding, knowledge and perspective of preceptorship
    - Increased confidence
    - The opportunity to share and interact with peers
    - The ability to implement preceptorship into their organisations.

### Commonalities between Professions

- 28% of preceptors are not aware of the HCPC's Principles for Preceptorship and many are not aware of national guidance in the form of NHS England's AHP Preceptorship Standards and Framework and NHS Education for Scotland's flying Start programme

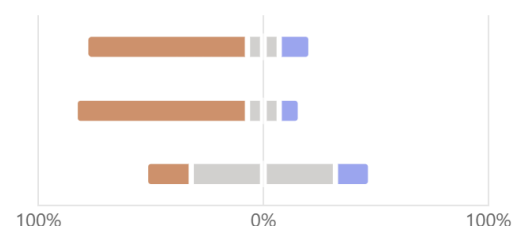
10. Please answer the following questions:

● Yes ● No ● Unsure

Are you aware of the HCPC's (2023) publication entitled Principles for Preceptorship?

Are you aware of NHS England's AHP Preceptorship Standards and Framework?

Are you aware of NHS Education Scotland's Flying Start Programme?



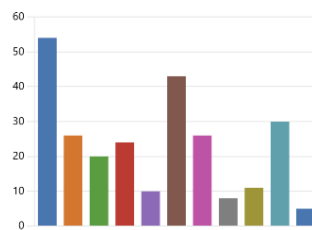


- Ratings across the professions for feeling positive about their future career in radiography is low at less than 50%.
- Preceptors value preceptorship higher than they perceive their organisations value preceptorship.
- There is a lack of pre-preceptorship support across the professions with limited linking in across radiography with HEI's on employability, recruitment and expectations of newly qualified practitioners and a lack of awareness and utilisation by preceptors in England of NHS England's step to Work e-learning resource to support the pre-preceptorship period.
- There is wide variability on the length of preceptorship from 3 months to 24 months with the majority (57%) reporting a duration of 12 months.
- There is variability in the offer of preceptorship with 38% reporting an organisational/multiprofessional offer, 9% offering an AHP preceptorship, 11% an organisational radiography preceptorship, 47% a radiography departmental offer and 14% a mixed approach.
- There is variation in individuals supporting preceptorship from organisation education teams to profession practice educators with limited organisations across England and Wales offering legacy mentors as additional support to radiographers.
- Elements within preceptorship programmes vary widely in content and delivery including preceptor- preceptee meetings, coaching, lectures, workshops, action learning groups, peer support, peer assisted learning, simulation, video content and e-learning/ online modules
- There is variation in topics included within preceptorship including: professionalism, patient centred or personalised care, patient safety, equality, diversity and inclusivity, raising concerns, confidentiality, difficult conversations, communication, service user feedback, team Working, evidence-based practice, quality improvement, audits supporting learners in the workplace, reflective practice, health and wellbeing, building autonomy in practice and career conversations.
- It should be noted that **66%** reported the inclusion of clinical skills development as part of the preceptorship offer.

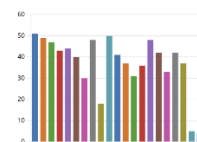
18. How are the elements of preceptorship delivered?

[More Details](#)

Preceptor- Preceptee meetings	54
Coaching	26
Lectures	20
Workshops	24
Action learning groups	10
Peer support	43
Peer assisted learning	26
Simulation	8
Video content	11
E-learning/ online modules	30
Other	5



Professionalism	51
Patient centred or personalised ...	49
Patient safety	47
Equality, Diversity and Inclusivity	43
Raising concerns	44
Confidentiality	40
Difficult conversations	30
Communication	48
Service User feedback	18
Team Working	50
Evidence based practice	41
Quality improvement	37
Audits	31
Supporting learners in the workplace	36
Reflective practice	48
Health and Wellbeing	42
Career conversations	35
Clinical skills development	42
Building autonomy in practice	37
Literature	5
Other	4



The most useful/effective aspects of preceptorship were identified as:

- **Support**
- **Reflection**
- **Peer Support**

When asked about what a successful preceptorship a consensus was:

**Preceptorship should provide an empowering, supportive, reflective safe space where the preceptee receives feedback to enable the transition into an effective and confident autonomous practitioner working within their scope of practice, able to raise concerns and provide a high standard of safe quality care as part of a team.**

But that this requires **protected time, support from managers and inclusion of profession specific elements and multiprofessional collaboration.**

### **Preceptor Role**

- Only 36% reported any specific requirements to be a preceptor and only 27% have a job or role description for being a preceptor.
- Preceptors rated the importance of protected time to undertake the role effectively as 7.96/10.

***“We currently need to fight for time to make the preceptor’s duties achievable”***

The knowledge, skills and behaviours identified from this survey for preceptors are listed below.

<b>Knowledge</b>	<b>Skills</b>	<b>Behaviours</b>
<ul style="list-style-type: none"> <li>• clinical experience</li> <li>• good understanding of the profession</li> <li>• highly trained within the department</li> <li>• experience in modality</li> <li>• Understanding of department processes</li> <li>• seniority and experience in the Trust /management experience,</li> <li>• understanding of preceptorship, principles, frameworks and resources.</li> </ul>	<ul style="list-style-type: none"> <li>• active listening</li> <li>• leadership,</li> <li>• supervision skills</li> <li>• coaching skills</li> <li>• mentoring skills</li> <li>• teaching skills</li> <li>• understanding of different learning styles</li> <li>• communication skills,</li> <li>• ability to provide supportive learning environment</li> <li>• provision of constructive feedback</li> <li>• ability to help preceptee to identify their strengths and weaknesses and address/ develop them accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>• empathy, and compassion</li> <li>• patience and understanding,</li> <li>• caring and kind</li> <li>• fair, and consistent</li> <li>• approachable and proactive in wanting to help others</li> <li>• reliable,</li> <li>• confidential,</li> <li>• self-aware and able to admit personal limitations</li> <li>• problem solving</li> <li>• respect, and professionalism,</li> <li>• Self-motivated and enthusiastic,</li> <li>• Innovative and adaptive,</li> <li>• passionate,</li> </ul>



		<ul style="list-style-type: none"> <li>• act as a gold standard for preceptees to aspire to.</li> <li>• exemplify the values and behaviours of the NHS and want to nurture to better the experience for the patient.</li> <li>• Health and wellbeing support and awareness of other external factors that a new person may struggle with or need advice on. e.g. housing</li> <li>• Celebration of achievements</li> <li>• Provision of a safe psychological space</li> <li>• Adaptive to challenges</li> <li>• To have awareness of own health and wellbeing as preceptor and access support as appropriate.</li> </ul>
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#### **Preceptor training and support**

- Only 6% of the preceptors responding to this survey have reported holding College of Radiographers Practice Educator Accreditation (PEAS)

Training identified by preceptors for role:

- Initial training on role with mixture of e-learning and other formats
- Mentoring skills
- Coaching skills
- Restorative supervision skills
- Difficult conversations
- Also mentioned were:
  - coaching certification
  - post-graduate study in practice education

Support identified by preceptors for role included:

- Preceptor Handbook
- Action Learning Sets
- network of practice/community of practice for educators at a local and national level.

**“It is honestly the hardest job I have ever done**



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**because of the constant demands on myself,  
the misunderstanding of the role and complexities  
and the impact on recruitment and retention”**

#### **Preceptee-Preceptor Meetings**

- 56% of initial meetings happen within the first week with 32% occurring monthly.
- 39% last 1 hour but these are variable across respondents.
- 65% include career conversations as part of their preceptorship
- 67% have templates which can be used during meetings

#### **Challenges and barriers for preceptorship identified by preceptors are:**

- Awareness of what preceptorship is and isn't
- Lack of understanding of the preceptor role
- Protected Time for the preceptor
- Lack of feedback on preceptor role
- Clinical demands leading to cancellation of sessions and meetings
- Staffing issues leading to cancellation of sessions and meetings
- Preceptee motivation
- Support from managers and other clinical staff to enable implementation and attendance at sessions and meetings
- Lack of preceptor linking to preceptorship lead in department or organisation
- Available places on programme within organisation and the timing of the intake/cohort
- Funding for skills-based training to enable the preceptor role
- Number of preceptees to support and role enabled to support multiple preceptees.
- An identified need to strengthen practice education teams within departments/the radiography profession
- Preceptorship not being linked to grade/pay progression for preceptees.

**“It should be worthwhile for the preceptee but is also  
worthwhile for me”**

#### **Themes Identified from the Preceptor's survey and Focussed Discussion Groups:**

##### **Conceptualisation:**

##### **Preceptee perspective:**

- Variability and inconsistency of preceptorship offer

- Language and terminology of preceptorship and the offer of confidence v competence
- Variation between Diagnostic and Therapeutic Radiography
- Pre-preceptorship offer and how this fits currently with HEIs and departments.

Preceptor perspective:

- Lack of demonstration of the benefits of Preceptorship for the preceptor.
- Terminology around preceptorship and titles used by those involved.

Organisational perspective:

- True understanding and appreciation of preceptorship across the organisation.
- Lack of demonstration of the benefits of Preceptorship for radiographers.

### **Preceptorship Offer - Structure and Content:**

Preceptee perspective:

- Content and design of preceptorship offer co-designed with radiographers to meet preceptee needs.
- Needs to have multiprofessional elements (organisational element) and radiography profession specific elements
- Lack of protected time to undertake preceptorship activities
- Challenges of releasing staff to attend preceptorship activities due to clinical or staffing demands.

Preceptor perspective:

- Variability of offer from duration, elements and activities, involvement, and organisation.

Organisational perspective:

- Variability of offer from duration, elements and activities, involvement, and organisation.
- Content and design of preceptorship offer co-designed with radiographers to meet preceptee, preceptor and department needs.
- Lack of protected time for preceptorship activities.

### **Preceptor Role:**

Preceptor perspective:

- Recognition, awareness, and value of the preceptor role.
- The requirements for the preceptor role.
- Lack of protected time to undertake the preceptor role
- Lack of training and support for the preceptor role

Organisational perspective:



- Recognition, awareness, and value of the preceptor role within an organisation and department.
- Lack of training and support for preceptors.

### **Career Progression:**

Preceptee perspective:

- Need to establish linkage with Education Career Framework and the four pillars of practice,

Preceptor perspective:

- Need to establish linkage of preceptor role with Education Career Framework and the four pillars of practice,

### **Signposting & awareness:**

Preceptee perspective:

- Need for signposting to existing preceptorship resources
- Pre-preceptorship to embed familiarity at HEIs and readiness for preceptorship on employment.

Preceptor perspective:

- Need for signposting to existing preceptorship resources

Organisational perspective:

- Need for signposting to existing preceptorship resources internal and external to organisations and departments

### **Professional body role:**

Preceptee perspective:

- Communication, connection, and engagement with students/learners

Preceptor perspective:

- Lack of understanding, training, and support for the preceptor role within radiography.

Organisational perspective:

- Lack of professional body guidance and resources to support preceptorship for radiographers

### **Preceptorship Leadership:**

Organisational perspective:

- Variation in leadership of preceptorship at an organisational and departmental level

### **Monitoring & Evaluation of Quality in Preceptorship:**

Organisational perspective:

- Lack of evaluation and impact data for radiographers including retention and career progression

## **Results from general radiography workforce survey**

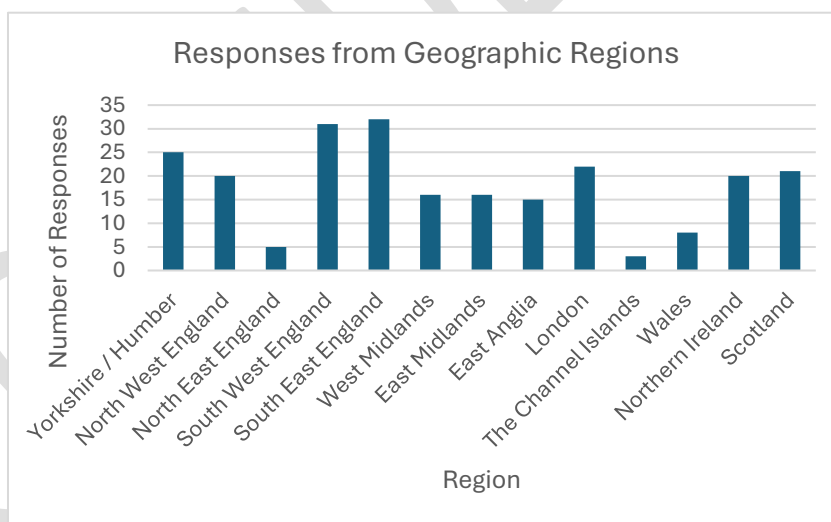
### **Demographics**

#### **Survey:**

A total of 290 responses were received from the Diagnostic and Therapeutic “Scoping Profession Specific Preceptorship needs” survey.

#### **Diagnostic Radiography**

A total of 234 responses were received from diagnostic radiographers with representation across all UK geographic regions (figure 1).

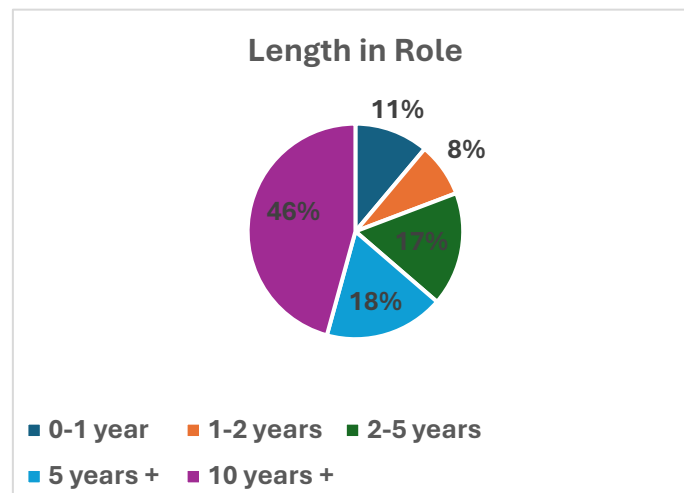


81% of respondents work in NHS Acute Trusts, 8% in NHS Community Trusts, 5% in the Private Sector, 2% in Education Provider and 4% “other”.

37% of respondents are working at Practitioner level, 12% at Enhanced Practitioner and 18% Advanced Practitioner level; 15% of responses were from Service Manager/Service Leaders and the remaining 18% of responses from Practice Educators, Consultant Radiographers, Research Radiographers, Academics, Consultant Radiographers or “other”.

53% of respondents entered their current role via an Undergraduate BSc Hons (Pre-registration) programme, 6% via a Post-Graduate MSc (Pre-registration) programme and 24% via Post-registration study (PgC, PgD, MSc) following initial pre-registration education. 5% of respondents entered their current role via an International Recruitment process and 1% via a Return to Practice programme.

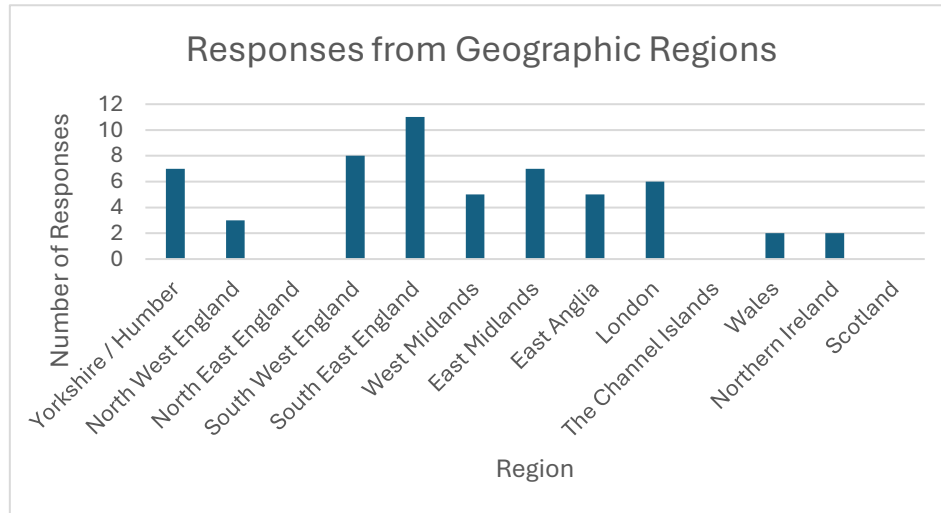
46% have been in their role for over 10 years and only 19% between 0-2 years.



Only 64 respondents stated they have been offered Preceptorship at some point in their career, however 72% of the 170 Diagnostic Radiographers who have not had a Preceptorship offer have been in their role for 5 years+.

### Therapeutic Radiography

A total of 56 responses were received from therapeutic radiographers, with large representation across England however no responses from Scotland or the Channel Islands; only 2 responses were received from Wales and Northern Ireland.



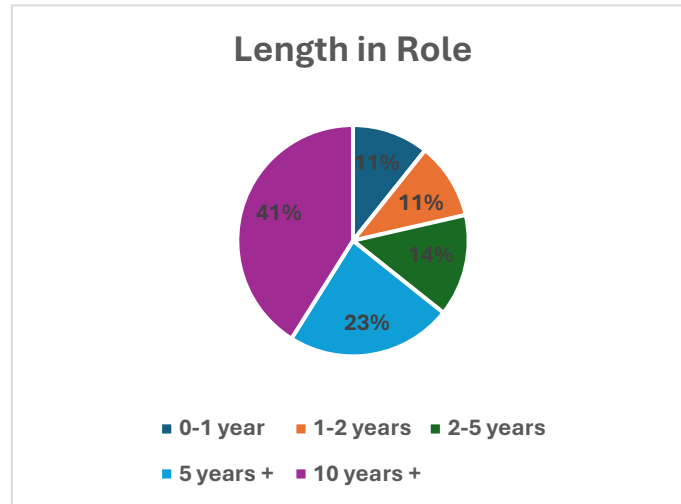
89% of respondents work in NHS Acute Trusts, 9% in NHS community Trust and 2% in the Private sector.

43% of respondents are working at practitioner level, 14% as Enhanced Practitioners, 14% Advanced Practitioners, 11% Service manager/leader, 4% Consultant Radiographers, 7% Research Radiographers and 7% as Practice Educators.

64% of respondents entered their current role via an Undergraduate BSc (Pre-registration) programme, 5% via a Post-Graduate MSc (Pre-registration) programme and 5% via Post-registration study (PgC, PgD, MSc) following initial pre-registration education. 7% of respondents entered their current role via an International Recruitment process and there were no responses received from Return to Practice radiographers.



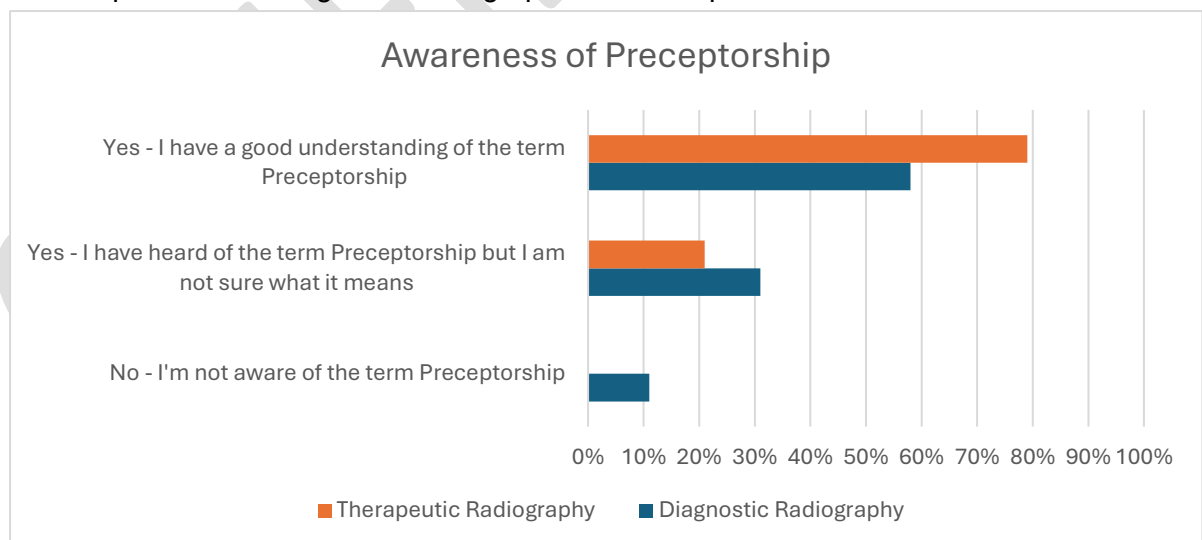
41% of respondents have been in their role for 10 years + and only 22% in their role for between 0-2 years.



Only 26 respondents stated they have been offered preceptorship at some point in their career, however 80% of the 30 therapeutic radiographers who have not had a preceptorship offer have been in their role for 5 years+.

### **Preceptorship Awareness**

- Awareness of preceptorship varies across both professions. The therapeutic radiography profession has a wider understanding of the term preceptorship in comparison with diagnostic radiographers who responded.





### Preceptorship awareness in Radiographers in role for 10 years +

#### TRADS:

- **23 respondents in their current role for 10 years +, only 30% were offered Preceptorship.**
- All of these respondents are aware of the term Preceptorship and 65% stated they have a good understanding of the term Preceptorship.

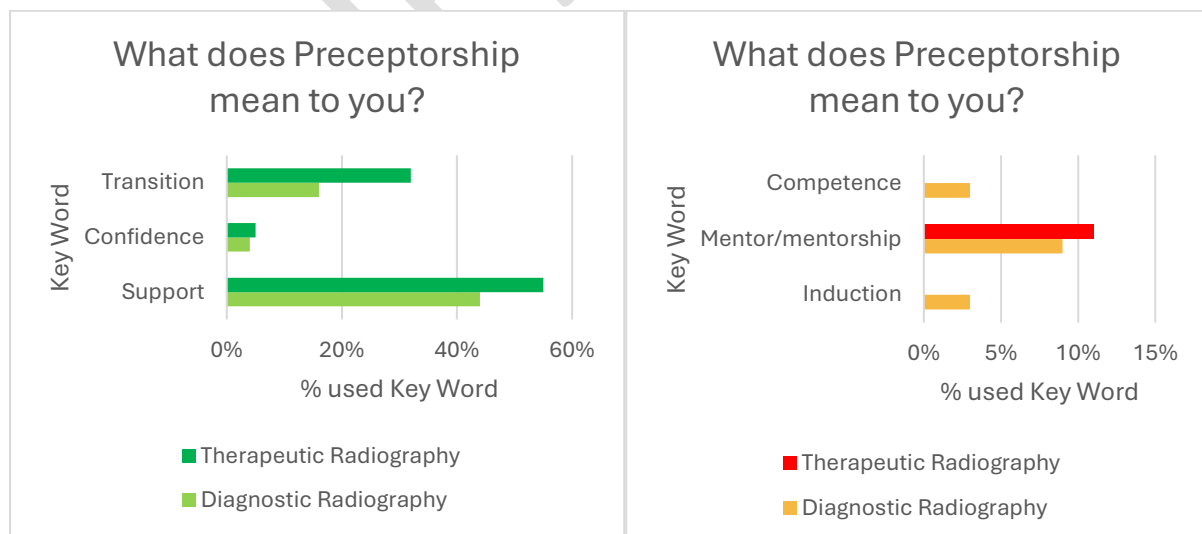
#### DRADS:

- **107 respondents in their current role for 10 years +, only 11% were offered Preceptorship.**
- 16 of these respondents have not heard of term Preceptorship, however 47% stated they have a good understanding of the term Preceptorship.

### Terminology of Preceptorship

When asked what preceptorship means to them, 50% of respondents (diagnostic and therapeutic) answered support:

133 respondents (50%) answered support for this question.



The following responses highlight confusion between “preceptorship” and “induction”:





- “Give all new staff a meeting with a preceptor but if they get through induction and become competent do not have any pressure to have regular set in stone meetings and goals with preceptor.”
- “I felt the support from induction and the team I seen everyday was enough to settle into the responsibilities of the role”

Some responses stated that preceptorship is focused on increasing competence:

- “Check list of competencies” (Diagnostic Radiographer)
- “clear goals/competencies expected to achieve” (Therapeutic Radiographer)
- “a preceptorship that includes more than learning to use X-ray equipment. (Diagnostic Radiographer)
- “only focused on use of department equipment” (Diagnostic Radiographer)

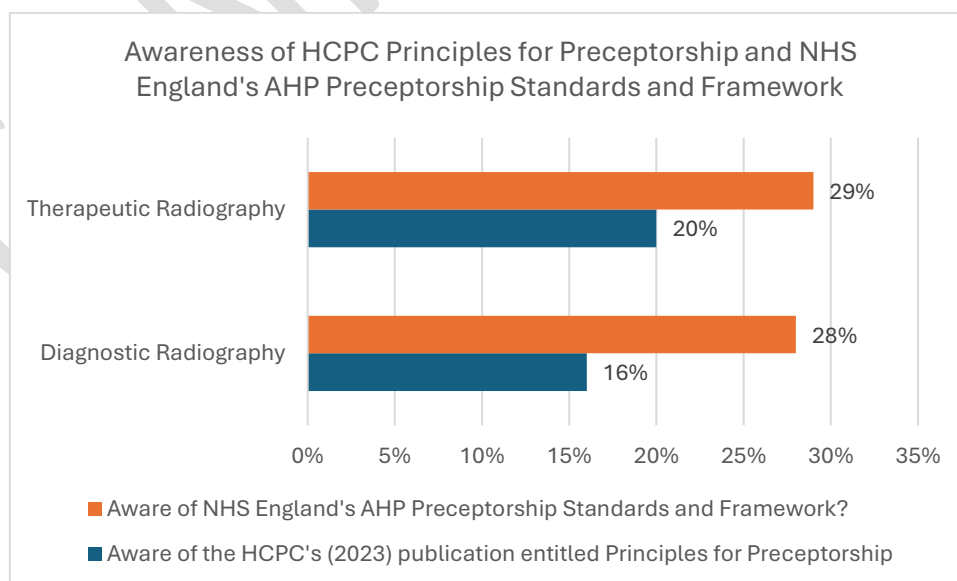
The importance of increasing awareness of Preceptorship and using the correct terminology was highlighted to clarify the expectations of the Preceptee:

***“being on preceptorship meant others in dept. know what to expect from me as a new starter”***

***“Clear communication is needed with the department/other staff as to what 'completing a preceptorship' means”***

### **Signposting and awareness**

Overall awareness of HCPC Principles for Preceptorship and NHS England's was lower than awareness of NHS England's AHP Preceptorship Standards and Framework, however a significant portion of respondents did not answer this question.

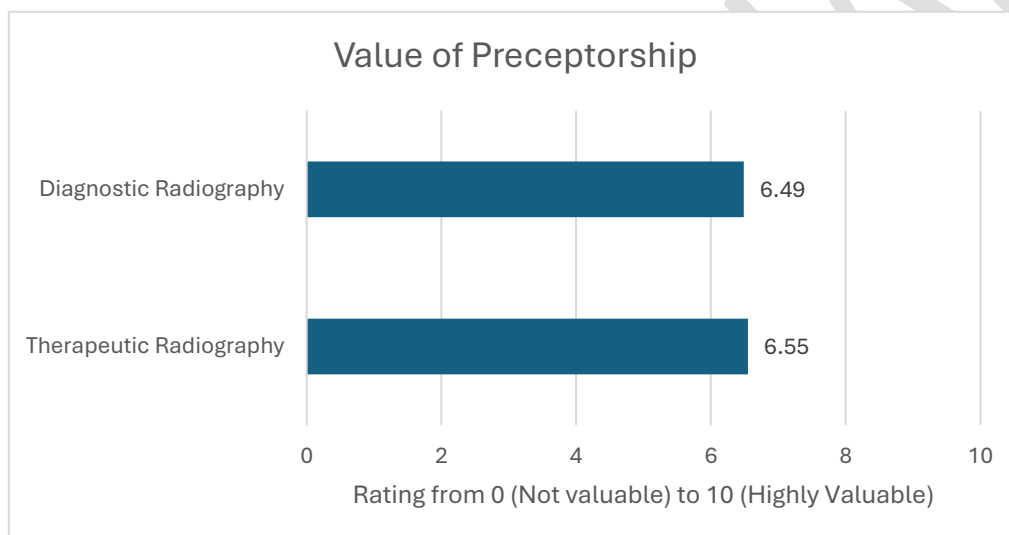


Only 8 of the 21 DRAD respondents from Scotland indicated that they are aware of NHS Education Scotland's Flying Start Programme (no response from the remaining); 2 of these respondents stated they have not undertaken this training. There were no respondents from TRADs in Scotland and therefore no data on this.

### **Recognising the value of Preceptorship**

The value of preceptorship was rated similarly across TRAD and DRAD professions, with average scores of 6.55/10 and 6.49/10 respectively.

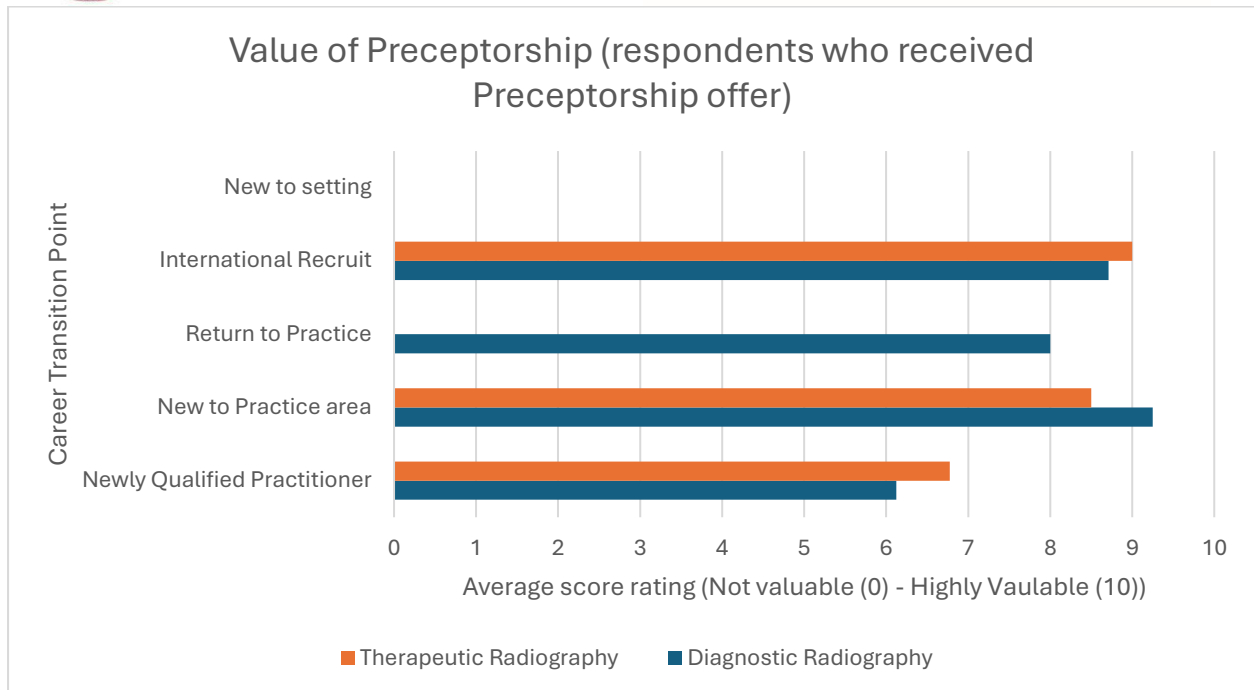
The



following quotes highlighted the value of preceptorship:

- “time to get up to speed”
- “A period of protected time when you don't/are not expected to hold the full responsibility of a new role. A time to ask questions and figure out what the role is”.

This was broken down further to analyse the value of preceptorship by respondents who selected **they are currently in one of the defined career transition points and had received a Preceptorship offer:**



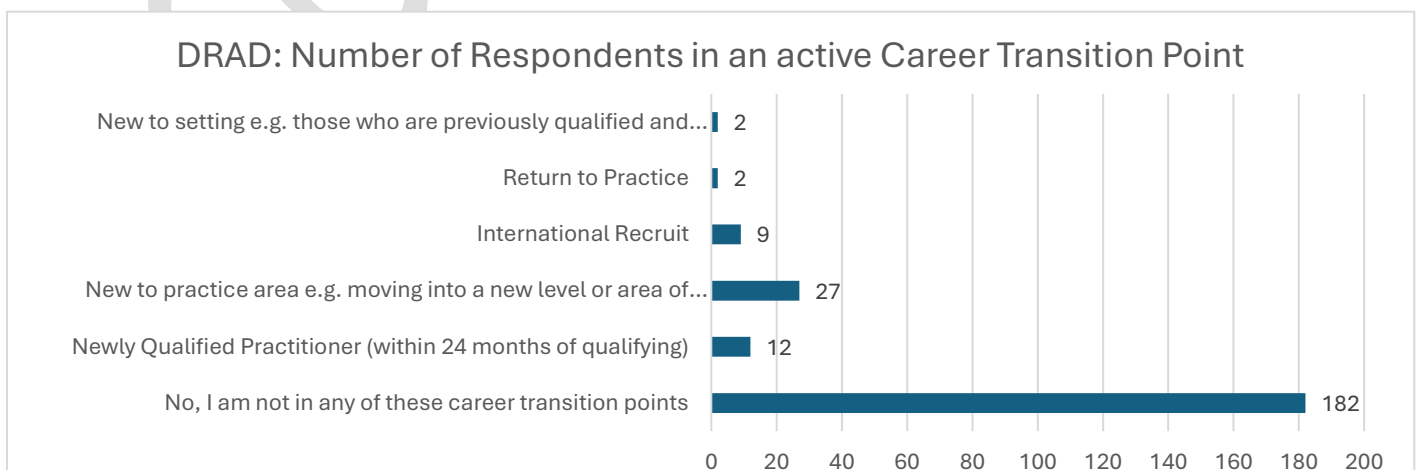
### **Respondents in a defined “career transition point”**

To scope specific Preceptee preceptorship needs, data from respondents who selected they are currently “active” in one of the career transition points defined on the survey was reviewed in further depth.

### **Diagnostic Radiography:**

**A significant proportion of DRAD respondents (78%) reported they are not currently in a defined career transition point.** The graph below represents the 52 DRAD respondents that stated they are in one of the career transition points:

**To note, only 46% (24 respondents) were offered Preceptorship.**



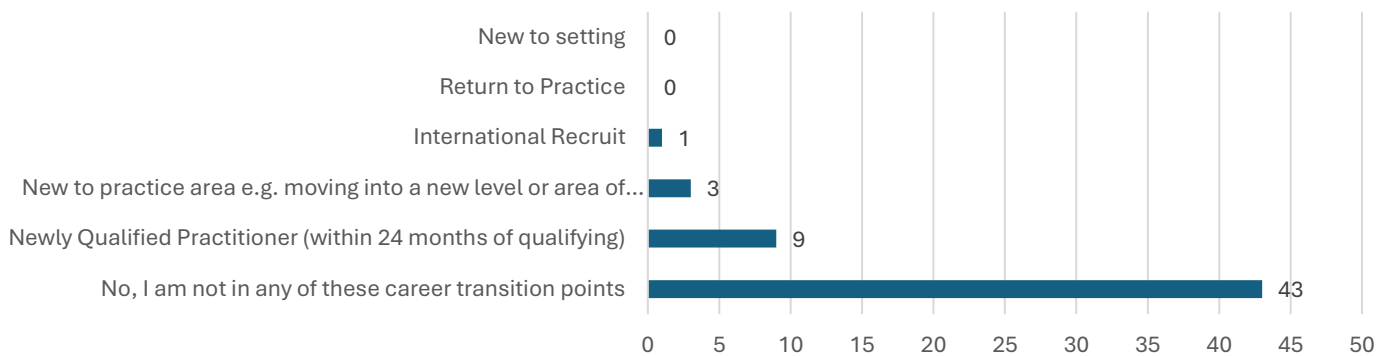
6 out of the 28 DRAD respondents actively in a transition point, who did not receive a preceptorship offer stated they did consider leaving the profession during their preceptorship period.

### **Therapeutic Radiography:**

**Only 23% of therapeutic radiography respondents** stated they are in one of the defined career transition points, with the majority as Newly Qualified Practitioners and only 3 responses from those new to practice areas, 1 international recruit and no representation from Return to Practice Radiographers.

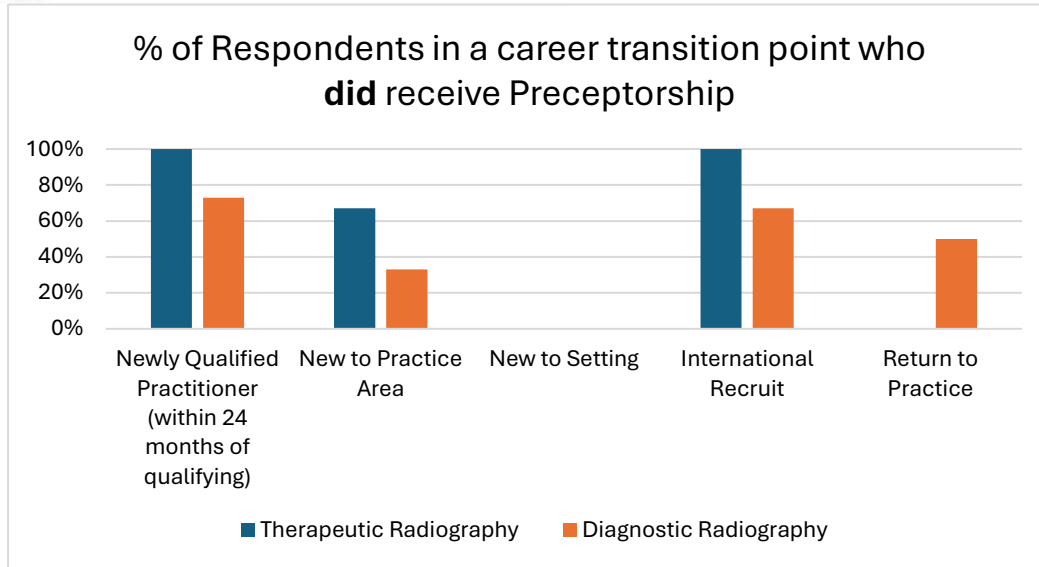
**However, 92% of these respondents received a preceptorship offer.**

TRAD: Number of Respondents in an active Career Transition Point



The 1 TRAD respondent who did not receive a preceptorship offer stated they did consider leaving the profession during their preceptorship period.

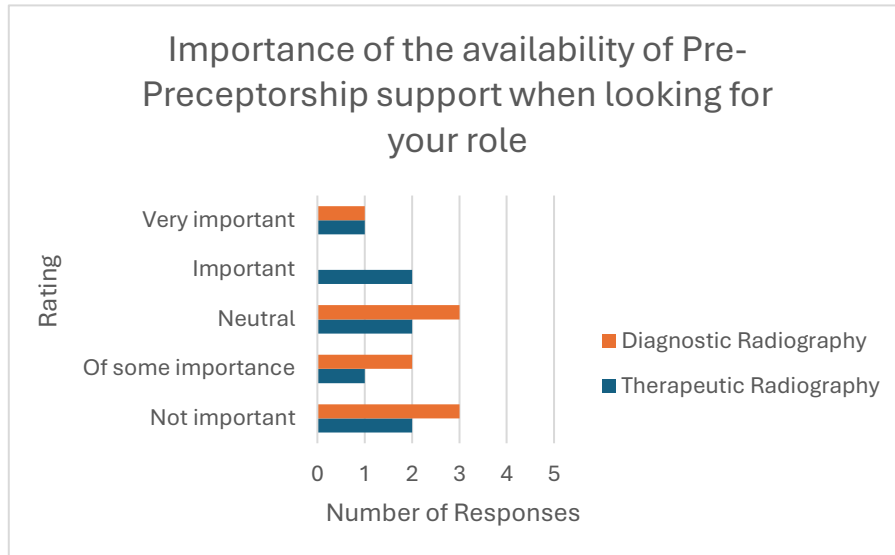
The different career transition points at which preceptorship was offered within diagnostic and therapeutic radiography is shown below:



Breaking this data down further to understand the **Newly Qualified Practitioner** perspective:

Diagnostic Radiography (11 respondents in this transition point)	Therapeutic Radiography (9 respondents in this transition point)
<ul style="list-style-type: none"> <li>73% offered preceptorship</li> </ul>	<ul style="list-style-type: none"> <li>100% offered preceptorship</li> </ul>
<ul style="list-style-type: none"> <li>27% aware of the HCPC Principles for Preceptorship, no respondents stated that reference to these were included within their Preceptorship offer</li> </ul>	<ul style="list-style-type: none"> <li>33% aware of the HCPC Principles for Preceptorship - 44% stated reference to this was included within their Preceptorship offer</li> </ul>

The perceived importance of Pre-Preceptorship availability when looking for a role is shown below:



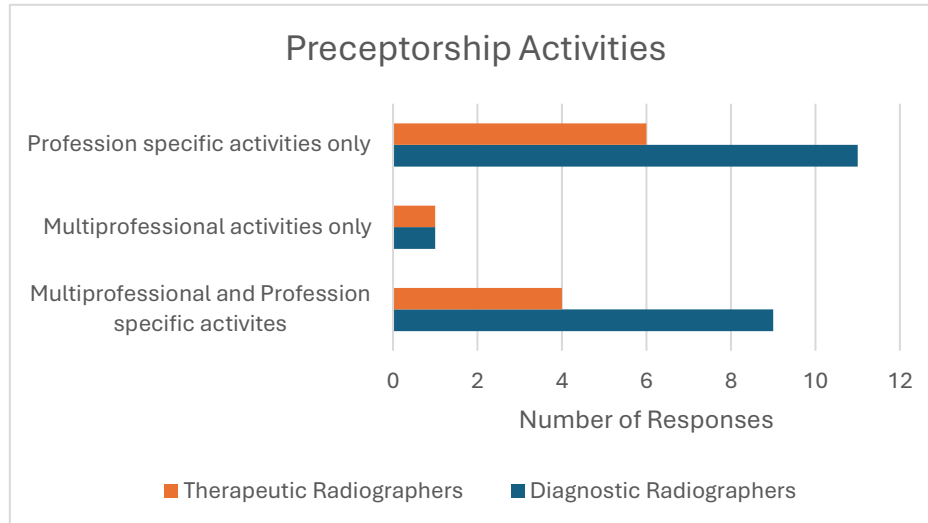
- 45% of diagnostic radiographers said preceptorship support was mentioned when applying for their job, but only 18% said this affected their decision to apply.
- 44% of therapeutic radiographers said preceptorship support was mentioned when applying for job, however 22% of these stated this did affect their decision to apply.

Pre-Preceptorship activity data from both diagnostic (11 respondents) and therapeutic (9 respondents) radiographers who stated they are in a Newly Qualified Practitioner career transition point, demonstrated that only 2 diagnostic and 3 therapeutic radiographers completed the NHS England Step to Work programme. One DRAD mentioned undertaking additional experience in department, and 1 TRAD mentioned participating in HEI employability sessions.

### **Programme structure and content**

The following data is from the 12 TRADS and 24 DRADS that **were** offered Preceptorship that are currently **in one of the career transition points** discussed previously:





An appreciation for working with other AHPs was highlighted as a valuable aspect of Preceptorship:

- “Mixing with other AHPs”
- “opportunity to learn new skills in a multidisciplinary group of staff to allow the sharing of experiences to gain a wider understanding of how all professions work together supporting patient pathways”

Caution should be exercised with multiprofessional offers as numerous DRAD and TRAD respondents highlighted how “Multi-Professional approaches can become very nurse focused” and respondents would like to see Preceptorship “tailored specifically to Radiographers” and to be more “Professionally relevant” with more “radiography related activities”

**“Length of preceptorship directly correlated with confidence in ability to practice independently”**

DRAD	TRAD
<ul style="list-style-type: none"><li>• 42% said the length of their Preceptorship is tailored</li><li>• Rated how well their preceptorship offer was tailored to them as an individual at 6.3/10 (10 representing fully tailored).</li><li>• 61% of DRADS had less than 12 hours protected time for Preceptorship activities</li></ul>	<ul style="list-style-type: none"><li>• 66% said the length of their Preceptorship is tailored</li><li>• Rated how well their preceptorship offer was tailored to them as an individual at 6/10 (10 representing fully tailored).</li><li>• 66% of TRADS had less than 12 hours protected time for Preceptorship activities</li></ul>

The desire for preceptee autonomy over content covered as part of Preceptorship offers was stated:

- “Just asking what I wanted to focus on would have been nice”
- “Appreciation of prior learning and experience”

Several respondents referred to preceptorship activities being a “paperwork exercise”:

- “It seems a daunting amount of paperwork for someone trying to cope as a newly qualified radiographer”
- “It just seemed like more University work”
- “I just had to get some boxes ticked off”

Practical based activities were highlighted as valuable aspects of preceptorship for diagnostic radiographers:

- “Hands-On Learning Opportunities”
- “Having practical tutorials on area you may feel less confident in”

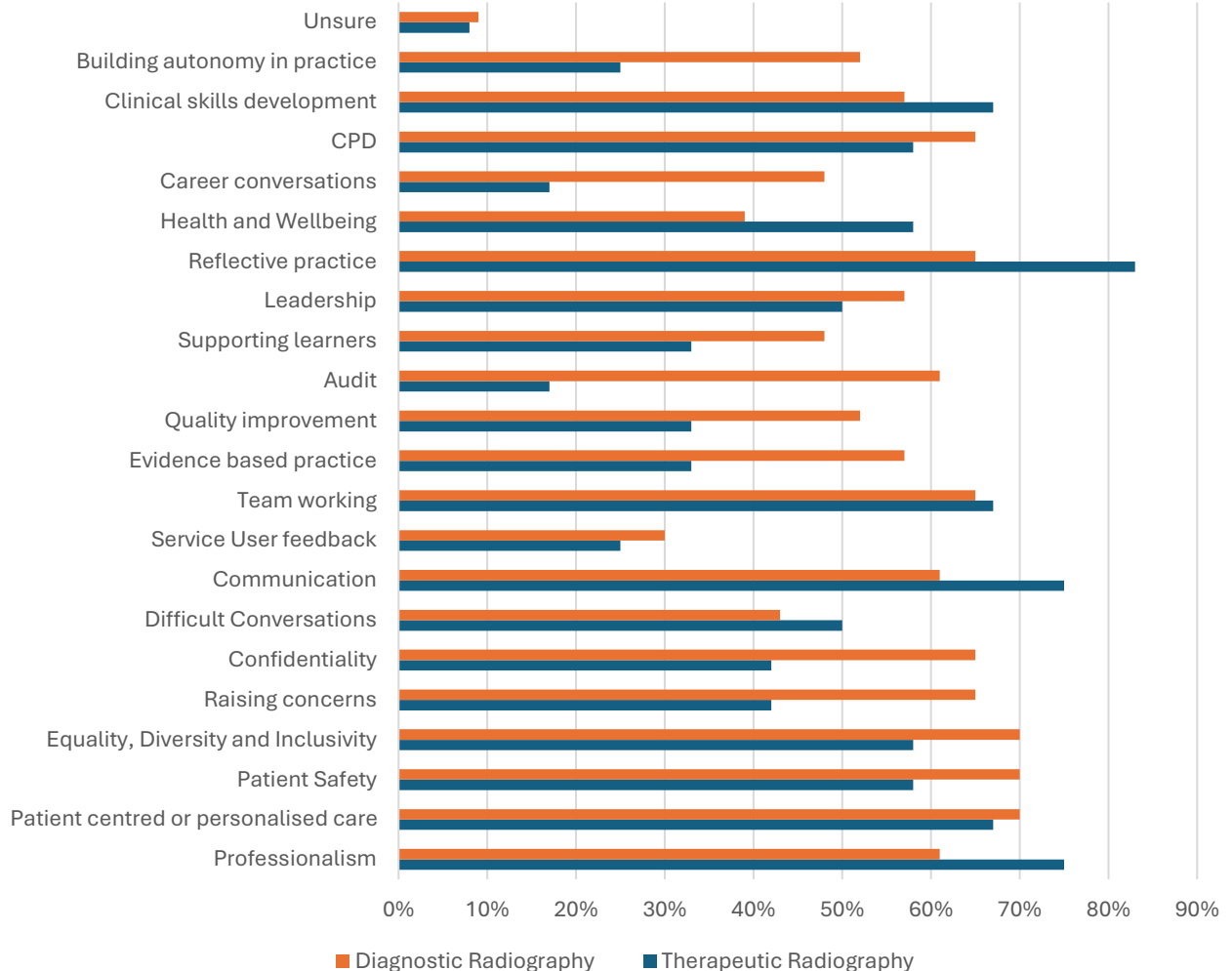
Diagnostic radiographers would like preceptorship to provide the opportunity to rotate around modalities:

- “My ideal preceptorship would involve spending at least one month in each modality to gain thorough experience.”
- “Structured with enough time in each imaging modality to build confidence”
- “Welcome pack for each modality the recruit will be rotating through”

**The reported elements included within Preceptorship offers are shown below:**



### Preceptorship Content



DRADS	TRADS
<ul style="list-style-type: none"> <li>Career conversations were included in 48% of DRADS preceptorship offers</li> <li>Reflective practice was included in 65% of TRAD preceptorship offers</li> <li>Building autonomy in practice, supporting learners, audit, confidentiality, raising concerns and patient safety included in more DRAD Preceptorship offers than TRAD</li> <li>Health and wellbeing elements were included in 39% of DRAD preceptorship offers</li> </ul>	<ul style="list-style-type: none"> <li>Career conversations were included in 17% of DRADS preceptorship offers</li> <li>Reflective practice was included in 83% of TRAD preceptorship offers</li> <li>Clinical skills development, communication, difficult conversations and professionalism were included in more TRAD preceptorship offers than DRAD.</li> <li>Health and wellbeing elements were included in 58% of TRAD preceptorship offers</li> </ul>

Several Preceptees accessed peer support and this was recognised as a valuable aspect of Preceptorship.

Some respondents highlighted the need for a clear preceptorship “point of contact”.

Some respondents stated that preceptorship also has a role in the transition into different bands within the NHS:

- “More help is needed with in starting a preceptorship for band 6 radiographers”
- “I had a great preceptorship when I first started as a band 5, but would have really appreciated another one when I transitioned from band 6 to Band 7”
- “preceptorship which aims to eventually fulfil areas of a job description of a band 6 to help with future aspirations”

When asked how preceptorship is tailored or could be tailored for radiographers one therapeutic radiographer stated:

### **“Radiographer specific career development tailored to the SoR ECF”**

Responses demonstrated a lack of engagement with the wider radiography community and particularly SoR resources:

<b>SoR Resource</b>	<b>Number of Respondents that engaged (DRAD and TRAD)</b>
SoR New Professionals Forum	<b>9</b>
SoR/CoR webinars	<b>7</b>
SoR CPD Now resources for recording CPD	<b>10</b>
SoR CPD Now resources for supporting reflective practice and CPD	<b>3</b>
SoR/CoR publications e.g. Synergy, Radiography Journal, Professional Practice guidance documents	<b>6</b>

#### **Possible impact of Preceptorship on retention:**

- To note, the following data is analysis of responses from participants actively in a career transition point, who had received a preceptorship offer (only 24 DRAD and 13 TRAD respondents):

Only 1 TRAD respondent stated they had considered leaving the radiography profession during their preceptorship period, due to it being a “long winded” process when moving to a new practice area from a different organisation where they had been previously “fully signed off”. Despite this association of preceptorship being “competency based”, the value of preceptorship when new to a practice area was highlighted by the following quote:

**“Assurance that I have support; knowing that I am still in a learning period”**

*Diagnostic Radiographer*

Only 2 DRAD respondents (both newly qualified practitioners) who received a preceptorship offer said they had considered leaving the radiography profession during their preceptorship period due to the following reasons:

**“Imposter syndrome. Overwhelming” and a “Poor rota system”.**

### **Focussed Discussion Groups -preceptees**

During the focussed discussion groups, only one preceptee was spoken to; an internationally recruited diagnostic radiographer. The programme of support and training package provided was not described as a preceptorship offer by the participant. Recognising that it was the same for international and UK recruits, it was described as focusing on competencies, policies and protocols. The participant's ideal preceptorship would focus on “basic concepts” such as patient safety and competencies, working alongside an experienced radiographer. It was highlighted that preceptorship for international recruits should acknowledge the difference in prior education and experience. The participant also stated preference for preceptorship to include career progression discussions, to increase awareness of career and organisational structure within the NHS.

### **Themes identified from general radiographer survey, with preceptee Focussed Discussion Group.**

#### **Conceptualisation:**

- Variation and inconsistency in Preceptorship offer nationally
- Variation between availability of Preceptorship for DRADS and TRADS
- Variation in availability of Preceptorship for each defined career transition point
- Lack of understanding of what Preceptorship is
- Inconsistent terminology to describe Preceptorship and confidence v competence
- Confusion on Induction and Preceptorship terminology
- Value of Preceptorship for the Preceptee at different career transition points
- Low uptake of Pre-Preceptorship activity for newly qualified DRADS and TRADS.
- Preceptorship support is not always mentioned when applying for a job, with little influence on decision to apply for a role

#### **Programme Structure and Content:**

- Content should be co-designed with Radiographers to meet preceptee needs/ increase preceptee autonomy over content
- Requirement for multi-professional and profession specific elements
- Requirement for professionally relevant content
- Requirement for different preceptorship content at each career transition point
- Differing needs across various transition points influencing design and content
- Difference in current Preceptorship content for DRAD and TRAD
- Value of Peer support
- Tailoring preceptorship to the individual's previous experience

- Lack of protected time to undertake Preceptorship activities

### **Career Progression:**

- Requirement to link Preceptorship within the CoR ECF and across the 4 Pillars of practice
- Potential role of Preceptorship for progression into other bands

### **Preceptorship Leadership:**

- Lack of clear Preceptorship leadership/facilitation and organisation

### **Signposting & awareness:**

- Lack of awareness of HCPC Principles for Preceptorship and NHS England AHP Preceptorship Standards and Framework
- Lack of inclusion and embedding of the HCPC Principles for Preceptorship within Preceptorship offers

### **Professional body role:**

- Lack of Pre-preceptorship engagement at the individual, HEI and organisation level e.g. NHS England Step to Work, employability sessions
- Lack of engagement with the wider Radiography profession regarding preceptorship
- Lack of engagement and utilisation of existing SoR resources

### **Reflections on response rates:**

The survey links were sent out to the membership distribution list, alongside a wide range of professional networks. The total number of responses to both the survey, and in attendance at the Focussed Discussion Groups is therefore disappointing. Despite targeted distribution, our representation across the countries is disproportionate across both professions.

The small number of newly qualified practitioners who responded is also disappointing given the focus and the subject area. This may be in some part due to the lack of ability to connect directly with the newly qualified workforce and to be sure that the communications are being reached by the right people. In Focussed Discussion Groups, it is perhaps not surprising that preceptees of both professions were unable to attend, given staffing levels and that they will have been clinically expected.

More preceptors were also anticipated to respond, especially for therapeutic radiography given the Preceptor Champion work in England. It is possible however that the similarity between these two workstreams has impacted on responses.



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**Please see separate pdf'd documents for the appendices.**

## Preceptorship in Radiography: Cross-Sectional Scoping of Profession Specific Needs

Developed from the themes identified within the data collected, and linking to the HCPC Principles for Preceptorship:

HCPC Principles for Preceptorship	Themes Identified from this project for the Radiography profession
<b>1. Organisational culture &amp; Preceptorship</b>	Conceptualisation Signposting & awareness Professional body role
<b>2. Quality &amp; oversight of Preceptorship</b>	Monitoring & Evaluation of Quality in Preceptorship
<b>3. Preceptee empowerment</b>	Career Progression
<b>4. Preceptor role</b>	Preceptor Role
<b>5. Delivering Preceptorship programmes</b>	Programme Offer - Structure and Content Preceptorship Leadership

The following recommendations are being proposed:

### In relation to Preceptorship and it's conceptualisation:

The College of Radiographers to create a clear definition evidencing what is preceptorship, and what is not preceptorship, in relation to the profession of Diagnostic Radiography and the profession of Therapeutic Radiography.

The College of Radiographers to signpost and promote HCPC and national guidance across the four countries, and both professions.

The College of Radiographers to continue to advocate for radiographers at all levels of AHP and multi-professional fora, to ensure AHP leadership of preceptorship is evidenced within in all organisations.

The College of Radiographers to evaluate how best to evidence impact and value of preceptorship on the professions.

### In relation to the Preceptor role, the College of Radiographers to:

- Provide guidance on the preceptor role for therapeutic radiographers and diagnostic radiographers, including reference to expected knowledges, skills and behaviours. This might include
  - Creation of role descriptors,
  - Guidance on level of experience expected to be a preceptor,





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- Guidance on training needs, both initially and ongoing, and specifically in relation to coaching, mental health, health and well being support
- Provision of linking to the Education and Career Framework, plus the four pillars of practice,
- Advocate for the importance of protected time, and job planning for the role of preceptor.
- Review possibilities in creation of accessible resources to support preceptors.
- Set up a UK National Preceptor Community of Practice.
- Explore how to celebrate the value of preceptors, and the value they bring to the professions, to the workforce and to individuals
- Consider establishing for diagnostic radiographers a Preceptorship Preceptor Champion programme similar to that for therapeutic radiographers.

**In relation to the Preceptee role, the College of Radiographers to:**

- Identify how best to directly communicate with newly qualified practitioners, returners to practice and internationally recruited individuals who might be undertaking preceptorship.
- Advocate for the importance of protected time, and job planning for the role of preceptee.

**In relation to Preceptorship offers, The College of Radiographers to:**

- Create a checklist of what should be within a radiography preceptorship offer, to complement that which might be offered within organisations
- Provide guidance on what preceptorship offers should include within differing career transition periods.
- Explore the possibilities in creation of online, accessible resources to support preceptorship offers, accessible to all radiographers.



## Service Manager - Radiotherapy and Imaging - Organisational Preceptorship Survey

**Birmingham City University** have been commissioned by the **Society of Radiographers**, with funding from the Workforce Training and Education Directorate NHS England, to deliver a UK wide project scoping for **Therapeutic Radiography** and **Diagnostic Radiography** profession specific needs in preceptorship. The aim is to create recommendations which work with and complement the Health & Care Professions (HCPC) AHP Preceptorship Principles, and the NHS England Preceptorship Standards and Implementation framework. The survey aims to identify the impact of preceptorship on the Radiography workforce, including preceptees and determine preceptor needs, requirements and workload capacity.

This survey is for **Radiotherapy and Imaging Service Managers**. Please collaborate with and / or delegate to Practice Educators, or Preceptorship Leads (or appropriate others) where required to answer the following survey. This online survey will ask you about your organisation's preceptorship offer availability, its structure and content and its impact in relation to retention. It will also ask about your role in supporting preceptees and preceptors to address requirements from a service perspective in relation to capacity and capability to support preceptorship.

We are also collecting demographic information to ensure that we have a diverse range of diagnostic and therapeutic radiographers completing the survey, from a range of types, size and geographical locations of imaging and radiotherapy services, including NHS and non-NHS providers. This information will enable us to understand whether there are regional differences in Preceptorship provision across the UK. We therefore would especially like to ensure we have **reponses from Wales, Scotland, Northern Ireland and England** so we can represent the approach from each of the 4 countries within this work.

Your responses will help create profession specific preceptorship recommendations for the Society of Radiographers. This includes identifying preceptor support needs, which will ultimately improve ability to support preceptees. The data collected will help to identify gaps in Preceptorship provision across the UK and provide a greater understanding of the different models/frameworks of Preceptorship offer being delivered. It is intended that responses will help to understand the role of preceptorship in addressing retention within radiography.

This survey should take about 20minutes to complete.

We are very grateful for your time and thank you for being involved.

Helen White ([Helen.White@bcu.ac.uk](mailto:Helen.White@bcu.ac.uk)), Therapeutic Radiographer and Associate Professor on behalf of the project team:  
Amanda Weaver ([AmandaWeaverConsultancy@outlook.com](mailto:AmandaWeaverConsultancy@outlook.com)),  
Rebekah Jones ([Rebekah.Jones@bcu.ac.uk](mailto:Rebekah.Jones@bcu.ac.uk))  
Nick White, Victoria Fletcher, Kathryn Williamson (SoR professional Officer) and the expert Steering group supporting this project.

\* Required

## Participant Information

### **All aspects of participation are voluntary.**

Responses do not require provision of personal details, however demographic data will be collected to ensure a representative sample (across both Imaging and Radiotherapy departments of varying types, size, geographic areas and NHS/non-NHS service providers). All data will be treated and stored in accordance with Birmingham City University guidelines and General Data Protection Regulation. Only members of the research team will have access to any data. The results from the survey may be published but your identity will remain anonymous. Responses will be kept until analysis and publication has been completed.

If you decide to participate but do not wish to complete the survey, you can withdraw at any point. However, due to the nature of the survey, once you have submitted your responses they cannot be withdrawn. Due to the anonymous nature of the research it will not be possible to isolate individual's responses. You should not feel obliged to provide responses which you may find distressing. All responses will be treated with the strictest confidentiality; any information you provide will only be used for the purposes of the project.

If you wish to raise concerns about how your personal data is used, at BCU you can contact the Data Protection Officer on [informationmanagement@bcu.ac.uk](mailto:informationmanagement@bcu.ac.uk) or +44 (0)121 331-5288 or Data Protection Officer, Information Management Team, Birmingham City University, University House, 15 Bartholomew Row, Birmingham, B5 5JU. You can complain directly to the Information Commissioner at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, further information available at [www.ico.org.uk](http://www.ico.org.uk)

If you have any concerns about the project you can contact the Ethics Committee [Hels.ethics@bcu.ac.uk](mailto:Hels.ethics@bcu.ac.uk)

At the end of the survey, you will be asked if you are interested in joining a focussed discussion group that aims to gather detail in more depth. This will be a link to a separate online form, where you can register your interest in attendance. This detail will not be linked to this online survey.

Non-participation is entirely your choice.

CONSENT: By clicking "next" you agree and consent to all following statements:

- a) I have read and understood the participant information detailing the intention of the project
- b) I have had the opportunity to ask questions
- c) I understand that participation is entirely voluntary
- d) I confirm my consent to participate in this project, involving completion of an online survey
- e) I understand that I have the right to withdraw at any stage of the study without prejudice
- f) I understand that withdrawal of my responses after submission will not be possible
- g) I understand my right to anonymity and confidentiality

## Demographics

1. Please select which profession you work in: \*

- ☐ Diagnostic Radiography
- ☐ Therapeutic Radiography

2. What is your current job title/role? \*

3. What type of organisation do you work in? \*

- ☐ NHS Acute Trust
- ☐ NHS Community Trust
- ☐ Private
- ☐ Education Provider
- ☐ Other

4. What nation do you work in: \*

- ☐ Wales
- ☐ Scotland
- ☐ Northern Ireland
- ☐ The Channel Islands
- ☐ England

5. Which region do you work in? \*

- ☐ North West England
- ☐ Yorkshire
- ☐ North East England
- ☐ South West England
- ☐ South East England
- ☐ West Midlands
- ☐ East Midlands
- ☐ East Anglia
- ☐ London
- ☐ Other

6. Please tick everyone involved in completing this survey: \*

- ☐ Service Lead/ Manager
- ☐ Practice Educator
- ☐ Preceptorship Lead
- ☐ Other

7. Have you heard of the term "Preceptorship"? \*

- ☐ No - I'm not aware of the term Preceptorship
- ☐ Yes - I have heard of the term Preceptorship
- ☐ Yes - I feel I have a good understanding of the term Preceptorship

8. What is your understanding of the term Preceptorship? \*



Understanding and Awareness of Preceptorship

9. Please answer the following questions:

	Yes	No	Unsure
Are you aware of the HCPC's (2023) publication entitled Principles for Preceptorship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware of NHS England's AHP Preceptorship Standards and Framework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware of NHS Education Scotland's Flying Start Programme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Please read, for an overview of Preceptorship:

**Preceptorship** is a period of structured support provided to HCPC registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.

- **Preceptee** – an individual accessing a period of Preceptorship
- **Preceptor** – an individual providing one to-one support to someone undertaking Preceptorship

Preceptorship and programmes to provide preceptorship should not be confused with other training or learning and development mechanisms. Preceptorship should not retest clinical competence but instead, empower an individual to reflect on what they bring to their role and identify support needed to develop their professional confidence. For this survey we are aligning with the HCPC Principles for Preceptorship regarding the definitions of preceptorship.

*Please note that this survey is focused on the provision of preceptorship, and we are not therefore asking about induction, probation or other forms of clinical/professional skills training, supervision, coaching or mentoring support at this time.*

For further information on the differences please see: <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/differences-between-preceptorship-and-other-forms-of-support/>

**For further information on national preceptorship guidance** and offers please see:

- Preceptorship arrangements by UK nation <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/preceptorship-arrangements-by-uk-nation/>
- NHS England Allied Health Professional (AHP) Preceptorship Standards and Framework <https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health>
- NHS Scotland Flying Start <https://learn.nes.nhs.scot/735/flying-start-nhs>

## Pre-Preceptorship

Pre-Preceptorship is a period of preparation for AHP's to support their transition towards employment

10. Does your department collaborate with local Higher Education Institutions regarding employability, recruitment processes and expectations of newly registered Radiographers?

- ☐ Yes
- ☐ No
- ☐ Unsure

11. Does your department keep in contact with new staff between job offer and commencement of role and provide a named contact?

- ☐ Yes
- ☐ No
- ☐ Unsure

12. Does your department provide a new starter/welcome pack before commencement in role?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Are Preceptees encouraged to access the NHS England Step to Work programme prior to starting or on commencement of role to support transitioning into their role?

- ☐ Yes
- ☐ No
- ☐ Unsure

## Own offer and Programme

14. Does your organisation offer a Preceptorship period of support to Radiographers? \*

- ☐ Yes
- ☐ No
- ☐ Unsure

15. Which groups of career transition are offered Preceptorship? \*

Please tick all that apply

- ☐ Newly Qualified Practitioner
- ☐ Return to practice Radiographer
- ☐ New to setting
- ☐ International Recruits
- ☐ New to practice area e.g. moving into a new level or area of practice/modality/role
- ☐ New to setting e.g. those who are previously qualified and are joining a new organisation as a new employee
- ☐ None of the above
- ☐ Other

16. Please state any other forms of support available for Radiographers in any of the following career transition points:

- Newly Qualified Practitioner
- Return to Practice
- International Recruit
- New to Setting
- New to practice area

17. Is reference to the HCPC Principles for Preceptorship included within your Preceptorship? \*

- ☐ Yes
- ☐ No
- ☐ Unsure

18. Is your support and programme structured on the NHS England AHP Preceptorship Standards and Framework?

- ☐ Yes
- ☐ No
- ☐ Unsure

19. Please provide examples of how you have implemented the NHS England AHP Preceptorship Standards and Framework into your Preceptorship offer:

(Please leave blank if previous answer is no.)

20. Is your Preceptorship offer:

Please tick all that apply:

- ☐ Provided by the organisation and is multiprofessional, including nursing and other non-AHP professions
- ☐ Provided by the organisation for AHPs only
- ☐ Provided by organisation for Radiographers only
- ☐ Provided by department
- ☐ A mixture of the above
- ☐ Other

21. Who is involved with the delivery of your Preceptorship support?

Please tick all that apply:

- ☐ Organisation - central education or training team
- ☐ Department Practice Educators
- ☐ Named Preceptors within department (not Practice Educators)
- ☐ AHP offer across organisation
- ☐ System preceptorship offer to Radiographers
- ☐ Other

## 22. How are the elements of Preceptorship delivered?

Please tick all that apply:

- ☐ Preceptor - Preceptee meetings
- ☐ Lectures
- ☐ Workshops
- ☐ Action learning groups
- ☐ Peer support
- ☐ Peer assisted learning
- ☐ Simulation
- ☐ E-learning/Online Modules
- ☐ Coaching
- ☐ Unsure
- ☐ Video content
- ☐ Other



## 23. Does your Preceptorship offer elements in regards to:

Please tick all that apply:

- ☐ Professionalism
- ☐ Patient centred or personalised care
- ☐ Patient safety
- ☐ Equality, Diversity and Inclusivity
- ☐ Raising concerns
- ☐ Confidentiality
- ☐ Difficult conversations
- ☐ Communication
- ☐ Service User Feedback
- ☐ Team Working
- ☐ Evidence based practice
- ☐ Quality improvement
- ☐ Audit
- ☐ Supporting learners
- ☐ Leadership
- ☐ Reflective practice
- ☐ Health and Wellbeing
- ☐ Career conversations
- ☐ Building autonomy in practice
- ☐ Clinical Skills Development
- ☐ Unsure
- ☐ Other

## 24. Does your organisation offer peer support opportunities to:

Please tick all that apply:

- ☐ Preceptees
- ☐ Preceptors

## 25. Do you have legacy mentors as additional support for your Preceptees?

Legacy mentors are experienced professionals who provide coaching, mentoring and pastoral support to staff who are at the start of their careers or who are newly appointed. Legacy mentors may be available as a profession specific offer i.e. a Radiography legacy mentor or from an organisation or integrated care system in England

- ☐ Yes
- ☐ No
- ☐ Unsure

26. How confident are you that your **department** is providing high quality Preceptorship support to your Radiographers? \*

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not confident

Highly Confident

27. How confident are you that your **organisation** is providing high quality Preceptorship support to your Radiographers? \*

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not confident

Highly confident

## 28. How many radiographer preceptees did you have in your department in the last year (August 2023-August 2024)?

- ☐ 0
- ☐ 1-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 50+

29. In your opinion, do you feel your preceptorship offer has a positive impact on your department in terms of:

Please tick all that apply:

- ☐ Recruitment
- ☐ Retention
- ☐ Sickness absence rates
- ☐ Career progression
- ☐ Staff job satisfaction
- ☐ Creating a culture of learning
- ☐ Staff sense of belonging
- ☐ Staff wellbeing
- ☐ Other

30. Please provide examples:

## Organisational Culture and Preceptorship

31. Please state how effective your organisation's preceptorship offer is in: \*

	Highly Ineffective	Ineffective	Neutral	Effective	Highly Effective
Supporting a <b>culture of learning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting development of <b>self-reflection</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting a <b>culture of safe practice</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

32. Are you aware of preceptorship support being mentioned:

	Yes	No
On a job advert	<input type="radio"/>	<input type="radio"/>
At interview	<input type="radio"/>	<input type="radio"/>
During recruitment	<input type="radio"/>	<input type="radio"/>
At organisation induction	<input type="radio"/>	<input type="radio"/>
At department induction	<input type="radio"/>	<input type="radio"/>

33. Is Preceptorship embedded and linked within your organisation's workforce and operational systems such as:

Please tick all that apply:

- ☐ Preceptorship policy
- ☐ Onboarding
- ☐ Induction
- ☐ Job planning
- ☐ Appraisal

34. Does your organisation have a preceptorship **policy** in place which includes Radiographers?

- ☐ Yes, organisational policy
- ☐ Yes, AHP policy
- ☐ Yes, radiographer specific policy
- ☐ No
- ☐ Unsure
- ☐ Other

35. Does your organisation have role descriptors for Preceptees, Preceptors, Preceptorship champions and Preceptorship leads?

Please tick all that apply

- ☐ Preceptees
- ☐ Preceptors
- ☐ Preceptorship leads
- ☐ Preceptorship champions
- ☐ None of the above
- ☐ Unsure

36. Does your organisation have processes for offering Preceptorship to eligible staff?

- ☐ Yes
- ☐ No
- ☐ Unsure

37. Does your organisation have processes for staff to request Preceptorship?

- ☐ Yes
- ☐ No
- ☐ Unsure

38. Does your organisation support Preceptorship as part of its mandatory training?

- ☐ Yes
- ☐ No
- ☐ Unsure

39. Do you have **Preceptorship champions** in place?

A **Preceptorship Champion** is an individual who promotes the value and benefit of preceptorship within organisations and/or systems

- ☐ Yes
- ☐ No
- ☐ Unsure

40. Have they had specific training for their Preceptorship champion role?

- ☐ Yes
- ☐ No
- ☐ Unsure

41. Please state what training they received for their role:



## Quality and Oversight of Preceptorship

Please link in with your organisation Preceptorship lead as required for the following questions:

42. Is there clear **leadership of Preceptorship** for Radiographers within your trust/place of employment?

- ☐ Yes
- ☐ No
- ☐ Unsure

43. Who provides this leadership?

Please tick all that apply:

- ☐ Chief AHP or equivalent
- ☐ Head of Education for organisation
- ☐ Service Manager
- ☐ Radiography Practice Educator
- ☐ AHP Practice Educator
- ☐ Other

44. Does your **organisation evaluate the impact** of the Preceptorship programme annually?

- ☐ Yes
- ☐ No
- ☐ Unsure

45. How is this impact measured?

Please tick all that apply:

- ☐ Recruitment data including joiner rates
- ☐ Retention data including turnover and leaver data
- ☐ Sickness data
- ☐ Unsure
- ☐ Other

## 46. How is this impact shared?

Please tick all that apply:

- ☐ Department meetings
- ☐ AHP meetings
- ☐ Education meetings
- ☐ Board meetings
- ☐ Outside of the organisation
- ☐ Unsure
- ☐ Other

47. Does your **department evaluate the impact** of Preceptorship?

- ☐ Yes
- ☐ No
- ☐ Unsure

## 48. How is this impact measured?

Please tick all that apply:

- ☐ Recruitment data including joiner rates
- ☐ Retention data including turnover and leaver data
- ☐ Sickness data
- ☐ Unsure
- ☐ Other

## 49. How is this impact shared?

Please tick all that apply:

- ☐ Department meetings
- ☐ AHP meetings
- ☐ Education meetings
- ☐ Board meetings
- ☐ Outside of the organisation
- ☐ Unsure
- ☐ Other

## 50. Has your organisation completed the NHS England AHP Preceptorship self assessment for organisations?

Please select N/A if you do not work in England

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ N/A as working outside of England

## 51. What was your AHP organisational Preceptorship maturity score?

Please select N/A if you do not work in England

- ☐ Emerging
- ☐ Achieving
- ☐ Thriving
- ☐ Areas of excellence
- ☐ Unsure
- ☐ N/A as working outside of England

52. Does your **organisation** celebrate Preceptorship through:

- ☐ Sharing of good practice
- ☐ Participation in communities of practice
- ☐ Utilisation of platforms such as NHS Futures
- ☐ Department celebration events
- ☐ Organisation Celebration events
- ☐ System celebration events e.g. AHP Faculty/retention programme
- ☐ No celebration
- ☐ Other

53. Does your **department** celebrate Preceptorship through:

- ☐ Sharing of good practice
- ☐ Participation in communities of practice
- ☐ Utilisation of platforms such as NHS Futures
- ☐ Department celebration events
- ☐ Organisation Celebration events
- ☐ No celebration
- ☐ Other

54. To what extent do you feel your organisation values Preceptorship as a supportive mechanism to support those staff new to role?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not valuable

Highly value

55. Please explain why you have given this rating:

## Preceptee Empowerment

56. What is the **length** of your Preceptorship period for preceptees?

- ☐ Under 6 months
- ☐ 6-11 months
- ☐ 12 months
- ☐ 12-24 months
- ☐ Over 24 months

57. Can the length of the Preceptorship period be tailored to the Preceptee's needs?

- ☐ Yes
- ☐ No
- ☐ Unsure

58. Do you provide protected time for your Preceptees to undertake preceptorship?

- ☐ Yes 36+ hours per year
- ☐ Yes 12-36 hours per year
- ☐ Yes less than 12 hours per year
- ☐ Protected time is not defined
- ☐ No
- ☐ Unsure
- ☐ Other

59. Do you have processes in place to support Preceptees who are not progressing as expected during their Preceptorship period?

- ☐ Yes
- ☐ No
- ☐ Unsure

60. Please explain what processes you have in place:



## The Preceptor Role

61. Do you have specific requirements for those undertaking the Preceptor role? (e.g. training, length of service)

☐ Yes

☐ No

62. Please provide examples of the requirements:

63. How many Preceptees are allocated to a Preceptor at one time?

☐ 1

☐ 2

☐ 3

☐ 4

☐ 5

☐ 6+

64. Do you have a register of your Preceptors?

☐ Yes

☐ No

☐ Unsure

65. What do you base your Preceptor allocation on?

Please tick all that apply:

☐ Band

☐ Length of service

☐ Training

☐ Preceptee choice

☐ Convenience of Preceptor availability

☐ Other

66. How many Preceptors do you have in your department?

- ☐ 0-10
- ☐ 11-20
- ☐ 21-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51+
- ☐ Unknown

67. Do you currently have enough Preceptors to support your Preceptees?

- ☐ Yes
- ☐ No
- ☐ Unsure

68. Do you provide initial and ongoing training and development for Preceptors?

Please tick all that apply:

- ☐ Yes, initial training
- ☐ No initial training
- ☐ Yes ongoing training
- ☐ No ongoing training
- ☐ Other

69. Do you provide protected time for your Preceptors to undertake their role?

- ☐ Yes 20+ hours per year
- ☐ Yes 12-19 hours per year
- ☐ Yes less than 12 hours per year
- ☐ Protected time is not defined
- ☐ No
- ☐ Unsure
- ☐ Other

70. Is the Preceptor role included within job planning?

- ☐ Yes
- ☐ No
- ☐ Other

71. Do you encourage Preceptors to undertake the NHS England Multi-professional preceptor ecompendium?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ N/A

72. Is Preceptor training evaluated, reviewed and updated on an annual basis?

- ☐ Yes
- ☐ No

73. Do Preceptors have access to any additional skill based training to support their role?

Please tick all that apply:

- ☐ Coaching
- ☐ Mentorship training
- ☐ Active listening
- ☐ Supervision
- ☐ Reflective skills
- ☐ Goal setting
- ☐ Formal Post-Graduate practice education programmes of study
- ☐ No additional training
- ☐ Other

74. Does your organisation fund additional skills based training for preceptors?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Other

75. Do you support your Preceptor to reflect on their development as a Preceptor?

- ☐ Yes
- ☐ No
- ☐ Unsure

76. Do you encourage and promote the benefits for personal and professional development through taking on the role of Preceptor?

- ☐ Yes
- ☐ No
- ☐ Unsure

77. Please give more details:

78. Do you recognise the role of the Preceptor in any way?

- ☐ Yes
- ☐ No
- ☐ Unsure

79. Please give examples:

80. What else could support a Preceptor to feel valued and recognised in their role?

## Delivering Preceptorship Programmes

81. Please rate your agreement with the following statements:

	Highly disagree	Disagree	Neither agree nor disagree	Agree	Highly agree
My organisation <b>tailors</b> Preceptorship to meet the <b>needs of different transitions</b> (e.g., internationally trained or returning from parental leave) in the workplace, for example by including support from a registrant with recent experience of the transition.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organisation <b>tailors</b> preceptorship to <b>meet the individual's needs</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

82. From your perspective what **challenges** have you experienced in implementing preceptorship within your department/trust?

83. How have you **overcome** these **challenges**?

84. Do your staff hold College of Radiographers Practice Educator Accreditation (PEAS)?

- ☐ Yes
- ☐ No
- ☐ Unsure



85. Are you aware of the online national Preceptorship Champions Training for Therapeutic Radiographers designed and delivered by the National Therapeutic Radiographers Preceptorship Project Team as part of a project between The Christie NHS Foundation Trust, Society of Radiographers and NHS England? \*

Please also answer this question if you are working in Diagnostic Radiography

- ☐ Yes I am aware and attended myself
- ☐ Yes I am aware but did not attend
- ☐ No I am not aware
- ☐ Yes, I am aware but currently work outside of England and so could not attend

86. If you are a Diagnostic Radiographer, do you feel a similar online National Preceptorship Champions Training programme would be beneficial? \*

- ☐ Yes
- ☐ No
- ☐ N/A (I am a Therapeutic Radiographer)
- ☐ Other

87. How would you rate the training you received:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Extremely poor

Extremely good

88. What did you base this rating on?

89. What has been the impact to your department of either yourself or others in the department attending the training?

90. From the training, what has been implemented and applied in your department's Preceptorship practice?

## End of Survey

91. What profession specific resources would support preceptorship implementation within your department/trust?

92. Please let us know any final thoughts, reflections or comments for consideration as we explore the needs for Preceptorship for Radiographers:

### Focus Discussion Group Sign Up - **Participation is voluntary**

93. **This survey is Stage 1 of our project. We are also holding Focussed Discussion Groups, hosted on Teams to discuss your experiences (good or bad), highlight your existing good practice, or where you have noticed gaps and to help us to see how to build preceptorship support frameworks to the benefit of both Diagnostic and Therapeutic radiography professions and our future workforce.**

Are you interested in joining a Focussed Discussion Group?

☐ Yes

☐ No

## Please click the link below to sign up for a Focussed Discussion Group

Preceptorship in Therapeutic and Diagnostic Radiography: Focussed Discussion Group sign up

<https://forms.office.com/e/SRPJmAFgxD>

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Microsoft Forms



## Preceptor Survey: Scoping of Radiography profession specific needs

This survey is for **Therapeutic and Diagnostic Radiographers**, who have been or currently hold the role of a **Preceptor**. We are defining the 'preceptor' role - as someone who is supporting someone in a 'preceptee' role, which should be a formally acknowledged role within your department / organisation. This online survey will ask you about your experience in supporting preceptees to provide insight into preceptor support needs, workload capacity and training requirements.

**Birmingham City University** have been commissioned by the **Society of Radiographers**, with funding from the Workforce Training and Education Directorate NHS England, to deliver a UK wide project scoping for **Therapeutic Radiography** and **Diagnostic Radiography** profession specific needs in preceptorship. The aim is to create recommendations which work with and complement the Health & Care Professions (HCPC) AHP Preceptorship Principles, and the NHS England Preceptorship Standards and Implementation framework. The survey aims to identify the impact of preceptorship on the Radiography workforce, including preceptees and determine preceptor needs, requirements and workload capacity.

We are also collecting demographic information to ensure that we have a diverse range of diagnostic and therapeutic radiographers completing the survey, from a range of types, size and geographical locations of imaging and radiotherapy services, including NHS and non-NHS providers. This information will enable us to understand whether there are regional differences in Preceptorship provision across the UK. We therefore would especially like to ensure we have **responses from Wales, Scotland, Northern Ireland and England** so we can represent the approach from each of the 4 countries within this work.

Your responses will help create profession specific preceptorship recommendations for the College of Radiographers. This includes identifying preceptor support needs, which will ultimately improve ability to support preceptees. The data collected will help to identify gaps in Preceptorship provision across the UK and provide a greater understanding of the different models/frameworks of Preceptorship offer being delivered. It is intended that responses will help to understand the role of preceptorship in addressing retention within radiography.

This survey should take about 15minutes to complete.

We are very grateful for your time and thank you for being involved.

Helen White ([Helen.White@bcu.ac.uk](mailto:Helen.White@bcu.ac.uk)), Therapeutic Radiographer and Associate Professor on behalf of the project team:

Amanda Weaver ([AmandaWeaverConsultancy@outlook.com](mailto:AmandaWeaverConsultancy@outlook.com)),

Rebekah Jones ([Rebekah.Jones@bcu.ac.uk](mailto:Rebekah.Jones@bcu.ac.uk))

Nick White, Victoria Fletcher, Kathryn Williamson (SoR professional Officer) and the expert Steering group supporting this project.

\* Required

## Participant Information

### **All aspects of participation are voluntary.**

Responses do not require provision of personal details, however demographic data will be collected to ensure a representative sample (across both Imaging and Radiotherapy departments of varying types, size, geographic areas and NHS/non-NHS service providers). All data will be treated and stored in accordance with Birmingham City University guidelines and General Data Protection Regulation. Only members of the research team will have access to any data. The results from the survey may be published but your identity will remain anonymous. Responses will be kept until analysis and publication has been completed.

If you decide to participate but do not wish to complete the survey, you can withdraw at any point. However, due to the nature of the survey, once you have submitted your responses they cannot be withdrawn. Due to the anonymous nature of the research it will not be possible to isolate individual's responses. You should not feel obliged to provide responses which you may find distressing. All responses will be treated with the strictest confidentiality; any information you provide will only be used for the purposes of the project.

If you wish to raise concerns about how your personal data is used, at BCU you can contact the Data Protection Officer on [informationmanagement@bcu.ac.uk](mailto:informationmanagement@bcu.ac.uk) or +44 (0)121 331-5288 or Data Protection Officer, Information Management Team, Birmingham City University, University House, 15 Bartholomew Row, Birmingham, B5 5JU. You can complain directly to the Information Commissioner at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, further information available at [www.ico.org.uk](http://www.ico.org.uk)

If you have any concerns about the project you can contact the Ethics Committee [Hels.ethics@bcu.ac.uk](mailto:Hels.ethics@bcu.ac.uk)

At the end of the survey, you will be asked if you are interested in joining a focussed discussion group that aims to gather detail in more depth. This will be a link to a separate online form, where you can register your interest in attendance. This detail will not be linked to this online survey.

Non-participation is entirely your choice.

**CONSENT:** By clicking "next" you agree and consent to all following statements:

- a) I have read and understood the participant information detailing the intention of the project
- b) I have had the opportunity to ask questions
- c) I understand that participation is entirely voluntary
- d) I confirm my consent to participate in this project, involving completion of an online survey
- e) I understand that I have the right to withdraw at any stage of the study without prejudice
- f) I understand that withdrawal of my responses after submission will not be possible
- g) I understand my right to anonymity and confidentiality



## Demographics

1. Please select which profession you work in: \*

- ☐ Diagnostic Radiography
- ☐ Therapeutic Radiography

2. What is your current job title? \*

3. How did you enter your current role? \*

- ☐ Via Undergraduate BSc (Pre-registration) programme
- ☐ Via Apprenticeship programme
- ☐ Via Post-Graduate MSc (Pre-registration) programme
- ☐ Via Post-registration study (PgC, PGD, MSc) following initial pre-registration degree
- ☐ Via International Recruitment programme
- ☐ Via Return to practice programme
- ☐ Other

4. How long have you been in your role? \*

- ☐ 0-1 year
- ☐ 1-2 years
- ☐ 2-5 years
- ☐ 5 years +
- ☐ 10 years +

5. What type of organisation do you work in? \*

- ☐ NHS Acute Trust
- ☐ NHS Community Trust
- ☐ Private
- ☐ Education Provider
- ☐ Other

6. Which nation do you work in? \*

- ☐ England
- ☐ Northern Ireland
- ☐ Scotland
- ☐ The Channel Islands
- ☐ Wales

7. What region do you work in? \*

- ☐ North West England
- ☐ North East England
- ☐ South West England
- ☐ South East England
- ☐ West Midlands
- ☐ East Midlands
- ☐ East Anglia
- ☐ London
- ☐ Yorkshire
- ☐ Other

8. Have you heard of the term "Preceptorship"? \*

- ☐ No - I'm not aware of the term Preceptorship
- ☐ Yes - I have heard of the term Preceptorship
- ☐ Yes - I feel I have a good understanding of the term Preceptorship

9. What does Preceptorship mean to you? \*

Understanding and Awareness of Preceptorship

10. Please answer the following questions:

	Yes	No	Unsure
Are you aware of the HCPC's (2023) publication entitled Principles for Preceptorship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware of NHS England's AHP Preceptorship Standards and Framework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are are you aware of NHS Education Scotland's Flying Start Programme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Please read, for an overview of Preceptorship:

**Preceptorship** is a period of structured support provided to HCPC registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.

- **Preceptee** – an individual accessing a period of Preceptorship
- **Preceptor** – an individual providing one to-one support to someone undertaking Preceptorship

Preceptorship and programmes to provide preceptorship should not be confused with other training or learning and development mechanisms. Preceptorship should not retest clinical competence but instead, empower an individual to reflect on what they bring to their role and identify support needed to develop their professional confidence. For this survey we are aligning with the HCPC Principles for Preceptorship regarding the definitions of preceptorship.

*Please note that this survey is focused on the provision of preceptorship, and we are not therefore asking about induction, probation or other forms of clinical/professional skills training, supervision, coaching or mentoring support at this time.*

For further information on the differences please see: <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/differences-between-preceptorship-and-other-forms-of-support/>

**For further information on national preceptorship guidance** and offers please see:

- Preceptorship arrangements by UK nation <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/preceptorship-arrangements-by-uk-nation/>
- NHS England Allied Health Professional (AHP) Preceptorship Standards and Framework <https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health>
- NHS Scotland Flying Start <https://learn.nes.nhs.scot/735/flying-start-nhs>

## Pre-Preceptorship

Pre-Preceptorship is a period of preparation for AHP's to support their transition towards employment

11. Does your department collaborate with local Higher Education Institutions regarding employability, recruitment process and expectations of newly registered Radiographers?

- ☐ Yes
- ☐ No
- ☐ Unsure

12. Does your department provide a new starter/welcome pack before starting in role?

- ☐ Yes
- ☐ No
- ☐ Unsure

13. Are Preceptees encouraged to access the NHS England Step to Work programme prior to starting or on commencement of role to support transition into their role?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ I've not heard of the Step to Work Programme

## Own offer and Programme

### 14. Is your preceptorship offer:

Please tick all that apply:

- ☐ Provided by the organisation and is multiprofessional
- ☐ Provided by the organisation for AHPs only
- ☐ Provided by organisation for Radiographers only
- ☐ Provided by department
- ☐ A mixture of the above
- ☐ Other

### 15. Is reference to the HCPC Principles for Preceptorship included within your Preceptorship?

- ☐ Yes
- ☐ No
- ☐ Unsure

### 16. Who is involved in the delivery of preceptorship support?

Please tick all that apply:

- ☐ Organisation - central education or training team
- ☐ Department Practice Educators
- ☐ AHP offer across organisation
- ☐ System preceptorship offer to Radiographers
- ☐ Other

### 17. Do you have legacy mentors as additional support for your preceptees?

Legacy mentors are experienced professionals who provide coaching, mentoring and pastoral support to staff who are at the start of their careers or who are newly appointed. Legacy mentors may be available as a profession specific offer ie a radiography legacy mentor or from an organisation or integrated care system in England

- ☐ Yes
- ☐ No
- ☐ Unsure



## 18. How are the elements of preceptorship delivered?

Please tick all that apply:

- ☐ Preceptor- Preceptee meetings
- ☐ Coaching
- ☐ Lectures
- ☐ Workshops
- ☐ Action learning groups
- ☐ Peer support
- ☐ Peer assisted learning
- ☐ Simulation
- ☐ Video content
- ☐ E-learning/ online modules
- ☐ Other

## 19. Does your preceptorship offer elements in regards to:

Please tick all that apply:

- ☐ Professionalism
- ☐ Patient centred or personalised care
- ☐ Patient safety
- ☐ Equality, Diversity and Inclusivity
- ☐ Raising concerns
- ☐ Confidentiality
- ☐ Difficult conversations
- ☐ Communication
- ☐ Service User Feedback
- ☐ Team Working
- ☐ Evidence based practice
- ☐ Quality improvement
- ☐ Audit
- ☐ Supporting learners in the workplace
- ☐ Reflective practice
- ☐ Health and Wellbeing
- ☐ Career conversations
- ☐ Clinical skills development
- ☐ Building autonomy in practice
- ☐ Unsure
- ☐ Other

## 20. Is your support and programme structured on the NHS England AHP Preceptorship Standards and Framework?

Please select N/A if you are not in England

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ N/A

21. If yes, please give examples of how you have implemented the NHS England AHP Preceptorship Standards and Framework into your preceptorship offer:

22. How confident are you that your **organisation** is providing high quality Preceptorship support to your Radiographers? \*

1

2

3

4

5

6

7

8

9

10

Not confident

Highly confident

Organisational Culture and Preceptorship

23. Please state how effective you feel:

	Highly Ineffective	Ineffective	Neutral	Effective	Highly Effective
Your organisation's preceptorship offer supports a <b>culture of learning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organisation's preceptorship offer supports <b>self-reflection</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organisation's preceptorship offer supports a <b>culture of safe practice</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

24. To what extent do you feel your organisation values Preceptorship?

1	2	3	4	5	6	7	8	9	10
Not valuable					Highly Values				

## Quality and Oversight of Preceptorship

25. Does your organisation **celebrate your role as a Preceptor** through:

- ☐ Sharing of good practice
- ☐ Participation in communities of practice
- ☐ Utilisation of platforms such as NHS Futures
- ☐ Department celebration events
- ☐ Organisational Celebration events
- ☐ No celebration
- ☐ Other

26. To what extent do you value Preceptorship as a support mechanism for radiographers?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not valuable

Highly value

27. Please state what you feel are the **THREE most useful or effective aspects** of your Preceptorship offer?

28. Please state what you feel are the **THREE least effective elements** of your Preceptorship offer:

29. Please let us know your thoughts on what a successful preceptorship looks like for a Radiographer:

## Preceptee Empowerment

30. What is the length of the Preceptorship period?

- ☐ Under 6 months
- ☐ 6-11 months
- ☐ 12 months
- ☐ 12-24 months
- ☐ Over 24 months

31. Can the duration of preceptorship be tailored to the individual?

- ☐ Yes
- ☐ No
- ☐ Unsure

32. How do you tailor Preceptorship to your Preceptee/s?

## The Preceptor Role

33. How would you rate your current job satisfaction?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Highly Unsatisfied

Highly Satisfied

34. What attracted you to take on the role of Preceptor?

35. How would you rate your confidence in your role as a Preceptor? \*

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not Confident

Extremely Confident

36. How supported have you felt in your role as preceptor? \*

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Extremely  
unsupported

Extremely well  
supported

37. Please provide examples of how you have been supported:

38. Were there specific requirements in place for you to undertake the role as a preceptor?

For example, length of service/ training

☐ Yes

☐ No

39. If yes, please give examples of the requirements:

40. Do you have a role descriptor for your preceptor role?

☐ Yes

☐ No

☐ Unsure

41. How many preceptees do you support?

- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4
- ☐ 5
- ☐ 6+

42. Are these Preceptees:

Please tick all that apply:

- ☐ Newly Qualified
- ☐ Return to Practice
- ☐ International educated
- ☐ New to role/setting
- ☐ Other

43. Is your preceptee from the same profession as yourself?

- ☐ Yes
- ☐ No

44. If your Preceptee was from a different profession, please state the Profession:

45. Does your Preceptorship offer include the prioritisation of your health and wellbeing as a Preceptor?

- ☐ Yes
- ☐ No
- ☐ Unsure

46. What health and wellbeing support were you offered or signposted to?



47. What knowledge, skills and behaviours do you think are essential for a Preceptor?

48. Have you received initial and ongoing training and development for your role as a preceptor?

Please tick all that apply:

- ☐ Yes initial training
- ☐ No initial training
- ☐ Yes ongoing training
- ☐ No ongoing training

49. Please state what training you have completed for your role:

50. Have you undertaken the NHS England Multi-professional preceptor ecompodium?

\*Please select N/A if working in Scotland, Wales or Northern Ireland\*

- ☐ Yes
- ☐ No
- ☐ N/A

51. Do you have protected time for your role as a preceptor?

- ☐ Yes, 20+ hours per year
- ☐ Yes, 12-19 hours per year
- ☐ Yes, less than 12 hours per year
- ☐ No

52. Is your protected time achieved through job planning?

- ☐ Yes
- ☐ No
- ☐ Other

53. Please rate how important you feel protected time is for you to be able to undertake your role effectively as a Preceptor:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not important Highly important

54. Please rate your agreement with the following statement:

**Being a Preceptor effects your own personal stress levels**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Highly disagree Highly agree



55. Please rate your agreement with the following statements: \*

	Highly Disagree	Disagree	Neither agree nor disagree	Agree	Highly Agree
I feel <b>valued</b> in my role as a preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
There are <b>benefits</b> to being a preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am <b>recognised</b> for my role as a preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I <b>receive feedback</b> on my role as a preceptor	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My preceptor role is discussed at my supervision and appraisal reviews	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> in my ability to be a <b>role model</b> for my preceptee	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel confident with <b>supporting</b> my preceptee with <b>facilitating</b> their <b>problem solving skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am <b>happy</b> in my current role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>positive</b> about my <b>future career</b> as a Radiographer	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> with <b>my coaching skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> with my <b>active listening skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> when giving <b>feedback</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> in my <b>supervision skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> in my <b>reflective practice skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> with supporting my Preceptee/s in <b>developing their decision making skills</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

56. I feel **confident** with supporting my Preceptee/s in **developing their decision making skills** apply:

I feel **confident** to support my Preceptee/s to **reflect** on their Preceptorship training

I feel **confident** to signpost my Preceptee/s to **opportunities to further their development**

- ☐ Goal setting
- ☐ Preceptor champion training
- ☐ Formal post-graduate practice education programme of study
- ☐ No additional training
- ☐ Other

57. Please state how many of these additional training opportunities were funded by your employer:

- ☐ All
- ☐ Most
- ☐ One or two
- ☐ None
- ☐ Other

58. Please select any of the following that you have accessed for your own **development and support** for your role:

Please tick all that apply:

- ☐ Peer support groups
- ☐ Organisation groups
- ☐ Professional networks
- ☐ Action learning groups
- ☐ Communities of practice
- ☐ None of the above
- ☐ Other

59. What training and support do you think would support your role as a Preceptor?

60. Have you had the opportunity to share your experiences with fellow Preceptors?

☐ Yes

☐ No

61. Please explain if sharing your experiences with fellow Preceptors was useful:

62. Would you like more recognition for your role as a Preceptor?

☐ Yes

☐ No

63. Please give examples that would make you feel recognised and valued in your Preceptor role:

## Delivering Preceptorship Programmes

64. When does the initial meeting occur between you and your Preceptee/s?

- ☐ First week
- ☐ First 2 weeks
- ☐ First month
- ☐ Within first 2 months
- ☐ Longer than 2 months
- ☐ Unsure
- ☐ Other

65. What is the frequency of Preceptee and Preceptor meetings?

- ☐ More than once a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Unsure
- ☐ Other

66. What is the duration for Preceptee and Preceptor meetings?

- ☐ More than 1 hour
- ☐ 1 hour
- ☐ Less than 1 hour
- ☐ Unsure
- ☐ Other

67. Does your organisation or department provide a template to guide and record Preceptorship meetings?

- ☐ Yes
- ☐ No
- ☐ Unsure

68. Do you, as a preceptor, have career conversations with your Preceptee as part of your preceptorship support?

- ☐ Yes
- ☐ No
- ☐ Unsure

69. What are the challenges or barriers you have experienced in delivering preceptorship?

70. How have you overcome these challenges or barriers?



## Profession Specific Questions

71. Do you encourage your preceptee to engage with the wider radiography profession through:

Please tick all that apply:

- ☐ SoR New Professions Forum
- ☐ Radiography specific training events
- ☐ Radiography Webinars
- ☐ SoR/CoR webinars
- ☐ Conferences
- ☐ Study days
- ☐ HCPC Standards of Proficiency for Radiographers
- ☐ SoR CPD Now resources for recording CPD
- ☐ SoR CPD Now resources for supporting reflective practice and CPD
- ☐ SoR/CoR publications e.g. Synergy, Radiography Journal, Professional Practice guidance documents
- ☐ None of the above
- ☐ Other

72. Do you hold College of Radiographers Practice Educator Accreditation (PEAS)?

- ☐ Yes
- ☐ No

73. Are you aware of the online national Preceptorship Champions Training for Therapeutic Radiographers designed and delivered by the National Therapeutic Radiographers Preceptorship Project Team as part of a project between The Christie NHS Foundation Trust, Society of Radiographers and NHS England? \*

Please also answer this question if you are working in Diagnostic Radiography

- ☐ Yes I am aware and attended
- ☐ Yes I am aware but did not attend
- ☐ No I am not aware
- ☐ Yes, I am aware but currently work outside of England and so could not attend
- ☐ Other

74. If you are a Diagnostic Radiographer, do you feel a similar online National Preceptorship Champions Training programme would be beneficial?

- ☐ Yes
- ☐ No
- ☐ N/A (I am a Therapeutic Radiographer)
- ☐ Other

75. If you attended, how would you rate the training you received?

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Extremely Poor Extremely Excellent

76. What did you base this rating on?

77. If attended what has been the personal impact of you attending the training?

78. What have you implemented and applied from this training into your practice?

## End of Survey

79. Please let us know any final thoughts, reflections or comments for consideration as we explore the needs for Preceptors and Preceptorship for Radiographers:

### Focus Discussion Group Sign Up - **Participation is voluntary**

80. **This survey is Stage 1 of our project. We are also holding Focussed Discussion Groups, hosted on Teams to discuss your experiences (good or bad), highlight your existing good practice, or where you have noticed gaps and to help us to see how to build preceptorship support frameworks to the benefit of both Diagnostic and Therapeutic radiography professions and our future workforce.**

Are you interested in joining a Focussed Discussion Group?

☐ Yes

☐ No

## Please click the link below to sign up for a Focussed Discussion Group

Preceptorship in Therapeutic and Diagnostic Radiography: Focussed Discussion Group sign up

<https://forms.office.com/e/SRPJmAFgxD>

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## Radiographers - Diagnostic and Therapeutic: Scoping Profession specific Preceptorship needs

**Birmingham City University** have been commissioned by the **Society of Radiographers**, with funding from the Workforce Training and Education Directorate NHS England, to deliver a UK wide project scoping for **Therapeutic Radiography** and **Diagnostic Radiography** profession specific needs in preceptorship. The aim is to create recommendations which work with and complement the Health & Care Professions (HCPC) AHP Preceptorship Principles, and the NHS England Preceptorship Standards and Implementation framework. The survey aims to identify the impact of preceptorship on the Radiography workforce, including preceptees and determine preceptor needs, requirements and workload capacity. Your responses will help create profession specific preceptorship recommendations for the Society of Radiographers

If you have previously been or are currently in the role of a **Preceptor** please complete the **Preceptor Survey**: <https://forms.office.com/e/cpiD5KgexZ>

Whether or not you have experience of undertaking a formal period of preceptorship we still want your views. This online survey is for **Therapeutic and Diagnostic Radiographers** from practitioner level onwards who may or may not have experience of undertaking a period of preceptorship. It is intended for those working within **Imaging** and / or **Radiotherapy** services. It will ask you about your experience participating in a preceptorship offer. The survey also aims to identify the how preceptorship can address retention.

We are also collecting demographic information to ensure that we have a diverse range of diagnostic and therapeutic radiographers completing the survey, from a range of types, size and geographical locations of imaging and radiotherapy services, including NHS and non-NHS providers. This information will enable us to understand whether there are regional differences in Preceptorship provision across the UK. We therefore would especially like to ensure we have **responses from Wales, Scotland, Northern Ireland and England** so we can represent the approach from each of the 4 countries within this work.

This survey should take about 15minutes to complete.

We are very grateful for your time and thank you for being involved.

Helen White ([Helen.White@bcu.ac.uk](mailto:Helen.White@bcu.ac.uk)), Therapeutic Radiographer and Associate Professor on behalf of the project team:  
Amanda Weaver ([AmandaWeaverConsultancy@outlook.com](mailto:AmandaWeaverConsultancy@outlook.com)),  
Rebekah Jones ([Rebekah.Jones@bcu.ac.uk](mailto:Rebekah.Jones@bcu.ac.uk))  
Nick White, Victoria Fletcher, Kathryn Williamson (SoR professional Officer) and the expert Steering group supporting this project.

\* Required

## Participant Information

### **All aspects of participation are voluntary.**

Responses do not require provision of personal details, however demographic data will be collected to ensure a representative sample (across both Imaging and Radiotherapy departments of varying types, size, geographic areas and NHS/non-NHS service providers). All data will be treated and stored in accordance with Birmingham City University guidelines and General Data Protection Regulation. Only members of the research team will have access to any data. The results from the survey may be published but your identity will remain anonymous. Responses will be kept until analysis and publication has been completed.

If you decide to participate but do not wish to complete the survey, you can withdraw at any point. However, due to the nature of the survey, once you have submitted your responses they cannot be withdrawn. Due to the anonymous nature of the research it will not be possible to isolate individual's responses. You should not feel obliged to provide responses which you may find distressing. All responses will be treated with the strictest confidentiality; any information you provide will only be used for the purposes of the project.

If you wish to raise concerns about how your personal data is used, at BCU you can contact the Data Protection Officer on [informationmanagement@bcu.ac.uk](mailto:informationmanagement@bcu.ac.uk) or +44 (0)121 331-5288 or Data Protection Officer, Information Management Team, Birmingham City University, University House, 15 Bartholomew Row, Birmingham, B5 5JU. You can complain directly to the Information Commissioner at Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF, further information available at [www.ico.org.uk](http://www.ico.org.uk)

If you have any concerns about the project you can contact the Ethics Committee [Hels\\_ethics@bcu.ac.uk](mailto:Hels_ethics@bcu.ac.uk)

At the end of the survey, you will be asked if you are interested in joining a focussed discussion group that aims to gather detail in more depth. This will be a link to a separate online form, where you can register your interest in attendance. This detail will not be linked to this online survey.

Non-participation is entirely your choice.

CONSENT: By clicking "next" you agree and consent to all following statements:

- a) I have read and understood the participant information detailing the intention of the project
- b) I have had the opportunity to ask questions
- c) I understand that participation is entirely voluntary
- d) I confirm my consent to participate in this project, involving completion of an online survey
- e) I understand that I have the right to withdraw at any stage of the study without prejudice
- f) I understand that withdrawal of my responses after submission will not be possible
- g) I understand my right to anonymity and confidentiality



## Demographics

1. Please select which profession you work in: \*

- ☐ Diagnostic Radiography
- ☐ Therapeutic Radiography

2. At which career level are you working? \*

(as defined the the Education and Career Framework for the Radiography Workforce)

- ☐ Practitioner
- ☐ Enhanced Practitioner
- ☐ Advanced Practitioner
- ☐ Consultant Radiographer
- ☐ Service Manager/ Service Leader
- ☐ Practice Educator
- ☐ Academic
- ☐ Research Radiographer
- ☐ Other

3. Which practice area do you work in? \*

(e.g. Imaging modality or Radiotherapy practice area)

4. How did you enter your current role? \*

- ☐ Via Undergraduate BSc (Pre-registration) programme
- ☐ Via Post-Graduate MSc (Pre-registration) programme
- ☐ Via Apprenticeship programme
- ☐ Via Post-registration study (PgC, PgD, MSc) following initial pre-registration education
- ☐ Via Return to practice programme
- ☐ Via International Recruitment process
- ☐ Other

5. How long have you been in your role? \*

- ☐ 0-1 year
- ☐ 1-2 years
- ☐ 2-5 years
- ☐ 5 years +
- ☐ 10 years +

6. What type of organisation do you work in? \*

- ☐ NHS Acute Trust
- ☐ NHS Community Trust
- ☐ Private
- ☐ Education Provider
- ☐ Other

7. Which area/region of the UK do you work in? \*

- ☐ Yorkshire / Humber
- ☐ North West England
- ☐ North East England
- ☐ South West England
- ☐ South East England
- ☐ West Midlands
- ☐ East Midlands
- ☐ East Anglia
- ☐ London
- ☐ The Channel Islands
- ☐ Wales
- ☐ Northern Ireland
- ☐ Scotland

8. Have you heard of the term Preceptorship? \*

- ☐ No - I'm not aware of the term Preceptorship
- ☐ Yes - I have heard of the term Preceptorship but I am not sure what it means
- ☐ Yes - I have a good understanding of the term Preceptorship

9. What does Preceptorship mean to you? \*

10. Are you currently in any of the following career transition points? \*

- ☐ Newly Qualified Practitioner (within 24 months of qualifying)
- ☐ Return to Practice
- ☐ International Recruit
- ☐ New to setting e.g. those who are previously qualified and are joining a new organisation as a new employee
- ☐ New to practice area e.g. moving into a new level or area of practice/modality/role
- ☐ No, I am not in any of these career transition points

11. Have you ever been offered Preceptorship? \*

- ☐ Yes
- ☐ No
- ☐ Unsure

12. At which career transition point were you offered Preceptorship? \*

	YES	NO	N/A
Newly Qualified Practitioner	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
International recruit	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Return to Practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New to practice area	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New to setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

13. How many months into your preceptorship period of support are you?

- ☐ 0-3 months
- ☐ 3-6 months
- ☐ 6-12 months
- ☐ 12 months +
- ☐ Completed

14. When did you complete your Preceptorship?

15. Have you considered leaving your **organisation** during your Preceptorship period?

- ☐ Yes
- ☐ Yes I did consider leaving, but had no preceptorship
- ☐ No
- ☐ No, I did not consider leaving but had no preceptorship
- ☐ Unsure

16. Please provide a reason for your answer:

17. Have you considered leaving the **Radiography profession** during your Preceptorship period?

- ☐ Yes
- ☐ Yes I did consider leaving, but had no preceptorship
- ☐ No
- ☐ No, I did not consider leaving but had no preceptorship
- ☐ Unsure

18. Please provide a reason for your answer:

## Understanding of Preceptorship

19. Please answer the following questions: \*

	Yes	No	Unsure	N/A
Are you aware of the HCPC's (2023) publication entitled Principles for Preceptorship?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are you aware of NHS England's AHP Preceptorship Standards and Framework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Are are you aware of NHS Education Scotland's Flying Start Programme?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

20. If you are working in Scotland, are you currently or have you undertaken NHS Education Scotland's Flying Start Programme?

Please select N/A if you working in England, Wales or Northern Ireland

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ N/A

21. Please rate your agreement with the following statement:

**I experienced "transition shock" during my career transition**

(Transition shock refers to the emotional and mental stress experienced when someone moves from a comfortable or known situation to a new, uncomfortable and/or unknown situation)

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Highly Disagree

Highly Agree

## Please read, for an overview of Preceptorship:

**Preceptorship** is a period of structured support provided to HCPC registrants at key moments of career transition. This includes joining the workforce for the first time, returning to work after a long period away (including being re-admitted to the register), working in the UK for the first time, taking up a new role, or moving to a new organisation, to give them confidence to act as an autonomous practitioner.

- **Preceptee** – an individual accessing a period of Preceptorship
- **Preceptor** – an individual providing one to-one support to someone undertaking Preceptorship

Preceptorship and programmes to provide preceptorship should not be confused with other training or learning and development mechanisms. Preceptorship should not retest clinical competence but instead, empower an individual to reflect on what they bring to their role and identify support needed to develop their professional confidence. For this survey we are aligning with the HCPC Principles for Preceptorship regarding the definitions of preceptorship.

*Please note that this survey is focused on the provision of preceptorship, and we are not therefore asking about induction, probation or other forms of clinical/professional skills training, supervision, coaching or mentoring support at this time.*

For further information on the differences please see: <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/differences-between-preceptorship-and-other-forms-of-support/>

**For further information on national preceptorship guidance** and offers please see:

- Preceptorship arrangements by UK nation <https://www.hcpc-uk.org/resources/information/principles-for-preceptorship/preceptorship-arrangements-by-uk-nation/>
- NHS England Allied Health Professional (AHP) Preceptorship Standards and Framework <https://www.hee.nhs.uk/our-work/allied-health-professions/education-employment/national-allied-health-professionals-preceptorship-foundation-support-programme/allied-health>
- NHS Scotland Flying Start <https://learn.nes.nhs.scot/735/flying-start-nhs>

## Pre-Preceptorship

Pre-Preceptorship is a period of preparation for AHP's to support their transition towards employment

### 22. Did you undertake any pre-preceptorship prior to commencing your role such as:

Please tick all that apply:

- ☐ NHS England Step to Work eLearning
- ☐ NHS England Preparing for your future: Diagnostic radiographer
- ☐ Higher Education Institution employability sessions
- ☐ Applied reflection such as SLOT analysis
- ☐ Preceptorship awareness e.g. individual research
- ☐ Additional experience in the department prior to start (bank work/work experience)
- ☐ None of the above
- ☐ Other

### 23. Please rate your agreement with the following statement:

Please only answer this question if you received pre-preceptorship support:

	Not important	Of some importance	Neutral	Important	Very important
How important was the availability of pre-preceptorship support when you were looking for your role?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

### 24. Did you have a placement in the organisation before you were employed by the organisation?

- ☐ Yes
- ☐ No

### 25. Did your department keep in regular touch with you between job offer and commencement of role?

- ☐ Yes
- ☐ No
- ☐ Unsure

26. Did your department offer a named contact or buddy between job offer and commencing your role?

- ☐ Yes
- ☐ No
- ☐ Unsure

27. Did your department provide a new starter/welcome pack before commencement in role?

- ☐ Yes
- ☐ No
- ☐ Unsure

28. When applying for your role was Preceptorship support mentioned and did this affect your decision to apply?

- ☐ Yes, it was mentioned and it did affect my decision to apply
- ☐ Yes, it was mentioned but it didn't affect my decision to apply
- ☐ No, it was not mentioned
- ☐ Unsure



## Organisational Offer

29. How is / was your Preceptorship delivered?

Please tick all that apply:

- ☐ Lectures
- ☐ Workshops
- ☐ Peer support
- ☐ Peer assisted learning
- ☐ Preceptor meetings
- ☐ Simulation
- ☐ Action learning groups
- ☐ E-learning/ Online Modules
- ☐ Video content
- ☐ Clinical Skills Development
- ☐ Other

30. Is/ was reference to the HCPC Principles for Preceptorship included within your Preceptorship?

- ☐ Yes
- ☐ No
- ☐ Unsure

## 31. Does/did your preceptorship offer elements in regards to:

Please tick all that apply:

- ☐ Professionalism
- ☐ Patient centred or personalised care
- ☐ Patient Safety
- ☐ Equality, Diversity and Inclusivity
- ☐ Raising concerns
- ☐ Confidentiality
- ☐ Difficult Conversations
- ☐ Communication
- ☐ Service User feedback
- ☐ Team working
- ☐ Evidence based practice
- ☐ Quality improvement
- ☐ Audit
- ☐ Supporting learners
- ☐ Leadership
- ☐ Reflective practice
- ☐ Health and Wellbeing
- ☐ Career conversations
- ☐ CPD
- ☐ Clinical skills development
- ☐ Building autonomy in practice
- ☐ Unsure
- ☐ Other

## 32. What health and wellbeing support were you offered or signposted to during Preceptorship?

33. How do/did you record/document your preceptorship?

- ☐ Digital Portfolio
- ☐ Paper copy Portfolio
- ☐ Unsure
- ☐ Other

Organisational Culture and Preceptorship

34. Please state how effective you feel: \*

	Highly Ineffective	Ineffective	Neutral	Effective	Highly Effective
Your organisation's preceptorship offer supports a <b>culture of learning</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organisation's preceptorship offer supports <b>self-reflection</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Your organisation's preceptorship offer supports a <b>culture of safe practice</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## Quality and Oversight of Preceptorship

35. During your Preceptorship have there been opportunities to learn and develop through a mix of profession (Radiography) specific and multiprofessional activities?

Please tick all that apply:

- ☐ Profession specific activities only
- ☐ Multiprofessional activities only
- ☐ Multiprofessional and Profession specific activities

36. Please state what you felt were the **THREE most valuable** aspects of your Preceptorship:

37. Please state what you feel were the **THREE least valuable** elements of your Preceptorship:

38. Does/do your organisation evaluate preceptorship sessions and welcome your feedback?

- ☐ Yes
- ☐ No
- ☐ Unsure

39. Please rate your agreement with the following statement:

**To what extent do you value your preceptorship?**

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Not Valuable

Highly Value

## Preceptee Empowerment

40. What is the length of your Preceptorship period?

- ☐ Under 6 months
- ☐ 6-11 months
- ☐ 12 months
- ☐ 12-24 months
- ☐ Over 24 months

41. Is the length of your Preceptorship Period tailored to your own individual needs?

- ☐ Yes
- ☐ No
- ☐ Unsure

42. Are you visually identified as a preceptee in your organisation i.e. via a badge or lanyard?

- ☐ Yes, this is helpful
- ☐ Yes, but this is not helpful
- ☐ No, but this would be helpful
- ☐ No, but this would not be helpful



43. Please rate your agreement with the following statements: \*

	Highly Disagree	Disagree	Neither Agree nor Disagree	Agree	Highly Agree
I was <b>excited</b> about becoming a radiographer on starting in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I was <b>worried</b> about becoming a radiographer on starting in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I felt <b>confident</b> in my role on <b>starting</b> in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>confident</b> in my role in my organisation <b>now</b>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>valued</b> as an individual in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel <b>valued</b> as a radiographer in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I <b>belong</b> in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I <b>belong</b> in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I <b>matter</b> in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel like I <b>matter</b> in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a <b>team</b> in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel part of a <b>team</b> in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have a <b>voice</b> in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel I have a <b>voice</b> in my organisation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel able to make <b>changes</b> in my department	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I am very <b>happy</b> in my current role	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



44.

I feel **positive** about my **future career** as a Radiographer

How do you feel your preceptorship offer was tailored to you as an individual and your needs:  
but is not limited to consideration of your career transition, previous experience, previous work pattern, your working pattern, your ambitions

1

2

3

4

5

6

7

8

9

10

Not Tailored

Fully Tailored

45. Please provide examples of how Preceptorship is tailored or could be tailored for Radiographers in your organisation and department:

46. How would you rate your Preceptorship in supporting you into your new current role? \*

1

2

3

4

5

6

7

8

9

10

Extremely Poor

Extremely Excellent

47. How would you rate your Preceptorship in building your **confidence** as an autonomous practitioner? \*

1

2

3

4

5

6

7

8

9

10

Extremely Poor

Extremely Excellent

48. Does your organisation provide protected time you to attend preceptorship activities?

☐ Yes, 36+ hours per year

☐ Yes, 12-36 hours per year

☐ Yes, less than 12 hours per year

☐ No

☐ Other

49. As a Preceptee do you access any additional development and support through:

Please tick all that apply:

- ☐ Peer assisted learning
- ☐ Peer support groups
- ☐ Organisational network
- ☐ Professional network
- ☐ Action Learning groups
- ☐ Communities of practice
- ☐ Mentor or Buddy
- ☐ Other

50. Please rate your agreement with the following statements:

	Highly Disagree	Disagree	Neither Agree nor Disagree	Agree	Highly Agree
Preceptorship encouraged me to critically reflect on my own practice and contribution to the delivery of safer care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship encouraged me to examine my practice in relation to enhancing personalised care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship supported me to develop my decision making skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship encouraged me to develop my communication skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship encouraged me to engage with continuous professional development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship supported me to develop my skills to support others to learn	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship developed my self leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship supported me to critically reflect on my own behaviours and impact on working with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship supported me to apply evidence and research into practice	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship developed my quality improvement skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Preceptorship helped me develop my autonomy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## The Preceptor Role

51. Did you/do you have an identified Preceptor for the duration of your preceptorship?

- ☐ Yes
- ☐ No
- ☐ Unsure

52. In your first meeting did/do you and your Preceptor agree how you would work together within Preceptorship, for example through a ways of working agreement or contract?

- ☐ Yes
- ☐ No
- ☐ Unsure
- ☐ Other

53. Was your Preceptor from the same profession as you?

- ☐ Yes
- ☐ No

54. If your Preceptor was from a different profession, please state the Profession:

55. Do you feel your Preceptor holds/held sufficient experience to support you through your Preceptorship period?

- ☐ Yes
- ☐ No
- ☐ Unsure

56. Would you prefer to be supported by a team of preceptors?

- ☐ Yes
- ☐ No
- ☐ Unsure

57. Are you aware of a preceptorship champion in your workplace?

☐ Yes

☐ No

58. Please rate your perception of the usefulness of your Preceptorship:

1	2	3	4	5	6	7	8	9	10
---	---	---	---	---	---	---	---	---	----

Extremely Not Useful

Extremely Useful

## Delivering Preceptorship Programmes

59. When did your initial meeting happen with your preceptor?

- ☐ First week
- ☐ First 2 weeks
- ☐ First month
- ☐ Within first 2 months
- ☐ Longer than 2 months
- ☐ Other

60. What is the frequency of your meetings with your preceptor?

- ☐ Once a week
- ☐ Every two weeks
- ☐ More than once a month
- ☐ Once a month
- ☐ Less than once a month
- ☐ Other

61. Was your preceptor available to provide additional support if needed outside of scheduled meetings?

- ☐ Yes
- ☐ No
- ☐ Unsure

62. How long are your meetings with your preceptor?

- ☐ Approximately 1 hour
- ☐ More than 1 hour
- ☐ Less than 1 hour
- ☐ Unsure
- ☐ Other

63. Did meetings with your Preceptor always go ahead when scheduled?

- ☐ Yes
- ☐ No
- ☐ Unsure

64. What are/were the reason for cancellation or rescheduling of meetings?

Please tick all that apply

- ☐ Staff shortages
- ☐ Preceptor sickness
- ☐ Preceptee sickness
- ☐ Service pressures
- ☐ General Department Workload pressures
- ☐ Preceptee workload pressures
- ☐ Preceptor workload pressures
- ☐ Other

65. Have you been supported by your Preceptor to engage with the wider radiography profession through:

Please tick all that apply:

- ☐ SoR New Professionals Forum
- ☐ Radiography specific training events
- ☐ Radiography Webinars
- ☐ Imaging Academy courses
- ☐ SoR/CoR webinars
- ☐ Conferences
- ☐ Study days
- ☐ Professional Regulator Learning Events e.g. HCPC Webinars
- ☐ SoR CPD Now resources for recording CPD
- ☐ SoR CPD Now resources for supporting reflective practice and CPD
- ☐ SoR/CoR publications e.g. Synergy, Radiography Journal, Professional Practice guidance documents
- ☐ None of the above
- ☐ Other

## End of Survey

66. What would your ideal Preceptorship look like?

67. Please let us know any final thoughts, reflections or comments for consideration as we explore the needs for preceptorship for radiographers:



## Focus Discussion Group Sign Up - **Participation is voluntary**

68. **This survey is Stage 1 of our project. We are also holding Focussed Discussion Groups, hosted on Teams to discuss your experiences (good or bad), highlight your existing good practice, or where you have noticed gaps and to help us to see how to build preceptorship support frameworks to the benefit of both Diagnostic and Therapeutic radiography professions and our future workforce.**

Are you interested in joining a Focussed Discussion Group?

☐ Yes

☐ No

## Please click the link below to sign up for a Focussed Discussion Group

**Preceptorship in Therapeutic and Diagnostic Radiography: Focussed Discussion Group**  
sign up <https://forms.office.com/e/SRPJmAFqxD>

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## Preceptorship Focussed Discussion Group (FDG) Facilitator Questions

### FDG Agenda

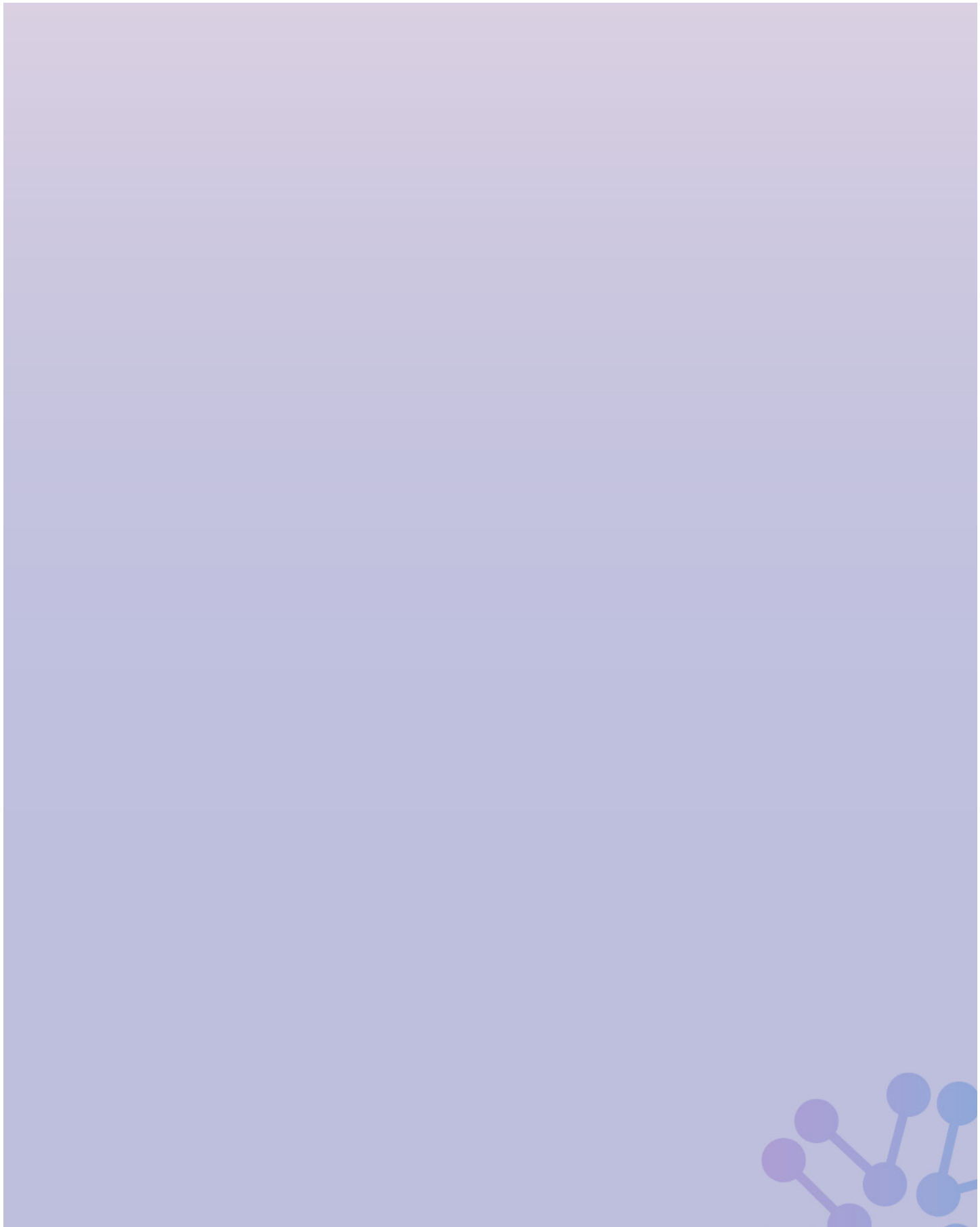
Each FDG is allocated 1.5 hours.

Thank participants for involvement and introduce members of the project team
Overview of what FDG will involve, obtain permissions and consent to recording
Overview of the project to date, acknowledgement of ethical permissions obtained, and setting rules for a safe environment to discuss
Focused discussions and summary of key points
Clarifying questions
Thank participants, share contact details of project lead and close FDG

### FDG Questions

FDG	Question and Prompts
All	<b>What does a successful preceptorship look like? What's the point?</b>
All	<b>What does a preceptee need to thrive?</b> <ul style="list-style-type: none"> <li>- What would be the ideal length of preceptorship? And why?</li> <li>- What happens at the end of this defined time period?</li> <li>- Should the preceptee be able to request ongoing support from their preceptor at the end of the preceptorship period?</li> <li>- What does/should this look like?</li> <li>- Where do preceptees go after preceptorship?</li> </ul>
All	<b>Features of an effective preceptor</b> <ul style="list-style-type: none"> <li>- Profession of the preceptor – does it need to be the same as the preceptee or not?</li> <li>- What skills does an effective preceptor have?</li> <li>- What time allocation should be allowed for the role – preceptor for supporting; preceptee support from</li> <li>- Is there training for preceptors? If so, what does this look like?</li> </ul>
<b>Preceptor specific</b>	<ul style="list-style-type: none"> <li>- What proportion of time in your job role is allocated to being a preceptor?</li> <li>- How many preceptees should be supported by one preceptor?</li> <li>- How many times do you meet with your preceptee and with what frequency?</li> <li>- Is there recognition of your role as preceptor in relation to defined job role (links to practice educator – different / same?)</li> <li>- What appraisal, supervision and feedback do you receive?</li> <li>- What support (also referencing Mental Health, Health and Wellbeing) could a preceptor require?</li> </ul>
All	<b>Mental health, health and wellbeing of both the preceptors AND the preceptees</b> <ul style="list-style-type: none"> <li>- As a preceptor / preceptee, what health &amp; wellbeing training do you think is required for support of preceptees? (refer to MH first aid)</li> <li>- What support needs to be in place for you as a preceptor? How is this / should this be made available to you?</li> </ul>

	<ul style="list-style-type: none"> <li>- Where, and who, does the signposting to support – for you as an individual and also for your preceptee?</li> </ul>
<b>Service Manager Specific</b>	<p><b>What are the drivers for preceptorship for the department compared to organisational or professional approaches?</b></p> <ul style="list-style-type: none"> <li>- Are preceptees supernumerary in your department?</li> <li>- What similarities and differences are there in relation to the preceptor and practice educator roles? Should they be the same, or different people?</li> <li>- Finances for preceptor and also preceptee (supernumerary status or not) – where does this come from?</li> <li>- Talk more about the <b><u>impact</u></b> on your team of preceptorship (retention specifically)? How do you know / measure? Is this confirmed or anecdotal?</li> </ul>
<b>SUMMARY</b>	<p><b>What does a successful preceptorship look like? What's the point? Summarise key points</b></p>
<b>All</b>	<p><b>What has been missed in the discussion so far?</b></p> <p><b>What is the most important point raised?</b></p>



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