BRIDGING THE GAP: INSIGHTS FROM NEWLY GRADUATED PHYSIOTHERAPISTS ON PRECEPTORSHIP PROGRAMMES IN THE NHS

Submitted in partial fulfilment of the requirements of a Master's by Research (MRes) degree

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Copyright Statement

Abstract

Background:

Physiotherapists face high attrition rates, with nearly half leaving the NHS within their first five years of qualification. Despite this, there is limited research exploring newly graduated physiotherapists' views of preceptorship programmes, a key retention strategy designed to support clinicians during periods of transition.

Aim:

This thesis explores the views and experiences of newly graduated physiotherapists on preceptorship programmes in the NHS to identify improvements for early-career support.

Methods:

A three-phase methodology was employed.

Phase one: A systematic review explored UK literature on the views of newly graduated allied health professionals (AHPs) on preceptorship.

Phase two: Healthcare professional engagement involved piloting the interview guide with a newly graduated physiotherapist, a preceptor, and an operational manager to ensure relevance.

Phase three: A primary qualitative study comprised one focus group and one individual interview with newly graduated physiotherapists exploring their views on preceptorship and preceptorship programmes within the NHS.

Findings:

UK research on AHPs' views of preceptorship is scarce, with only six studies identified in 25 years and minimal focus on individual professions. Stakeholders confirmed the relevance of the interview guide, strengthened the researcher's confidence in its design, and prompted the addition of Mentimeter to promote reflection and engagement from participants. The primary study revealed the importance of preceptor-preceptee relationships in building confidence in preceptees to seek support. Organisational challenges such as delayed enrolment, inconsistent preceptor allocation, and a limited understanding and awareness of preceptorship among senior

and managerial staff were also identified. Participants perceived content to be nursing focused, which impacted engagement and could weaken professional identity.

Contents

Table of Contents

List of Tables

List of Figures

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Authors Declaration

I hereby declare that this submission is entirely of my own work, unless stated otherwise, and that to the best of my knowledge all sources used are fully acknowledged and all quotations properly identified.

Definition of Terms

Preceptorship: A structured programme of professional support and development designed to improve registrant confidence as they transition into any new role (HCPC 2023).

The Preceptorship Programme: This is the formalised set of developmental and supportive activities (such as workshops or meetings). Its focus is strictly on support, building confidence, professional identity, and transferable skills (like leadership and communication). It should not involve re-testing clinical competencies (NHS England 2023a).

The Preceptorship Period: This is the broader timeframe of transition following qualification. This wider period encompasses the formal programme but also includes local workplace induction, onboarding, and the demonstration of clinical competencies required for the specific role (NHS England 2023a).

Abbreviations

AHP	Allied health professional
CSP	Chartered Society of Physiotherapists
FG	Focus Group
BIOS	British and Irish Orthoptic Society
CPD	Continuous Professional Development
CBE	Competency Based Education
HCP	Healthcare Professional

1 Introduction

The aim of this thesis is to explore the views and experiences of newly graduated physiotherapists on preceptorship programmes in the NHS. Rehabilitation has been recognised as a key component of the NHS's latest care model, underscoring the vital role physiotherapists play in achieving its goals of enhanced community support, digital transformation, and preventative care. However, retaining staff in the NHS is an ongoing problem, with shortages threatening its ability to deliver high-quality care. This issue is exacerbated by a growing and ageing population, with demand rising much faster than the growth of the workforce needed to meet it. Retaining key professional groups, such as physiotherapists, is therefore crucial. This chapter outlines the rationale for the study, presents the research objectives, and provides an overview of the thesis structure.

1.1 Background

Allied Health Professionals (AHPs), of which physiotherapists form part, represent the third largest workforce in the NHS (Institute of Health and Social Care Management 2022) and play a vital role in sustaining and delivering healthcare services (NHS England 2017).

The NHS's latest care model aims to shift care from hospitals to the community, transition from analogue to digital systems, and shift focus from sickness to prevention (Department of Health and Social Care 2025). Rehabilitation has been identified as a key enabler of the NHS's latest care model (Department of Health and Social Care 2025), positioning physiotherapists as critical to achieving these goals.

However, workforce attrition may pose a significant barrier. The Electronic Staff Records from NHS England (2025) show 46% of leavers in AHPs are those within the first five years of their career. Within this multi-profession group, 15% of physiotherapists leave the NHS each year, and almost half leave in the first five years after graduating (CSP 2023). A shortage of physiotherapists could therefore significantly hinder efforts to deliver the NHS's model of care.

Newly graduated physiotherapists face challenges including uncertainty, low professional confidence and difficulty translating knowledge into practice (Chesterton et al. 2021). Furthermore, the difficulty in coping with a new workplace environment is compounded by a

perceived lack of readiness, limited career opportunities and unsupportive work environments (Opoku et al. 2021). The RePAIR report (2018) characterises this transition from student to newly graduated practitioner as the 'Flaky Bridge' of the professional journey. During this phase, new graduates often experience 'Transition Shock', a physical and intellectual reaction to moving from a protected university environment to the high demands of clinical practice. The report suggests that without intervention, this 'shock' is a primary driver for staff leaving their first post. These transitional challenges may have been exacerbated by the global pandemic. Findings from the Impact of COVID-19 on Students Survey revealed that 27% of AHP students had considered leaving their programmes, driven by academic concerns, feeling overwhelmed or stressed and significant doubts regarding their clinical ability (Health Education England 2020). These findings highlight the vulnerability of students at the point of qualification and suggest a need for structured support during the transition into autonomous practice.

In healthcare, the first year of practice is vital for contributing to developing competent and confident practitioners (Morgan 2017). Therefore, addressing the needs of newly graduated physiotherapists is imperative to the long-term retention of these health professionals (Forbes et al. 2021). One key approach to achieving this has been the introduction of structured preceptorship programmes. Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role (HCPC 2023). To ensure practitioners build sufficient levels of confidence and resilience, the RePAIR report (2018) recommends the preceptorship period should be a minimum of 12 months in length.

While potential benefits of these programmes include improved confidence, enhanced staff retention and workforce sustainability (NHS England 2023a), the RePAIR report (2018) further validates these claims by concluding there is strong evidence that organisations benefit from improved recruitment and retention when they provide such supported transition periods.

However, despite these strategic drivers, there is currently limited research on the views of newly graduated AHPs on preceptorship programmes in the UK, with no studies identified which focus specifically on the experiences of newly graduated physiotherapists (See chapter 2).

1.2 Rationale

Workforce retention can be positively influenced by strategies that support professional growth, including access to continuous professional development, mentorship and peer support (Watson et al. 2025). Preceptorship programmes combine many of these elements by offering structured development opportunities alongside support from experienced professionals (NHS England 2023b). While these programmes are promoted as a means of improving staff retention and confidence, there is limited research exploring how they are experienced by newly graduated AHPs and no studies have been identified that focus on newly graduated physiotherapists. As a result, it remains unclear whether the support provided through preceptorship is meeting their needs. This study therefore aims to explore the views and experiences of newly graduated physiotherapists on preceptorship programmes in the NHS, to help shape these programmes to provide more effective support. Ultimately, this may contribute to strengthening retention rates of these professionals within the NHS.

1.3 Aims and objectives

Overall Aim: The aim of this thesis is to explore the views and experiences of newly graduated physiotherapists on preceptorship programmes in the NHS.

Table 1: Study objectives

Objective	Methodology	Chapter
To critically review the existing literature, to explore the views and experiences of newly graduated allied health professionals on preceptorship programmes in the UK.	Systematic Literature Review	Chapter 2
To enhance the relevance and applicability of the research by collaborating on the design of the research interview guide.	Healthcare Professional Engagement	Chapter 3
To explore the views of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS.	Primary Qualitative Study	Chapter 4

1.4 Thesis outline

This thesis is divided into 6 chapters. Chapter 1 introduces the thesis by outlining the NHS's current staff retention challenges, presenting preceptorship programmes as a potential solution, and explaining the rationale behind the study. Chapter 2 contains a systematic review, exploring literature on the views and experiences of newly graduated allied health professionals on preceptorship programmes in the UK. Chapter 3 outlines professional engagement in the study, in which professionals were involved in the design of the interview questions. Chapter 4 contains a primary qualitative study, in which the views and experiences of newly graduated physiotherapists on preceptorship programmes in the NHS was explored. Chapter 5 provides an overall discussion of this research project. Chapter 6 contains a conclusion. Research strengths and limitations are presented, along with recommendations for future research and clinical practice.

2 Literature Review

2.1 Chapter introduction

This chapter presents a systematic review exploring the views and experiences of newly graduated AHPs on preceptorship programmes in the United Kingdom. A systematic review was chosen for its rigorous and transparent approach to synthesising findings from multiple primary studies (Thomas and Harden 2008). This method enables the development of reliable conclusions about how newly graduated AHPs perceive and experience preceptorship programmes in the United Kingdom. This systematic review did not involve the collection of primary data or include human participants and therefore did not require ethical approval.

This chapter commences by highlighting the critical role of AHPs in the NHS and the growing concern around early career attrition. It then sets the context for the review by presenting existing evidence and identifying a gap in the literature concerning the views and experiences of

newly graduated AHPs on preceptorship programmes in the UK. The chapter concludes by presenting and discussing the findings of the review.

2.2 Background

Allied Health Professionals (AHPs) make up the third largest workforce in the NHS (Institute of Health and Social Care Management 2022) and play a critical role in supporting the sustainability and delivery of healthcare services (NHS England 2017). However, retaining AHPs remains a significant challenge. According to NHS England's Electronic Staff Record (2025), 46% of AHPs who leave the workforce do so within the first five years of their career. Understanding the reasons behind this early attrition is essential to developing strategies that promote a stable and productive workforce.

High workload, limited career development opportunities, and unsupportive work environments have been identified as key factors contributing to AHPs' intention to leave the profession (Roth et al. 2023). NHS England (2023) has acknowledged that improving retention requires sustained support throughout an individual's career. Bridging the gap between higher education and clinical practice is a critical step in this process (NHS England 2022), and one key approach to achieving this has been the introduction of structured preceptorship programmes.

Preceptorship is a structured programme of professional support and development designed to improve registrant confidence as they transition into any new role (HCPC 2023). The benefits of preceptorship are more confident and skilled staff, improved retention, and better patient care (NHS Employers 2024). Retaining existing staff is generally more cost-effective and efficient than recruiting and training new staff (Buchan et al. 2019).

Within the nursing profession, several best practices have been identified for successful graduate transition programmes. These include having a designated support person to assist with professional socialisation and role clarity, opportunities for peer support, and access to structured educational days. Programmes that offer skill development through a gradual, tiered approach, from basic to complex skills, have been shown to increase new nurses' confidence (Rush et al. 2019). These factors have been associated with improved retention, engagement, and job satisfaction (Rush et al. 2019, Cox and Wray 2022).

However, while these core elements may be beneficial for nurses, AHPs work independently across various healthcare settings, with distinct roles and skill sets that are crucial for the future design, leadership, and delivery of services (BEH Mental Health Trust 2021). Although there is evidence for multi-professional preceptorship, the differences between the roles of nurses, midwives, and AHPs suggest that nursing models cannot be assumed to meet the needs of AHPs (Health Education England ca. 2024). Research has also found that preceptorship for AHPs is not consistently effective (Salt et al. 2023), and programmes must be tailored to individual learning needs, career aspirations, and clinical contexts (HCPC 2023, Health Education England 2017).

To date, systematic reviews in this area have primarily focused on the experiences of nursing preceptors and preceptees (Quek and Shorey 2018). No known reviews have explored the views of newly graduated AHPs regarding preceptorship within the UK context. Gaining this insight is vital to improving the support provided to these professionals, potentially leading to better retention rates within the workforce.

The aim of this literature review is to explore the views and experiences of newly graduated allied health professionals on preceptorship programmes in the UK.

2.3 Methodology

Alternative review types, such as a scoping review, were considered; however, scoping reviews are primarily used to determine the scope and coverage of literature, clarify concepts, or identify knowledge gaps, and do not synthesise findings from primary studies to generate conclusions that can inform practice or policy (Munn et al. 2018). A systematic review was deemed most appropriate, as the aim was to produce a critically appraised and synthesised answer to the research question, *"What are the views and experiences of newly graduated AHPs on preceptorship programmes in the UK?"*, rather than to map the breadth of existing evidence. Systematic reviews use rigorous methods to identify trends in current evidence, guiding decision-making, service delivery and policy development (Munn et al., 2018), in this case, the delivery of preceptorship programmes for newly graduated AHPs. Therefore a systematic review was better suited to answering this focused question and supporting evidence-based recommendations.

This review was performed in accordance with the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA) guidelines (Page et al. 2021) and the protocol was registered on PROSPERO (van der Westhuizen et al. 2025).

2.3.1 Search Strategy

An initial search was conducted by the first author (BvdW) to estimate the volume of relevant studies and to identify search terms, which were refined in consultation with an experienced university librarian (Table 2). A second search using the developed Boolean search strategy took place into the following databases on EBSCOhost: Medical Literature Analysis and Retrieval System Online (MEDLINE), Cumulative Index to Nursing and Allied Health Literature (CINAHL), American Psychological Association (APA) PsycINFO, Academic Search Ultimate and Scopus. Additionally, the first ten pages of Google Scholar, along with the reference lists of included studies, were hand searched. Papers were initially screened for eligibility by the first author (BvdW) using their title and abstract. Full text screening took place where eligibility was unclear. A second reviewer (DGA) completed the entire search strategy, including title and abstract screening, ensuring the reliability and reproducibility of the search process. At the full-text screen stage, discrepancies regarding eligibility for inclusion were resolved through discussion and consensus with the second author (DGA).

Date limits 2000 to 2025 was selected because it marks the period when the term "Professions Supplementary to Medicine" was replaced with "Allied Health Professionals" in the UK (Nancarrow and Borthwick 2021). Since then, the categories of recognised allied health professions have remained relatively stable (Nancarrow and Borthwick 2021). Limiting the search to this period ensures that the research reflects the current understanding and structure of AHPs within the NHS. The search was restricted to English language and peer-reviewed, published papers.

Table 2: Search terms

Search Term 1	Graduat* or "new* qualif*" or "recent* qualif*" or "novice clinician*" or "NQP" or "intern* or resident*"
Search Term 2	"Allied health profession*" or "allied health worker*" or AHP*
Search Term 3	qualitative or Narrative or view* or experienc* or interview* or perspective* or opinion* or attitude* or perception* or thought* or feedback OR Phenomenolog* OR Challenge* OR feeling*
Search Term 4	precept*

When searching Scopus database, the second search term was changed from 'allied health profession*' to 'Allied Health'. This ensured that a key paper containing the term "allied health", rather than the term "allied health professional" was captured.

2.3.2 Study selection and eligibility criteria

Qualitative and mixed-methods studies were included, with a substantive qualitative component. Inclusion and exclusion criteria are listed in table 3.

Table 3: Inclusion and exclusion criteria

Inclusion	Exclusion
Population: Newly graduated AHPs working in the public sector in the UK.	Student AHPs: Preceptors currently on a preceptorship programme.
Working long enough to have attended a preceptorship programme.	Preceptees attending a return to practice preceptorship programme after a career break. Preceptees who have changed their work setting or sector. Preceptees who have joined the UK workforce as an internationally educated or recruited worker. Preceptees who work in private practice.

Inclusion	Exclusion
Exposure: Attendance on a full cycle of a work-related preceptorship programme.	Workplace induction, onboarding, mandatory training, or probation. Articles relating to mentorship, coaching or clinical supervision.
Outcomes: Studies exploring the views and experiences of new graduated AHPs.	
Other: Qualitative or mixed method studies. Service evaluations.	Grey literature. Conference proceedings.

All references were imported into EndNote where duplicates were removed. Included studies were critically appraised for quality using the Critical Appraisal Programme (CASP 2023) qualitative checklist for qualitative papers (Table 5).

2.3.3 Data extraction and synthesis

A customised data extraction form was used to capture relevant information (See Table 4).

To enable an in-depth interpretation of the evidence, this study employed thematic synthesis rather than meta-aggregation. Meta-aggregation aims to summarise data into categories that are then combined into synthesised findings, deliberately avoiding reinterpretation of the original studies. Within a meta-aggregative review, a "finding" is defined as a verbatim extract of the primary author's analytical interpretation of their results (Lockwood et al.2015).

In contrast, the thematic synthesis undertaken in this research involved an interpretive re-analysis of the primary data, following the three-stage process outlined by Thomas and Harden (2008):

Line-by-line coding:
Rather than extracting predefined findings with illustrative quotations to establish plausibility (Lockwood et al. 2015), all qualitative data, including direct participant quotations and author-reported findings from the results sections of the six included studies, were imported into NVivo

12. Line-by-line coding was conducted by the first author (BvdW) to ensure that the synthesis remained closely grounded in the original data.

Development of descriptive themes:
Codes were organised into related groups to develop descriptive themes. These themes were cross-checked and refined in collaboration with a second member of the research team (DGA).

Generation of analytical themes:
In the final stage, analytical themes were generated that extended beyond the findings of the primary studies. This process involved interpretive transformation of the data, rather than the aggregation of author-identified findings into categories (Lockwood et al. 2015). Patterns across studies were identified and explored to address the views and experiences of newly graduated AHPs on preceptorship programmes, directly answering the research question of the review.

Confidence in the synthesised findings was assessed using the ConQual approach. Each synthesised finding was appraised for credibility and dependability, in line with the method described by Munn et al. (2014). The results of the ConQual assessment are presented in Table 6, consistent with JBI methodological guidance (2025).

2.4 Results

A total of 136 studies were identified through database searches. After screening titles and abstracts, 85 studies were excluded for not meeting the eligibility criteria. An additional 15 studies were excluded during full-text review due to either using a quantitative methodology or focusing on the views of non-AHPs. Two more relevant studies were identified through hand searching Google Scholar and the reference lists of included papers. Following this process, six studies met the inclusion criteria and were included in the final review (Figure 1).

Figure 1: Flow Chart of Included Studies

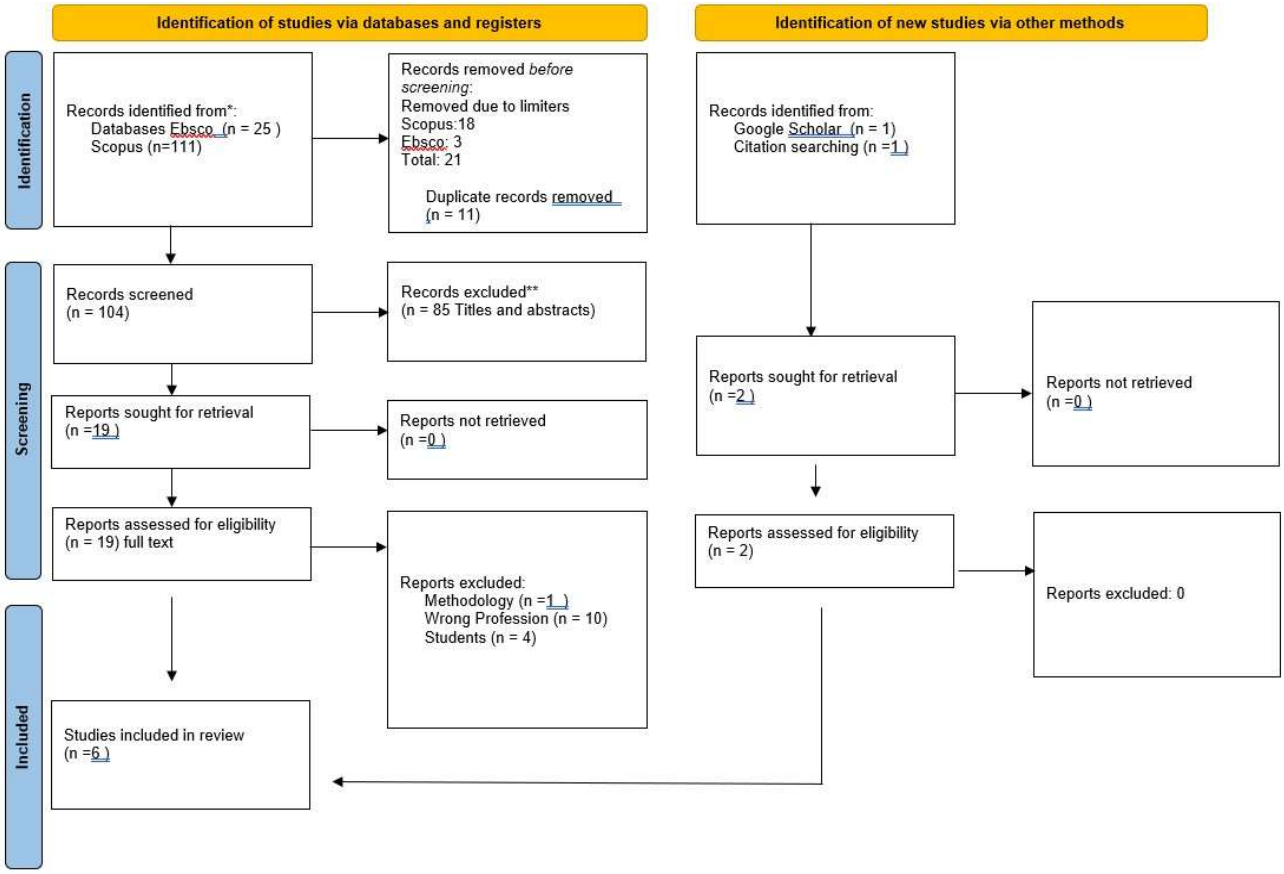

Table 4: Data extraction

Author/Year	Aims	Design	Participants	Themes
Morley 2009a England	Reports on a qualitative study that evaluates the interventions of a preceptorship programme	Qualitative study using semi-structured interviews Convenience sampling	Four occupational therapist preceptees All female and white Employed across rotational and non-rotational posts	Motivation Support Clarity Expectations Engagement Confidence Professional development
Morley 2009b England	To understand the contextual factors that facilitate preceptorship of newly graduated occupational therapists	A mixed method design, comprising of semi-structured interviews Purposive sampling	Four occupational therapist preceptees All female and white Employed across rotational and non-rotational posts in acute hospitals, community paediatrics, acute mental health, and day services	Job design Realities of practice Team working Professional identity Development Strategies
Salt et al. 2023 England	To understand the impact of the COVID-19 pandemic on newly qualified AHPs and whether the current preceptorships were fit for purpose	A mixed methods design, Comprising of FGs Snowball sampling	Eight AHP professions represented in the FGs Demographic and profession details of preceptees not specified	Perceived value and benefits of preceptorship Bespoke AHP-tailored preceptorship

Author/Year	Aims	Design	Participants	Themes
Farrelly-Waters et al. 2022 England	To explore the effectiveness of the BIOS preceptorship programme at providing support and confidence in newly graduated orthoptists.	A qualitative study using FG interviews Recruited via the BIOS online newsletter	Three orthoptist preceptees, one male, two female Further demographic details not specified	Enablers of the programme Preceptorship Structure Barriers to the Programme Undergraduate / departmental engagement Professional Development Experience of Public Health during Preceptorship
Harvey-Lloyd et al. 2020 United Kingdom	To explore the experience of transition from student to practitioner in diagnostic radiography	A qualitative study using semi-structured interviews Purposive and criterion sampling	Nine radiographer preceptees working across seven diagnostic imaging departments in the UK Five males and four females	Structured support Support from colleagues Peer support
Solowiej et al. 2010 Scotland	To explore the beliefs concerning the impact of the scheme on career development, isolation, and awareness of the wider AHP agenda	A mixed Methods study using 11 Semi-structured interviews	Eleven AHP preceptees	Role of mentors Support funding Volume of work Structure of the scheme

Data collection methods in this review included a combination of semi structured interviews (Morely 2009a, Morley 2009b, Solowiej et al. 2010, Harvey-Lloyed et al. 2020) and focus groups (Salt et al. 2023, Farrelly-Waters et al. 2022). Sample size ranged from three (Farrelly-Waters and Mehta 2022) to 11 preceptees (Solowiej et al. 2010). Studies were mainly based in England (Morely 2009a, Morley 2009b, Farrelly-Waters et al. 2022, Salt et al. 2023), one in Scotland (Solowiej et al. 2010), and one in the United Kingdom (Harvey-Lloyd et al. 2020) Of the six studies, one focused specifically on orthoptists (Farrelly-Waters and Mehta 2022), two on occupational therapists (Morely 2009a, Morley 2009b) and one on radiographers (Harvey-Lloyd et al. 2020). Two studies focused on a group of AHPs (Solowiej et al. 2010, Salt et al. 2023), however both of which lack explicit information regarding specific professions included in their analyses, as well as detailed demographic characteristics of the populations studied (Solowiej et al. 2010, Salt et al. 2023). Of studies including details about gender, there is a total of 15 females and five males (Morely 2009a, Morley 2009b, Harvey-Lloyd et al. 2020, Farrelly-Waters et al. 2022). Only one paper reported on the setting participants worked in, including rotational and non-rotational posts in acute hospitals, community paediatrics, acute mental health, and day services (Morley 2009b). Three studies in this review were qualitative (Morely 2009a, Harvey-Lloyd et al. 2020, Farrelly-Waters et al. 2022), and three were mixed methods (Morley 2009b, Solowiej et al. 2010, Salt et al. 2023), of which only the qualitative data was extracted.

Two studies (Morley 2009a and Morley 2009b) collected data from the same participants but from different perspectives. Morley (2009a) evaluated a preceptorship programme, identifying themes related to programme effectiveness, including Motivation, Support, and Clarity. Morley (2009b) explored contextual factors that impact on the transitional experiences of newly graduated occupational therapists, yielding themes such as Job Design, Realities of Practice, and Professional Identity. Although both papers drew on the same participants, they provided distinct and valuable insights into the experiences of newly graduated occupational therapists on preceptorship programmes and were therefore both included in the review.

2.4.1 Quality appraisal

The CASP tool was chosen because its checklists allow researchers to systematically evaluate the trustworthiness, relevance and findings of published studies, supporting informed judgements by users of research evidence (CASP 2023). The critical appraisal was primarily conducted by the main researcher (BvdW), with any uncertainties or ambiguities discussed and reviewed by

the supervisory team. Overall, quality of the studies was good. Three studies did not address the relationship between the researcher and the participants (Farrelly-Waters and Mehta 2022, Salt et al. 2023). This oversight is significant, as the researcher may have pre-existing biases which could influence the analysis and interpretation of the data. Researchers should adopt a reflexive stance to recognise and reduce potential biases. In contrast, the remaining three qualitative studies did consider the researcher-participant relationship, demonstrating a reflexive approach.

Table 5: Quality appraisal

	Morley 2009a	Morley 2009b	Farrelly-Waters and Mehta 2022	Harvey-Lloyd and Morris 2020	Solowiej 2010	Salt 2023
Was there a clear statement of the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes
Is a qualitative methodology appropriate?	Yes	Yes	Yes	Yes	Yes	Yes
Was the research design appropriate to address the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes
Was the recruitment strategy appropriate to the aims of the research?	Yes	Yes	Yes	Yes	Yes	Yes
Was the data collected in a way that addressed the research issue?	Yes	Yes	Yes	Yes	Yes	Yes
Has the relationship between researcher and participants been adequately considered?	Yes	Yes	Can't tell	Yes	No	No
Have ethical issues been taken into consideration?	Yes	Yes	Yes	Yes	Yes	Yes
Was the data analysis sufficiently rigorous?	Yes	Yes	Yes	Yes	Yes	Yes
Is there a clear statement of findings?	Yes	Yes	Yes	Yes	Yes	Yes
How valuable is the research	Yes	Yes	Yes	Yes	Yes	Yes

2.4.2 Qualitative Synthesis

Thematic synthesis of included studies led to the development of three themes that were important from the perspectives of newly graduated AHPs on their experience of preceptorship programmes. Direct quotes taken from participants of included studies are presented.

Theme 1: Perceived Benefits of the Preceptorship Programme

This theme relates to the aspects of preceptorship programmes that participants identified as most beneficial during their transition from student to qualified professional. This included the support participants received from their preceptor, as well as the informal support gained from peers. Additionally, the opportunity preceptorship provided for participants to advance their continuous professional development (CPD) was highlighted and valued. For clarity, this theme has been further categorised into two subthemes: receiving support and CPD.

Sub-Theme: Receiving support

This sub-theme relates to the types of support that participants found beneficial while on the programme, from having formal support from an allocated preceptor to informal support from peers.

The type of support provided from preceptors is vast, ranging from formal supervision sessions to role modelling (Morley 2009a, Farrelly-Waters and Mehta 2022, Salt et al. 2023). Participants emphasised the importance of building rapport and developing a strong relationship with their preceptor, which helped them feel comfortable seeking help when needed (Morley 2009a, Farrelly-Waters and Mehta 2022). Participants reported that a key element to fostering a strong relationship with their preceptor was by setting shared expectations at the start of the programme (Morley 2009a). The support that preceptors provided, enabled preceptees to receive valuable feedback, gain reassurance, build confidence, and share ideas (Morley 2009a, Solowiej et al. 2010). In addition to support provided by designated preceptors, preceptees also found motivation and reassurance in group settings, where they could connect with other peers facing similar transitional challenges (Morley 2009a; Morley 2009b).

"It was nice to get in a room with other newly qualified OTs and have discussions around that and realise that you all have the same sort of anxieties" (Morley 2009a).

Sub-Theme: Advancing Continuous Professional Development

This sub-theme reflects the benefits participants placed on preceptorship as a tool for building their professional development (Morley 2009a, Solowiej et al. 2010, Farrelly-Waters and Mehta 2022). One preceptorship programme included in this review aimed to foster autonomous behaviours through the encouragement of reflective practice and the development of initiative-taking skills (Farrelly-Waters and Mehta 2022) ensuring preceptees were engaged with CPD early in their career. One participant found the programme effective in promoting reflective practice, to the extent that they believed the skill could continue to be utilised in the future.

"I still reflect now; it definitely helped in that sense... it's something you can carry on doing." (Farrelly-Waters and Mehta 2022).

Participants were able to track the progress they made throughout the preceptorship programme, which for one participant, was used to aid career progression:

"It has allowed me to build a vast portfolio of work required for senior promotion." (Solowiej et al. 2010).

Furthermore, preceptorship programmes supported participant's CPD by motivating them to expand their knowledge (Morley 2009a). Participants valued preceptorship as a resource that highlighted their achievements rather than their weaknesses (Morley 2009a) and was effective in building the confidence of these newly graduated professionals (Morley 2009a; Solowiej et al. 2010).

Theme 2: Barriers to engagement of the Preceptorship Programme

This theme relates to the obstacles that participants encountered that impacted their ability to engage with the preceptorship programme. These included the challenges preceptees faced from delayed or inconsistent preceptor allocation, the lack awareness and understanding of preceptorship among senior staff, and the challenges faced by preceptees, impacting their engagement in the programme. These key barriers have been divided into three subthemes: preceptor allocation, preceptor engagement and training and preceptee engagement.

Sub-theme: Preceptor Allocation

Preceptor allocation relates to the formal allocation of a preceptor as part of the programme.

It highlights the challenges participants faced in obtaining support from preceptors. Firstly, some participants recall feeling isolated and faced difficulty accessing guidance and feedback (Morley 2009b, Solowiej et al. 2010, Salt et al. 2023):

"I existed in a vacuum really. I bounced around solo, occasionally interacting with somebody who had a bit more knowledge and a bit more experience" (Morley 2009b).

Additionally, many preceptees faced delays in being assigned a preceptor or were not assigned one at all (Morley 2009b, Solowiej et al. 2010). One participant remarked:

"We had no mentoring system in place; supervisors were not aware of the scheme" (Solowiej et al. 2010).

This lack of available support from preceptors was viewed by participants as a barrier to their development (Morley 2009b, Solowiej et al. 2010;).

In another instance, a preceptee was assigned a preceptor at the beginning of the programme, however, the support they received was inconsistent. This was largely due to preceptees rotating to other areas, or preceptors leaving the programme. One participant shared:

"Initially, I had a very supportive mentor, but then I rotated, and my new senior left, so I was without a mentor for six months" (Solowiej et al. 2010).

Unfortunately, some preceptees faced challenging working relationship with their preceptor and felt unable to address the issue. The unresolved differences led to a poor working dynamic which negatively affected their overall experience of preceptorship. (Morley 2009a).

Sub-theme: Preceptor Engagement and Training

This related to the participants' perception of a widespread lack of understanding and awareness of the preceptorship programme and its terminology (Morley 2009a, Solowiej et al. 2010, Salt et al. 2023;). For example, one preceptee, who participated in a pilot preceptorship scheme shared:

"I was the first person in the Trust I work in to complete the scheme and did not have a mentor as no one was very aware of the programme" (Solowiej et al. 2010).

In another instance, a collective misinterpretation of preceptorship led to work duplication, which consequently, resulted in the preceptee disengaging from preceptorship (Morley 2009a).

For some preceptees, the programme was newly developed, meaning both the preceptees and their preceptors went through a learning curve (FarrellyWaters and Mehta 2022). This learning curve was also reflected in the experiences of others, who initially found the paperwork confusing but later gained confidence in using it (Morley 2009a).

The lack of awareness of preceptorship was reported to be particularly evident among senior and management staff (Solowiej et al. 2010). Limited information was provided to mentors at the start of the scheme, leading to inadequate guidance (Solowiej et al. 2010). This gap in understanding was seen as a barrier to fully optimising preceptorship (Salt et al. 2023), highlighting the need for training to be provided to preceptors, ensuring they fully comprehend their roles within the programme (Solowiej et al. 2010).

Sub-theme: Preceptee Engagement

This subtheme reports on the challenges newly graduated AHPs faced, which played a role in preventing them from engaging in the preceptorship programme. Participants faced difficulty providing evidence for several required skills, including advocacy, equality and diversity, leadership and risk management (Farrelly-Waters and Mehta 2022). To address this challenge, preceptees suggested providing resources and examples of how to demonstrate their skills:

"…a section about examples of how to record my CPD because I really didn't know, to be honest. I appreciate people have different styles, but… if you were picked for [the HCPC CPD audit], what would be expected? It would just be nice to see what people would have wanted." (Farrelly-Waters and Mehta 2022).

Another challenge faced by preceptees was the additional workload imposed on them by the preceptorship programme. In one study, participants expressed that the Year 1 modules and the workload of the Flying Start NHS development programme were often time-consuming, onerous, and overwhelming, especially when balancing the pressures of starting a new job (Solowiej et al. 2010). This challenge was shared among others who, given the demand of their clinical work, found it difficult to prioritise their development (Morley 2009b, Solowiej et al. 2010, Salt et al. 2023):

"It was lots of discharge planning, it was trying to assess people and make them as safe as possible, and it was so busy that there wasn't the time"
(Morley 2009b).

Additionally, participants reported the perception of high expectations placed on them (Morley 2009a, Morley 2009b, Harvey-Lloyd and Morris 2020), which led to stress:

"*Looking back now, I know that I wasn't expected to know everything at six months, and my supervisor did not expect me to, that was an expectation I had on myself" (Morley 2009a).*

For one preceptee, these expectations affected their engagement in the preceptorship programme (Morley 2009b).

Theme 3: Preceptorship Variability

Preceptorship variability encompasses the differing preceptorship programme designs, inconsistencies, and contrasting preferences participants had regarding the structure. This is divided into two subthemes to present the participants' views regarding programme structure and content.

Sub-theme: Programme Structure

This subtheme reflects newly graduated AHPs' views on the structure of the preceptorship programme they participated, which varied considerably in design. For instance, the preceptorship described by Solowiej et al. (2010) incorporated access to the online 'Flying Start NHS Development Programme,' which supports nurses, midwives, and AHPs during their first year of employment. The programme offers access to mentors, discussion forums, and financial support, and it takes place over two years. In contrast, the preceptorship evaluated by Farrelly-Waters and Mehta (2022) was based on the behaviours identified by the British and Irish Orthoptic Society as essential for effective autonomous practice. These include interpersonal and leadership skills, autonomous decision making with evidence-based practice, reflection, research, audit and advocacy for public health. This variation is important to consider as participant's experiences will likely be shaped by the specific preceptorship programme they were involved in.

Some participants valued a structured approach, which they felt made the experience more manageable (Farrelly-Waters and Mehta 2022). Interestingly, participants who took part in a

different preceptorship programme with structured designed, have disengaged, preferring a more informal learning style over a rigid structure (Morley 2009a). This contrast was also seen in the views of participants involved in the programme explored by Solowiej et al. (2010) who preferred more independence and the opportunity to apply their ideas. One participant stated:

"Year 1 had an excellent structure, and I learned the most from it. However, I preferred year 2 as it gave you the freedom to implement your project" (Solowiej et al. 2010).

Sub-theme: Programme content

This subtheme highlights discrepancies in the delivery and content of preceptorship programmes, with some programmes tailored to AHPs and others focused on nursing (Salt et al. 2023). Participants felt that certain tasks, geared towards nurses, were irrelevant to their own professions (Solowiej et al. 2010), leading to the perception that AHP preceptorships were less supported by organisations (Salt et al. 2023). Participants suggested that a programme focused specifically on AHPs would be more valuable:

"*Preceptorship needs to be profession-specific... They speak to a room of nurses, but it isn't a room of nurses. They need to acknowledge individuals in the room as well, otherwise they switch off" (Salt et al. 2023).*

2.4.3 ConQual Appraisal

To assess confidence, defined as the level of trust that can be placed in the research findings, the ConQual approach was applied to each synthesised finding through an appraisal of credibility and dependability (Munn et al. 2014). This assessment is presented in Table 6, in accordance with JBI guidance (2025).

Table 6: ConQual Appraisal

Title	**Exploring the views and experiences of newly graduated allied health professionals on preceptorship programmes in the United Kingdom.**
Bibliography	Farrelly-Waters, M. & Mehta, J., 2022. The impact of preceptorship for newly graduated orthoptists on clinical confidence and attitudes towards public health. *British & Irish Orthoptic Journal*, 18(1), pp. 1-10. Harvey-Lloyd, J. and Morris, J., 2020. Supporting newly qualified diagnostic radiographers: Are we getting it right? *International Journal of Practice-based Learning in Health and Social Care*, 8(2), pp. 57–67.

Title	**Exploring the views and experiences of newly graduated allied health professionals on preceptorship programmes in the United Kingdom.**
	Morley, M., 2009a. An evaluation of a preceptorship programme for newly qualified occupational therapists. *British Journal of Occupational Therapy*, 72(9), pp. 384-392. Morley, M., 2009b. Contextual factors that have an impact on the transitional experience of newly qualified occupational therapists. *Journal of Occupational Therapy*, 41(2), pp. 157-165. Salt, E., Jackman, K. and O'Brien, A.V., 2023. Evaluation of Staffordshire, Stoke on Trent Allied Health Professionals Preceptorship Programmes: A mixed method UK study. *BMC Medical Education*, 23(1). Solowiej, K., Upton P. and Upton, D., 2010. Supporting the transition from student to practitioner: A scheme to support the development of newly qualified practitioners. *International Journal of Therapy and Rehabilitation*, 17(9), pp. 494–504.
Population	Newly graduated allied health professionals who took part in a preceptorship programme in the United Kingdom.
Phenomenon of interest	The lived experiences and perceptions of newly graduated allied health professionals regarding their participation in a structured preceptorship programme.
Context	Rotational and non-rotational roles, acute hospitals, community paediatrics, mental health, and day services.

Theme (Synthesised Finding)	**Type of Research**	**Dependability**	**Credibility**	**ConQual Score**
Newly graduated AHPs perceive preceptorship as most beneficial when consistent, relational support is provided by an allocated preceptor and peer networks, which enhances confidence, reassurance, and willingness to seek guidance during the transition to practice.	Qualitative	Downgrade 1 level* (-1)	No Change (0) Supported by unequivocal participant quotations	Moderate
Preceptorship programmes are valued as a mechanism for early engagement with continuous professional development, supporting reflective practice, confidence, and career progression.	Qualitative	Downgrade 1 level* (-1)	No Change (0) Supported by unequivocal participant quotations	Moderate
Delayed, inconsistent or absent preceptor allocation alongside limited awareness of preceptorship programmes and training among senior staff reduces preceptees engagement with preceptorship and contributes to feelings of	Qualitative	Downgrade 1 level* (-1)	Downgrade 1 level ** (-1)	Low

Theme (Synthesised Finding)	Type of Research	Dependability	Credibility	ConQual Score
inadequate professional support.				
High clinical workloads, competing organisational demands, and internalised expectations of competence limit preceptees' capacity to engage with preceptorship activities, contributing to stress and disengagement during early practice.	Qualitative	Downgrade 1 level* (-1)	Downgrade 1 level *** (-1)	Low
Preceptorship programmes perceived as predominantly nursing-focused are viewed by newly graduated AHPs as irrelevant to their professional role, negatively influencing engagement and perceptions of organisational support.	Qualitative	Downgrade 1 level* (-1)	No Change (0) Supported by unequivocal participant quotations	Moderate

* Downgraded one level as three out of six studies had no statement locating the researcher and no acknowledgement of their influence on the research.

** A mix of unequivocal participant quotations describing delayed or absent preceptor allocation and limited organisational awareness, alongside interpretive synthesis linking these experiences to reduced engagement and perceived professional support.

*** A mix of unequivocal participant quotations describing high workloads and stress, alongside interpretive synthesis linking these experiences to reduced engagement with preceptorship activities.

The ConQual assessment indicated moderate to low confidence across the synthesised qualitative findings. Credibility was strong, as most findings were supported by unequivocal participant quotations. However, findings that relied on a combination of quotations and interpretive synthesis were downgraded by one level for credibility, resulting in low ConQual scores. Dependability was downgraded by one level across all findings due to inadequate reporting in several primary studies, particularly the absence of statements locating the researcher and acknowledging researcher influence.

2.5 Discussion

There are three broad findings relating to this literature review. Firstly, there is limited research on the views of AHPs on preceptorship programmes in the UK with only six studies completed in the last 25 years. Secondly, there is limited research on the views of specific professions within the AHP workforce, with studies on only three professions for example occupational therapists (Morley 2009a, Morley 2009b), radiographers (Harvey-Lloyd and Morris 2020) and orthoptists (Farrelly-Waters and Mehta 2022). Finally, the two papers that explored the broader views of AHPs (Solowiej et al. 2009, Salt et al. 2023), it is notable that important contextual information is missing including demographic details of participants and their area of work (acute, primary care or community settings). This is important as preceptorship programmes may differ depending on the setting. The perception of the programmes maybe experienced differently between mature and younger graduates.

The overall quality of the studies was rated as good. The main limitation of three papers (Solowiej et al. 2010, Farrelly-Waters and Mehta 2022, Salt et al. 2023) related to the fact that they did not report on the relationship between the researcher and participants. This omission limits the ability to assess whether researchers' preconceptions or biases may have influenced the research process. A researcher's position and relationship with participants can shape their methodological approach, analysis, and interpretation (Raskind et al. 2018). For instance, insider researchers, those perceived as members of the community being studied, may overlook key issues due to familiarity, making them less sensitive to certain information (Saidin and Yaacob 2016). At the same time, being an insider can help build rapport more quickly, supporting the collection of rich and detailed data. However, participants might assume shared understanding and leave out important details during interviews (Aburn et al. 2021). Therefore, researchers should take a reflexive approach, enabling them to recognise their influence on the research, helping to address and compare differences and bring together both the researchers and participants experiences to create new knowledge (Ide and Beddoe 2023).

This review aimed to explore the views of newly graduated AHPs on preceptorship programmes in the UK. Understanding these perspectives is crucial for assessing the impact of preceptorship on early career experiences and identifying factors that may influence retention. Three key themes emerged: first, preceptees valued the support they received from their preceptors, particularly when a strong, trusting relationship could be established, as well as the support from

their peers. Second, many found it challenging to prioritise their preceptorship over clinical responsibilities, potentially due to a lack of adequately endorsed protected time. Finally, some preceptees felt that the programme content was too nursing-focused, which led them to feel less supported by their organisation.

Preceptees consistently valued having a dedicated point of contact during their transition into practice, either formally through an assigned preceptor, or informally via peer support. Newly graduated AHPs often face a range of challenges upon entering the workforce, including increased workloads, high expectations and difficulty applying knowledge to clinical practice (Moir et al. 2021, Opoku et al. 2021). Without a dedicated point of contact during this period, newly graduated AHPs may feel unsupported, an important concern given that unsupportive work environments have been linked to increased attrition (Roth et al. 2023). While peer support has been reported to offer motivation and reassurance to preceptees through shared experiences (Morley 2009a, Morley 2009b), preceptors are fundamental to the success of preceptorship (NHS England 2023d). This may be due to their role in facilitating early professional growth through developmental strategies such as reflection, action learning and personalised coaching (NHS England 2023a). Given that professional development is the most utilised intervention to improve AHP retention (Watson et al. 2025), the presence of a preceptor may be a vital factor in preventing early career attrition.

However, it may not merely be the presence of a preceptor that determines the effectiveness of preceptorship, but the quality of the relationship between the preceptor and preceptee. Studies in this review indicated that when a strong supervisory relationship was established, preceptees felt comfortable seeking help when needed (Morley 2009a; Farrelly-Waters and Mehta 2022). This relationship aligns with the concept of speaking up, described as a voice behaviour aimed at improving a situation (Friary et al. 2024). In the context of preceptorship, speaking up may involve newly graduates feeling confident enough to raise concerns, ask questions, or express uncertainty to their preceptor. Graduates who have done so successfully, have described strong connections and trusting relationships with colleagues as a key factor in giving them the confidence to speak openly (Friary et al. 2024). This is particularly important to consider, as a poor preceptor–preceptee relationship may discourage such openness, leading new graduates to stay silent about the challenges they are facing. The consequences of this can be significant, including reduced staff wellbeing, compromised quality care, and lower staff retention (Friary et al. 2024).

One way this relational foundation can be actively developed is through the early setting of shared expectations between preceptor and preceptee. In this review, this was identified as a key component of positive supervisory relationships with preceptees valuing clarity on aspects such as the frequency of meetings and preferred communication styles (Morley 2009a). This is important as a mismatch in expectations in supervisory relationships could lead to conflict, potentially hindering professional practice (McGuinnes and Guerin 2024). For newly graduated AHPs, such mismatches may contribute to disengagement or reluctance to seek support. Teamwork is not naturally occurring; therefore, time should be invested in setting expectations to cohesively work together (Smith et al. 2018). In the context of preceptorship, creating space for these conversations early may help prevent misaligned assumptions and build a relationship that encourages openness over the longer term.

Where preceptor-preceptee relationships are suboptimal, peer support may serve as an important back-up mechanism. Peer support has been identified to alleviate transitional stressors in newly graduated AHPs (Opoku et al. 2021) and can function as a safety net that enables preceptees to continue learning despite obstacles (Hussein et al. 2019). This means that where the relationship between the preceptee and preceptor may be lacking, peers may compensate by providing additional support. For example, in newly graduated nurses, peer support has been reported to reduce stress by creating a sense of belonging, providing the opportunity to share challenges and exchange effective strategies (Raqueno et al. 2025). Given that newly graduated AHPs often face similar pressures, such as high workloads, feelings of unpreparedness and high expectations (Raqueno et al. 2025, Moir et al. 2021, Opoku et al. 2021), indicate peer support may play a similarly valuable role. While it may not replicate the structured guidance of preceptors, it may enhance emotional wellbeing, confidence and job satisfaction during the early stages of practice (Raqueno et al. 2025). To ensure preceptees receive optimal support, it is suggested that organisations adopt a dual approach: fostering strong relationships between preceptor and preceptee through early discussions about the preceptee's goals and the expectations of both parties, while also providing structured opportunities for peer support among new graduates.

The second key theme identified in the reviewed papers highlighted that preceptees found it challenging to prioritise preceptorship over the demands of their clinical workload (Morley 2009a, Solowiej et al. 2010, Salt et al. 2023). This suggests that preceptees may have missed key

learning opportunities within the preceptorship programme negatively impacting their professional development. The aim of AHP preceptorship programmes is to provide tailored support and development opportunities to help preceptees grow into confident and autonomous practitioners (NHS England 2025a, HCPC 2023), thereby laying the foundation for successful continuing professional development. However, if preceptees are consistently required to prioritise clinical caseloads over developmental activities, they may feel that their organisation invests little in their growth. This perception can increase their intention to leave and seek development opportunities elsewhere (Shiri et al. 2023, Roth et al. 2023).

One possible explanation for preceptees facing difficulty prioritising these activities could be that protected time is not being adequately endorsed by those in leadership positions. According to the AHP Preceptorship Standards and Framework, preceptees should receive at least one hour per month of protected time to engage in core preceptorship activities, such as attending workshops and meeting with preceptors as well as an additional two hours per month for related tasks including reflective writing and networking (NHS England 2023a). However, the difficulty in prioritising these activities suggests that protected time may not be consistently upheld in practice. This may not be a deliberate oversight, but rather a result of limited awareness and understanding of preceptorship programmes, particularly among senior or managerial staff (Morley 2009a, Solowiej et al. 2010, Salt et al. 2023). Those in leadership roles may underestimate the time and support required to complete preceptorship activities, inadvertently placing unrealistic expectations on preceptees to meet learning goals alongside full clinical responsibilities (Solowiej et al. 2010). When workload demands exceed the time allocated to meet them this can lead to significant stress (Hewko et al. 2021). Furthermore, a discrepancy between what is expected and the time provided to meet those expectations has been linked to reduced staff retention (Roth et al. 2023). This suggests that when protected time for preceptees to engage in preceptorship activities is not adequately implemented, it may contribute to increased attrition.

Leadership plays a crucial role in shaping organisational culture by influencing the attitudes and behaviours of others (Fenge 2023). If senior and operational managerial staff do not consistently implement protected time, it may result in an organisational culture in which investing in newly graduated staff's development is undervalued and under prioritised. This is concerning, as preceptees may perceive their organisation as having a low level of investment in their professional growth which can weaken their sense of commitment and increase their intention

to leave (Shiri et al. 2023). Supporting the consistent implementation of protected time for learning is therefore essential, not only to ensure immediate engagement in preceptorship, but also to embed a broader culture that prioritises and values ongoing professional development throughout an allied health professional's career. To address these issues, targeted training by organisational development and workforce planning may be required for senior and operational managers to improve their understanding of preceptorship and the important role protected time plays in supporting new graduates.

Recognising protected time as an essential part of early professional development can help ease workload pressures and shape a culture that values and prioritises the growth of newly qualified AHPs. This, in turn, may strengthen preceptees commitment to their organisation and reduce the risk of early and costly staff turnover.

The final key finding is that AHP preceptees viewed preceptorship content as mainly nursing focused, leading some to feel less supported by their organisation (Solowiej et al. 2010, Salt et al. 2023). This may reflect the historical development of preceptorship, which began in nursing in 1991 (Irwin et al. 2018) and was only later expanded to AHPs with a joint framework in 2008 (O'Driscoll et al. 2022). The development of an AHP specific preceptorship framework (NHS England 2023a) reflects growing recognition of the unique needs of AHPs. However, the historical emphasis on nursing within preceptorship remains evident. According to Cox (2023), 82% of preceptorship recipients are nurses, compared to just under 20% who are AHPs, representing a ratio of approximately 4:1. This is notably disproportionate when compared to NHS workforce statistics from February 2025 which report a staffing ratio of 1.6 nurses for every AHP (NHS England 2025b). This indicates that a much higher proportion of nurses, compared to AHPs are attending preceptorship programmes than would be expected given workforce numbers. This indicates that nurses are disproportionately represented in preceptorship programmes, which may inadvertently shape the content and discussions within these programmes around nursing experiences. In such contexts AHPs may feel that their professional roles are underrepresented leading to a diminished sense of belonging and professional identity. Professional identity, how individuals see themselves within their profession, is shaped by external validation and organisational support (Maginnis and Sturt 2018, Lewis et al. 2023). When preceptees perceive programme content to be more nursing focused and feel less supported by their organisation compared to nurses, they could experience a reduced sense of belonging and value within the system, negatively impacting their professional identity. This has

implications, as professional identity is closely linked to organisational commitment and retention (Clements et al. 2016, Roth et al. 2023). If preceptorship fails to affirm the distinct contributions of AHPs, it may unintentionally contribute to feelings of professional invisibility and may contribute to attrition. Recognising these risks NHS England (2023) advises that where preceptorships are delivered in multi-professional formats, uni-professional support should also be made available to ensure role-specific development.

These findings raise the question: should preceptorship programmes be delivered separately for nurses and AHPs? While profession-specific programmes may better address the unique and developmental needs of AHPs, an entirely separated model risks losing the benefits of interprofessional learning. For example, interprofessional relationships with wider healthcare professionals may serve to enhance professional identity as new graduates work collaboratively and gain clarity around their roles and boundaries (Lewis et al. 2023). Given that the development of AHPs' professional identity and sense of belonging needs to be supported within multi-professional preceptorship (NHS England 2023a), a balanced approach is essential.

Rather than creating entirely distinct programmes, preceptorship content should be designed to be adaptable to reflect the roles, experiences, and contributions of both nurses and AHPs. Shared components should address common challenges such as workload, responsibility, and leadership (Kaldal et al. 2022, Brennan et al. 2024), but the way these are discussed and applied should acknowledge the context and scope of different professional groups. By ensuring that all professions see their roles represented in programme content and discussions, preceptorship programmes can support the development of strong professional identities, enhance interprofessional collaboration and may help promote retention across the AHP workforce.

2.6 Conclusion

This review offers insights into the perspectives of newly graduated AHPs on preceptorship programmes in the UK. While support from a preceptor is highly valued, the quality of the preceptee-preceptor relationship is crucial. This relationship is strengthened through early discussions that set shared expectations. Although peer support may supplement this relationship, a dual approach is recommended, building strong preceptor-preceptee

connections and providing structured peer support opportunities for new graduates. A limited awareness of preceptorship among senior and managerial staff may contribute to the inconsistent provision of protected time. Without this support, preceptees face difficulty prioritising their development over clinical duties, potentially reinforcing a culture that undervalues staff development. Recognition by organisational development of the need to provide training for senior and operational managers could improve understanding of preceptorship and the essential role protected time plays in supporting AHP preceptees. Finally, preceptees perceived programme content to be nursing focused which may hinder newly graduated AHPs' sense of professional identity and belonging. While multi-professional programmes can encourage interprofessional learning content should be flexible and inclusive, with efforts to address the needs of both nurses and AHPs.

2.7 Strengths and Limitations

This review has several strengths, including the robust process followed to conduct the screening performed by two independent reviewers. Additionally, the review provides in-depth insights into the experiences of newly graduated AHPs participating in preceptorship programmes in the UK, capturing a wide range of perspectives from professionals working across diverse settings, including rotational and non-rotational roles, acute hospitals, community paediatrics, mental health and day services.

It is important to highlight the limitations of this review, which include the exclusion of non-English language studies, omission of grey literature and lack of citation tracking, which may have led to relevant studies being overlooked. Furthermore, there was a notable underrepresentation of ethnically diverse participants, which is not a true representation of the current workforce, limiting the understanding of how ethnicity may influence views on and experiences of preceptorship.

2.8 Chapter Summary and Future Research

This chapter reviewed the existing literature on the views and experiences of newly graduated AHPs on preceptorship programmes in the UK. It highlighted that there is currently limited literature on the views of AHPs on preceptorship programmes, with particularly limited research exploring the views of individual professions within the AHP workforce. Only two studies focussed on occupational therapists (Morley 2009a, Morley 2009b); one focused on orthoptists (Farrelly-Waters and Mehta 2022); one on radiographers (Harvey Lloyd and Morris 2020) and two explored the views of newly graduated AHPs collectively (Solowiej et al. 2009, Salt et al. 2023). Thus, there is a need for future research to explore the experiences of newly graduated professionals within specific allied health disciplines on preceptorship programmes. This could reveal important differences in how individual AHP professions perceive preceptorship and highlight their unique support needs. Such insights may help shape more tailored and effective programmes across the allied health workforce.

This literature review informed the subsequent phases of the study by establishing the current state of knowledge and confirming the limited research exploring newly graduated AHPs' views on preceptorship programmes in the UK, particularly the absence of profession-specific evidence. This gap justified the focus on newly graduated physiotherapists in the primary research study (Phase 3; Chapter 4). In addition, key themes identified in the review informed the development of the initial semi-structured interview guide, which was subsequently piloted and refined through healthcare professional engagement activities (Phase 2; Chapter 3).

3 Healthcare Professional Engagement

3.1 Chapter introduction

This chapter outlines the stakeholder engagement process in this research, in which relevant healthcare professionals were consulted to help inform the design of the interview guide. It details how their insights supported and validated the development of the interview questions used in the primary qualitative study.

3.2 Background

While traditional Patient and Public Involvement (PPI) refers to research conducted with or by members of the public (NIHR 2024), this study instead involved Healthcare Professional (HCP) engagement to ensure relevance. This approach aligns with the principles of partnership and engagement, which emphasise the meaningful involvement of people in shaping services and informing decisions (Public Health Agency 2025). Specifically, a targeted consultation model, associated with PPI (Hughes and Duffy 2018) but adapted and applied here to a professional stakeholder group was used. This approach enabled timely and cost-effective input, which was appropriate given the project's limited time and resources (Jennings et al. 2018).

To ensure the research accurately reflects the perspectives of those directly involved in preceptorship, practitioners, including a newly graduated physiotherapist, a preceptor and an operational manager were classified as service users under the term 'public' (Public Health Agency 2025) due to their role in taking part within the preceptorship programmes. Patients were excluded from this involvement due to their lack of direct engagement within preceptorship. These HCPs were selected for their first-hand experience and invited to review the design of the semi-structured interview guide, ensuring the questions were relevant, clearly framed and aligned with the priorities of those most affected by the research.

3.2.1 Aim

This HCP engagement aimed to enhance the relevance and applicability of the research by collaborating on the design of the research interview guide. The approach was informed by the targeted consultation model (Hughes and Duffy 2018), and reported using Guidance for Reporting Involvement of Patients and the Public Version 2 short form checklist to enhance the quality, transparency, and consistency of reporting the study (Staniszewska et al. 2017, Arumugam et al. 2023).

3.3 Methodology

3.3.1 Recruitment

A custom-made flyer (See Appendix 7) was presented during an online physiotherapy forum meeting hosted by a local NHS Trust. Attendees interested in participating were invited to contact the lead researcher via email to express their interest.

Data Collection

Two online meetings took place via Microsoft Teams in February 2025.

The first meeting involved a HCP engagement team comprising:

- A newly graduated physiotherapist who had a completed preceptorship programme in an NHS Trust.
- A physiotherapist who had worked in the role of preceptor in preceptorship programme in an NHS Trust.

The second meeting involved an HCP engagement comprising:

- A physiotherapist working in a managerial role.

To build on the discussions from the first meeting and gain the perspective of the clinical team manager, while also minimising the potential influence of hierarchical dynamics, Meeting Two was conducted separately.

In each meeting a pre-designed interview guide was piloted (Table 7). HCP engagement members had the opportunity to respond to each question. They were then asked to provide feedback on wording, format, and focus of each question. The HCPs involved in this engagement activity acted as research partners rather than study participants. Their role was to advise on the development and refinement of the interview guide, rather than to contribute data for analysis. Therefore, formal ethical approval was not required. The lead researcher documented

notes throughout the meeting ensuring that comments and feedback were visible to all HCP engagement members, thereby reducing the potential for misinterpretation.

It is worth noting that all HCP engagement members were recruited from the same NHS organisation. This provided a shared contextual understanding of preceptorship within that organisational setting, however, it is acknowledged that this may have limited the diversity of perspectives, as experiences and views may reflect local practices and organisational culture.

Each HCP engagement member was provided with a voucher in return of their time and support, as recommended by the UK Standards for public Involvement (NIHR 2019).

Table 7: Interview Guide

Number	Question:
1	What three words come to mind when you think of preceptorship?
2	How have you found the support you received during the preceptorship programme from your preceptors?
3	What challenges or opportunities, did you encounter during your preceptorship?
4	What are your views on the structure and content of the preceptorship programme?
5	How can the preceptorship be improved to better support newly graduated physiotherapists?

3.4 Results

The table below (Table 8) provides a summary of the interview questions, the professional's comments and feedback and the final question used in the primary research study.

Table 8: Professional Engagement Results

No.	Question	Engagement Group Feedback	Final Question
1	What three words come to mind when you think of preceptorship?	**Comments:** **Preceptee, preceptor, manager:** Full agreement on question relevance and its effectiveness as a conversation starter. **Amendment**: Requested for this question to be sent to participants prior to the interview via a Mentimeter link. **Reason**: Allows for participants to answer this question in their own time. Encourages participants to think about their preceptorship experience prior to the interview. Presenting a word cloud at the beginning of the interview is a visual way to encourage conversation among participants.	What three words come to mind when you think of preceptorship? **Action Taken**: The question was sent to participants in advance using a Mentimeter link. Responses were presented as a word cloud at the start of the focus group.
2	How have you found the support you received during the preceptorship programme from your preceptors?	**Comments:** **Preceptee:** Reported that they were not allocated a preceptor. **Preceptor:** Expressed uncertainty regarding the difference between the role of a preceptor and a supervisor. **Manager:** Stated that preceptorship support should be embedded within the organisational culture, rather than limited to a single monthly online session. The manager also believed the relationship between the preceptee, and preceptor should be nurturing for preceptees to build resilience in the NHS.	How have you found the support you received during the preceptorship programme from your preceptors?

No.	Question	Engagement Group Feedback	Final Question
		Amendment: No amendments required to the interview question.	
3	What challenges or opportunities, did you encounter during your preceptorship?	**Comments:** **Preceptee:** Reported challenges in engaging with peers due to the online format of the programme. However, they valued opportunities to initiate team projects and collaborate with the wider multidisciplinary team. **Preceptor:** Highlighted potential differences between larger and smaller teams, noting that larger teams may have greater access to resources and a broader range of skills. In contrast, smaller teams may face limitations in these areas. **Manager:** Identified staff shortages as the primary challenge in assigning dedicated preceptors. As a result, the manager adopts a combined role of preceptor and clinical supervisor, viewing the two roles as complementary. This allows time for a strong relationship to be built between the preceptor and preceptee which can be continued after the first year. **Amendment:** No amendments required.	What challenges or opportunities, did you encounter during your preceptorship?
4	What are your views on the structure and content of the preceptorship programme?	**Comments:** **Preceptee:** Perceived some of the programme content as nursing focused and irrelevant to their specific professional role, which contributed to difficulties in maintain maintaining consistent engagement. **Preceptor:** Faced difficulty understanding how to tailor programme content to be profession specific.	What are your views on the structure and content of the preceptorship programme?

No.	Question	Engagement Group Feedback	Final Question
		Manager: Noted that the programme content was previously more nursing-focused but is gradually evolving to incorporate broader, cross-professional topics such as resilience and wellbeing. **Amendment:** No amendments required.	
5	How can the preceptorship be improved to better support newly graduated physiotherapists?	**Comments:** All agreed this question is an effective method to summarise previously discussed topics in the interview. **Amendment:** No amendments required.	How can the preceptorship be improved to better support newly graduated physiotherapists?

No further suggestions on interview guide amendments were given.

3.5 Discussion

To support the delivery of preceptorship programmes, NHS England and the Health and Care Professions Council (HCPC) launched the AHP Preceptorship Principles and Framework in 2023. This framework aims to guide organisations in developing flexible, person-centred programmes that meet the specific needs of their AHP workforce (NHS England 2023a). However, it remains unclear whether programmes implemented since its launch have improved the experiences of newly graduated physiotherapists. To date no studies have explored the views and experiences of these professionals on preceptorship. This engagement work therefore involved key preceptorship stakeholders in the development of the semi-structured interview guide, ensuring that questions reflected the key issues, priorities and lived experiences of those most affected by the research.

Including a preceptee, a preceptor, and a clinical lead manager (healthcare professional engagement group) in the design of the interview guide, may have ensured that multiple layers of experience within preceptorship programmes were represented. A strength of this approach was that it captured a breadth of perspectives, which reduced the risk of favouring only one group's experience. This range of perspectives was important as services like preceptorship are not experienced the same way by everyone (Reynolds et al. 2021). For example, while preceptees value support from their preceptor and peers (See chapter 2), managers may view operational concerns such as staff shortages as important, as stated by the clinical lead manager during the meeting and cited in previous literature (Quirk et al. 2018). This highlights another strength of the stakeholder engagement, drawing attention to potential differences in priorities that might otherwise have been overlooked. The meeting directly informed the interview guide by confirming the interview questions were relevant and aligned with the priorities of a wide range of stakeholders within preceptorship programmes.

Furthermore, trialling the questions with the healthcare professional engagement group enabled the researcher to anticipate the varied interpretations of the questions, which led to the inclusion of clarifying prompts and a better understanding of the types of likely responses. A key strength here was that potential ambiguities could be addressed in advance, improving the clarity and validity of the interview guide questions. The process prompted the researcher to question personal assumptions about preceptorship and acknowledge that challenges differ depending on the role of the stakeholder and the environment in which they work (NHS England 2023a). In this way, the targeted consultation method not only tested the relevance of the interview guide but also aligned with Standard One of the NIHR guidance on public involvement,

which emphasises the value of drawing on a range of perspectives to enhance research quality (NIHR 2019). However, a potential limitation remains that, as an insider, the researcher's perspective could still subtly influence the framing of the questions, despite these safeguards.

Finally, the involvement of HCPs served as a check against personal bias. As an insider to the topic, there was a risk that the guide could be shaped too heavily by the researcher's own experiences and inadvertently limit space for participants unique perspectives to emerge (Woods 2019). By involving HCPs in designing the interview guide, bias may have been reduced by integrating alternative viewpoints, leading to more inclusive and relevant questions as has been demonstrated in other studies (Hughes and Duffy 2018). Notably, there were no disagreements with the proposed interview questions, which suggests that the researcher's own experiences were broadly relatable to those of the wider stakeholder group. This indicates that the interview guide was appropriately designed to reflect the concerns and priorities of those with a wide range of experience in preceptorship, enhancing the confidence of the researcher in the interview guide questions.

3.6 Reflection

A key strength of this HCP engagement work was the development of a practical way of working that met the needs of the HCPs stakeholder group and aligned with NIHR guidance (NIHR 2019). While an in-person meeting was initially proposed to support relationship building and interactive engagement, the format was adapted to an online setting in response to the HCP's professional commitments. This flexibility enabled wider participation and demonstrated respect for stakeholders' time, reinforcing trust and inclusion (Howe et al. 2017). Although some depth of rapport may have been limited online (Carter et al. 2021), the adaptation supported meaningful collaboration by prioritising accessibility.

Clear communication from the outset played a key role in building trust and supporting meaningful involvement. The purpose of the group and the advisory nature of the role were clearly explained in recruitment materials and reinforced at the start of the meeting. This helped manage expectations and ensured members understood how their feedback would contribute to the project. By being transparent about the consultation-based model the process sought to avoid the risk of the HCPs perceiving their involvement as superficial, where their input is acknowledged but not meaningfully acted upon and instead fostered a genuine sense of respect and value.

3.7 Conclusion

This stakeholder engagement activity directly informed the subsequent research phase by ensuring the design and content of the semi-structured interview guide reflects the priorities, language and experiences of key stakeholders involved in preceptorship. Following advice from the engagement group, Mentimeter was incorporated into the focus group to promote reflection and engagement from participants. By engaging a diverse group of stakeholders, trialling the questions and actively reflecting on potential researcher bias, the process enhanced the researcher's confidence in the interview guide design. This approach provided a strong foundation for capturing the experiences of newly graduated physiotherapists on preceptorship programmes, thereby strengthening the relevance of the subsequent research findings.

4 Primary Qualitative Study

4.1 Chapter introduction

This chapter presents the primary qualitative study conducted to explore the views and experiences of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS. The need for this study was identified through the systematic literature review (Chapter 2) which highlighted a lack of primary research specifically exploring the experiences of newly graduated physiotherapists on preceptorship programmes in the UK.

This chapter outlines the methodology and data analysis used to achieve Objective 3, followed by the presentation and discussion of the key findings.

4.2 Background

Preceptorship is defined as a structured period of professional support and development designed to improve registrants' confidence as they transition into any new role (HCPC 2023). Within the preceptorship period, newly graduated AHPs take part in a formalised set of developmental and supportive activities, known as the preceptorship programme (NHS England 2023a).

In alignment with AHP preceptorship standards and framework (NHS England 2023a) a distinction must be maintained between the preceptorship programme and the preceptorship period. The preceptorship programme consists of a formalised set of developmental and supportive activities, such as workshops and reflection, aimed at developing transferable skill. Crucially, this programme does not involve the re-testing of clinical competencies. The Preceptorship period is the broader timeframe of transition following qualification. This wider period encompasses the formal programme but also includes local workplace induction, onboarding, and the demonstration of clinical competencies required for the specific role.

Despite its recognised value, preceptorship provision varies significantly across settings, Trusts, and professional groups within the UK (CSP 2024). For example, the Southeast Coast Ambulance Service offers a two-year preceptorship programme that includes clinical competency assessments (South East Coast Ambulance NHS Foundation Trust 2024), while the Association of UK Dietitians (2025) offers a one-year programme incorporating shadowing, reflective practice, and action learning sets. To ensure organisations are providing high quality programmes, NHS England and the Health and Care Professions Council (HCPC) launched the allied health professional (AHP) Preceptorship Principles and Framework aimed at guiding organisations in developing flexible and tailored programmes that best meets the needs of their AHP workforce (NHS England 2023a). It is not yet known whether preceptorship programmes delivered since the publication of this framework have made a difference to the experiences of newly graduated physiotherapists.

Chapter 2 demonstrated that while preceptorship has been explored across several allied health professions, such as radiography (Harvey-Lloyd and Morris, 2020), occupational therapy (Morley 2009a, Morley 2009b), orthoptics (Farrelly-Waters and Mehta 2022) and AHPs collectively (Salt et al. 2023). To date, no known studies have specifically explored the views of newly graduated physiotherapists on their experiences with preceptorship. Addressing this gap is crucial for tailoring support to address the unique needs of this professional group and may support improving transition from education to practice and early career retention.

The aim of this research is to explore the views of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS.
To achieve this aim, the objectives are:

1. To explore the experiences of newly graduated physiotherapists on preceptorship, including perceived benefits, barriers to engagement, and the support received.

2. To explore newly graduated physiotherapists' views on the challenges and opportunities they encountered, particularly based on the structure of the preceptorship programmes.

4.3 Methodology

4.3.1 Study design

A qualitative study was undertaken to explore the views and experiences of newly graduated physiotherapists on preceptorship programmes. The study was informed by a critical realist perspective, while also acknowledging the practical limitations imposed by the short project time frame. Critical realism recognises the existence of knowledge independent of human perception, while simultaneously acknowledging the role of agency and structural factors in shaping human behaviour (Clark 2012). This perspective is therefore well suited to research questions that seek to understand the complexity of individuals' experiences. During the planning phase, phenomenology was considered as a potential methodological approach due to its focus on exploring lived experience. However, this method was ultimately rejected due to its highly philosophical nature which did not align with the researcher's underlying research philosophy and was not compatible with the practical constraints of a one-year MRes project.

Ethical approval was granted by the Bournemouth University Research Ethics Committee (ID62010).

Each participant received an information sheet (See Appendix 2) via email outlining the study's purpose and procedures, along with a consent form (See Appendix 3) which was obtained through a digital signature prior to participation in the study. An identification code was generated for each participant to assure anonymisation and confidentiality (e.g. P1 = Participant 1).

A semi-structured interview guide was used to encourage newly graduated physiotherapists to reflect upon their experiences of the preceptorship programme they took part in.

4.3.2 Researcher characteristics and reflexivity

Participants were informed of the lead researchers' positionality: a newly graduated physiotherapist who had recently completed a preceptorship programme. Participants were encouraged to engage with the researcher as though the researcher had no prior knowledge or experience of the subject matter. This approach aimed to reduce the risk of participants omitting

information due to assumptions about the researcher's existing knowledge (Woods 2019). The researcher and two of the participants attended the same university. While pre-existing relationships can be beneficial, particularly in building rapport quickly and potentially generating richer data (Aburn et al. 2021), they also carry risks. For example, participants may hold preconceived ideas about the researcher's preferences, which could influence their responses to align with what they think the researcher wants to hear, rather than accurately reflecting their own experiences (Dever et al. 2021).

A reflexive approach was adopted throughout the research process. A reflexive diary was maintained by the lead researcher, documenting any preconceptions or assumptions that could influence data collection and analysis. Given the significant variation in the design and delivery of preceptorship programmes across the UK, each newly graduated physiotherapist brings unique experiences and perspectives. Focus group interviews are especially well suited to exploring such diversity because they explore a topic more widely compared to interviews. Furthermore, focus groups allow participants to respond to each other's insights and build on viewpoints out of their interactions (Bryman 2016), providing a collective understanding of what works and what doesn't across the complex landscape of UK preceptorship provision.

This study was performed in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) checklist guidance (Tong et al. 2007).

4.3.3 Recruitment

From March to May 2025 a hybrid of purposeful and snowball sampling was employed to recruit participants.

A custom flyer detailing the study's aims and inclusion criteria was distributed through targeted social media group chats and high-following pages on Instagram, Facebook, and Twitter. Additionally, the flyer was shared with physiotherapists on LinkedIn accompanied by a request to circulate it within their professional networks. The flyer was also featured in the Community for Allied Health Professions Research (CAHPR) newsletter and bulletin. To further engage potential participants, a presentation outlining the research was delivered at two university-hosted events aimed at AHPs.

Participants were recruited from cohorts graduating between 2020 and 2024. This range was selected to ensure that all participants had sufficient time to complete their preceptorship programmes in full, enabling them to reflect on the entirety of their experience. Furthermore,

the AHP preceptorship framework and principles were released in 2023 (NHS England 2023a) therefore, the selected timeframe ensured that participant experiences were situated within the current landscape of preceptorship in the allied health profession.

The intended sample size for this study was guided by the concept of 'information power' which suggests that the more relevant information a sample holds, the fewer participants are needed (Malterud et al. 2016). Five factors influencing information power were considered:

Study Aim – The aim was narrow, exploring the experiences of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS. Since not all newly registered AHPs enter NHS roles or access preceptorship programmes, the proportion of physiotherapists participating is even smaller than their one-quarter share of all new AHPs between 2020 and 2024 (HCPC 2025). Given this, the study targeted a small subgroup within the wider AHP population. This narrow focus aligns with the principles of information power and further supports the appropriateness of a smaller sample size.

Sample Specificity - The sample was specific, comprising only newly graduated physiotherapists who had completed preceptorship programmes in the NHS, supporting a smaller sample.

Use of Established Theory - Although this study was not based on an established theory, it was informed by a systematic review of the views and experiences of newly graduated allied health professionals on preceptorship programmes in the UK (see Chapter 2). Additionally, the interview questions were piloted with a healthcare professional engagement group with lived experience of preceptorship (see Chapter 3). Together, these factors may have enhanced the study's theoretical grounding and supported the use of a smaller sample size.

Quality of Dialogue - As the interviewer (BvdW) was an insider to the topic richer data could be elicited from participants enhancing information power (Woods, 2019). However, as a novice researcher, the interviewer's limited experience may have affected the depth and quality of the dialogue. Combined, this factor offers moderate support for information power

Analysis Strategy - Thematic analysis was used to explore patterns across multiple cases within the focus group. This reduced information power, indicating a larger sample size is required.

This qualitative study aimed to recruit between 12-18 participants. This number was arrived at by considering the number of participants in two other qualitative studies which included the views of newly graduated preceptees on preceptorship programmes. Numbers in those studies

were between 9 participants (Harvey-Lloyd and Morris 2020) and 16 participants (Quek et al. 2019).

4.3.4 Eligibility criteria

Inclusion and exclusion criteria are listed in table 9.

Table 9: Participant Inclusion/Exclusion Criteria

Inclusion Criteria	Exclusion Criteria
Physiotherapists who graduated between the years 2020-2024 Must have completed a preceptorship programme in an NHS Trust Physiotherapists working as a private provider of NHS services (if applicable)	Student physiotherapists. Preceptors. Physiotherapy preceptees who have returned to practice after a career break. Physiotherapy preceptees who completed preceptorship after changing their work setting or sector. Physiotherapy preceptees who joined the UK workforce as an internationally recruited physiotherapist. Physiotherapist working in private practice

4.3.5 Professional Engagement

The semi-structured interview guide was developed and piloted in consultation with a professional engagement group which consisted of physiotherapists who were a) recent graduate who had completed the preceptorship programme b) preceptor and c) an operational manager. The involvement of those professionals with the relevant lived experience aimed to enhance the significance and applicability of the research (See chapter 3 and appendix 5 of interview guide).

4.3.6 Data Collection

Data were collected between March and May 2025. A total of seven newly graduated physiotherapists participated in the study. Data generation consisted of one online focus group involving six participants and one individual semi-structured interview with a seventh participant. The individual interview was conducted due to challenges in recruiting additional participants.

Both the focus group and the individual interview were conducted and audio-recorded online using Microsoft Teams. The focus group lasted 55 minutes and the interview lasted 35 minutes. A semi-structured interview guide was utilised by the main researcher. Both sessions were conducted by the main researcher, and no other individuals were present.

During the focus group the researcher actively facilitated discussion and where necessary, encouraged quieter participants to contribute to promote balanced participation. At the beginning of the focus group, participants were informed that while their responses would be treated confidentially in reporting, but confidentiality could not be guaranteed among other group members.

A structured timing guide was used during both the focus group and the individual interview to ensure that all five questions in the semi-structured interview guide were addressed within the allocated one-hour session. This approach was adopted for two reasons. First, as a novice researcher, the guide supported focused facilitation and reduced the risk of omitting key areas relevant to the research aims. Second, the timing guide ensured that the sessions respected participants' professional commitments by adhering to the agreed timeframe.

When time permitted participants were invited to revisit earlier questions to expand upon or clarify their responses. To foster rapport, participants introduced themselves at the start of the focus group. When one participant arrived late, the current speaker was encouraged to complete their contribution before the late arrival was welcomed and briefly updated, minimising disruption to group dynamics.

Participant characteristics (e.g., NHS Trust, year of graduation, age, gender, preceptorship completion status) were collected using Jisc Online Surveys and are reported in the Results chapter.

4.3.7 Data Analysis

The audio-recorded focus group and interview were automatically transcribed verbatim by Microsoft Teams. Transcripts were not returned to participants for checking or comment. Reflexive thematic analysis, where researcher subjectivity is embraced as a resource (Braun and Clarke 2021), was undertaken by the main researcher (BvdW). The six-phase process, outlined by (Braun and Clarke 2021), was conducted using an inductive approach as follows:

Phase one: Data familiarisation involved thorough reading of transcripts and the writing of familiarisation notes.

Phase two: Systematic coding was undertaken, with line-by-line codes developed from the transcripts.

Phase three: Initial themes were generated by identifying broader patterns of shared meaning across the coded data.

Phase four: Themes were reviewed in relation to the full dataset and the research question.

Phase five: Themes were refined through written analysis to define their scope and focus.

Phase six: The report was written, presenting the analytic narrative alongside illustrative data extracts.

Qualitative data analysis software NVivo was utilised, providing an audit trail.

4.4 Results

Seven participants took part in the study. Each participant completed a preceptorship programme within an NHS Trust. Collectively participants represented five different NHS Trusts across England, encompassing coastal, rural and urban settings. These organisations varied in size ranging from small providers, employing less than 5000 staff members, to large providers employing more than 10 000 staff members. The clinical environments were diverse, representing both acute and community care settings.

All participants graduated between 2021 and 2024 and six out of seven participants were under 50 years of age. There was roughly an equal split between male and female participants, with three females and four males. Enrolment onto preceptorship programmes varied with half of participants enrolled within the first month of starting their job, while some experienced delays exceeding three months. Five out of the seven participants were assigned a preceptor within the first month of employment. One participant faced delays of over three months, and another was not allocated a preceptor at all. Regarding preceptor meetings, over half of participants met with their preceptor less than once a month, with one participant having no meetings with a preceptor. Table 10 presents a summary of the demographic and contextual characteristics of study participants, based on responses to the participant survey (see Appendix 6).

Table 10: Participant Demographic Summary

Category		Number of Participants
Region	South West	3
	North East and Yorkshire	2
	Midlands	1
	No Response	1
Organisational characteristics of participating trusts	Combined Acute, Community, Mental Health, and GP practices	3
	Specialist community health services provided in community hospitals, health centres, schools, and patients' homes	1
	Major trauma centre, providing general hospital and specialist services (cancer, trauma, cardiology, orthopaedics) across emergency, planned, and rehabilitation sites	2
Trust Scale	Large (>10,000 staff)	1
	Medium (5,000 – 10,000 staff)	4
	Small (<5,000 staff)	1
Year of Graduation	2021	2
	2023	4
	2024	1
Age Group	20-29 years	3
	30-39 years	1
	40-49 years	2
	50+ years	1
Gender	Female	3
	Male	4
Preceptorship Completion Status	Complete	7
Completion of Preceptorship Confirmation	Yes	7
Enrolment Time Frame	0-14 days	3
	15-30 days	1
	31-90 days	2
	91+ days	1
Preceptor Assigned	Yes	6
	No	1
Time to Preceptor Allocation	0-14 days	3
	15-30 days	2
	31-90 days	1
	91+ days	1
Frequency of meetings with preceptor	Monthly	2
	Less than monthly	4
	None	1

Preceptorship programmes varied considerably across participants in terms of structure, content and delivery. One participant described competency-based programmes lasting up to two years, while others experienced programmes lasting one year. The level of formal documentation also differed, with six participants having access to structured workbooks or competency checklists, while one reported having no formal documentation. Delivery methods ranged from fully online programmes to in-person sessions, with teaching formats varying from half-day to full-day workshops held once a month.

There was also variation in the allocation of preceptors. Some participants were assigned a dedicated preceptor who was separate from their clinical supervisor, while others had the same individual fulfilling both roles, sometimes from within the same team and sometimes from a different service.

Thematic synthesis of interview transcripts generated three key themes that that were important in answering the objectives. The first two themes, perceived benefits of preceptorship and barriers to engagement, relate to objective one, which explores the experiences of newly graduated physiotherapists on the benefits and barriers to engagement and the support they received.

The third theme, structural challenges and opportunities, addresses objective two by capturing participants' views on the structure of preceptorship programmes and the opportunities and challenges they encountered. Direct quotes taken from participants will be presented.

4.4.1 Theme 1: Perceived Benefits

This theme highlights aspects of preceptorship that newly graduated physiotherapists found beneficial, including foundational skill development and the opportunity to demonstrate advanced competencies. Additionally, participants shared elements of their preceptee-preceptor relationship which contributed to the effectiveness of support they received. Finally, participants emphasised the value of networking and peer support. This theme is divided into two sub-themes: Laying the Foundations of Practice and Receiving Support.

4.4.2 Sub-theme 1a: Laying the Foundations of Practice

From the participants perspectives, preceptorship contributed to the foundational knowledge and skills needed as newly graduated physiotherapists. There was a consensus that preceptorship was there to assess a preceptee's entry skill level ensuring all preceptees could

practice safely day-to-day. This approach establishes baseline competencies across all preceptees.

"So, you sort of really sort of laying the foundations of that transition into the workplace, so obviously graduating as a newly qualified you know, it's being like a learner driver…. You're kind of, you're safe as such. So, you know vaguely what to do, but then you've got to start learning the job". P7

"It was assessing us and making sure we're doing what we should do". P7

The preceptees explained how the preceptorship programme expanded on their foundational knowledge by introducing them to broader areas of clinical practice that were not always covered during their university education. Preceptees noted that exposure to different teams and services, facilitated through preceptorship sessions or networking opportunities, expanded their knowledge of the broader healthcare landscape.

"The element of networking with having the different teams coming in from across the hospital, it just feels like a nice opportunity to broaden your knowledge about what what's out there, what services can be used". P5

Another area where preceptees experienced preceptorship as an effective tool to build knowledge was having the opportunity to revisit and expand on topics in a context-driven way. For example, one preceptee described a situation in which preceptorship covered the topic of managing a deteriorating patient and the participant was able to apply knowledge gained into practice.

"*It [the topic covered during the programme] was about the deteriorating patient, and I actually went on the ward the next day and immediately implemented it [management plan] having come across a patient that absolutely met the criteria from the day before….. Gave that increased support and confidence on the on the ward…" P6*

There was a suggestion that preceptorship provided opportunities to develop and advance skills including leadership, clinic management, audits and student supervision, so participants could see how they were being prepared for career progression.

"You're developing into your band 6 ideas, that sort of thing. So looking at more leadership roles". P7

4.4.3 Sub- theme 1b: Receiving support

Most participants valued their preceptor being separate to their clinical team, which provided the comfort of confidentiality and an unbiased support system. This meant that participants felt safe raising concerns.

"I think it was good that my preceptor wasn't at my clinic. He didn't have any contact with my line manager or my band sevens, or any of the band sixes. So he was sort of, really removed from my day-to-day working life, which was good because if I had any issues with anyone at work, or if there's any issues with the post the rotation I was on at the time, he was impartial and completely, objective about the situation". P4

Participants also valued having a preceptor they could relate to. For example, one participant appreciated that his preceptor, like himself, was a Band 5 physiotherapist undergoing rotations which fostered a sense of shared understanding.

"Overall, I've thought the support that he provided was really good…I think it made it better as well because he was a band five on rotation as well…." P4

This was echoed by a second participant who described developing a strong relationship with his preceptor facilitated by shared commonalities.

"Luckily, we both had young kids at the same age, that sort of thing. So we probably got on quite well because of that situation as well. So yes, I felt I was able to talk to her". P7

Participants appreciated having a preceptor who served as a sounding board, someone consistent, who they could turn to for coping strategies, reassurance, reflection and goal setting.

"The one-on-one meetings with your preceptor are just a good opportunity for reflection and almost put a plan in place as to what you want to achieve next. So like goals, what you want to improve on that was useful". P4

In addition to support from preceptors, participants valued the opportunity to meet preceptees from other teams during the preceptorship programme and support each other through shared experiences. For one participant this had a long-lasting impact.

"It's nice to hear everyone's views. I'm still friends now. Still catch up now when we see each other, so it's quite good like that". P2

However, some reported that the opportunity for networking was not optimised to its full extent, either limited by online interaction or came across as an ad hoc occurrence.

"For preceptorship, since it is all on teams, a lot of people turned their cameras off most of the time anyway, so I don't know if I had the same positive experience in regard to networking". P4

4.4.4 Theme 2: Barriers to engagement

This theme highlights challenges that impacted preceptorship engagement for newly graduated physiotherapists. Participants reported that limited awareness and understanding of both the programme and the preceptor's role impacted their involvement. This is followed by the balance between overly nursing focused content and the benefit of interprofessional learning. This theme is divided into two sub-themes: Unclear Roles and Delayed Support and Preceptorship Content and Interprofessional Awareness.

4.4.5 Sub-theme 2a: Unclear Roles and Delayed Support

While some participants did experience high levels of support from their preceptor, participants highlight a widespread lack of understanding of the role of a preceptor. This led to a lack of role differentiation between supervisors and preceptors.

"It's probably a little bit of a negative. I never had a preceptor. There was never anyone allocated. I just used my supervisor who kind of cross covered both depending on what team I was in, when which rotation. However, I'm now on the flip side and I've been allocated someone who is on preceptorship and actually I have no idea what I'm supposed

to be doing. If I'm honest. I don't really know what my role would be. I don't really know how I can best support that person or what I can bring that would be different". P5

Preceptees encountered resistance in relation to protected time with some placed in the difficult position of having to advocate for its enforcement. Factors that participants perceived to influence the enforcement of protected time included preceptees confidence in asserting their entitlement as well as the degree of awareness teams had regarding protected time.

"It took a few sessions before our managers were made aware that it was protected time, so if we finished early, they'd want us straight back to work."

"Which was hard at first, but once they [their managers] were made aware of it, it was a bit easier because otherwise we had to kind of tell them and then you kind of felt a bit. Just felt wrong". P3

Some participants experienced delays in the allocation of preceptors leaving one preceptee without a preceptor months after starting as a newly graduated physiotherapist.

"There was talk about Preceptorship for a long time and they couldn't actually find a preceptor, and I kept asking my line manager and that took me three months after I started the job. Four months maybe". P4

4.4.6 Sub-Theme 2b: Preceptorship Content and Interprofessional Awareness

Although participants explained some content was directed towards physiotherapists specifically, they perceived their preceptorship to have largely been targeted towards nursing. There was a consensus among participants that the content of preceptorship would be more beneficial if role specific needs were considered more and feel they would have benefitted from more AHP specific content.

"I think like a lot of us sort of, we've said a little bit more AHP specific content. Absolutely would be better". P3

Participants suggested that including sessions on the different career pathways available within physiotherapy, as well as the varied roles physiotherapists can take on across settings, would have added value. These could include education sessions on physiotherapy roles in areas such as palliative care, first contact practitioner roles in musculoskeletal settings or other specialised clinical pathways. Such content was seen as particularly helpful for newly qualified staff seeking clarity on professional development options.

"Departments or working areas within physiotherapy would be something that I personally would find really interesting... as a new Band five that would be quite useful to see the career development paths." P4

However, participants appreciated learning content originally designed for nurses, noting that some topics remained relevant and beneficial to their own practice.

"I think you do pick up a lot of stuff like tissue viability, all that is relevant to us anyway. So you do learn quite a bit. It's good to get an understanding of the other job roles". P2

Participants valued learning collaboratively, having the opportunity to learn different job roles within the multi-disciplinary team, while also sharing their own job role as physiotherapists with others.

"We found that a lot of the time we were teaching the nursing staff…. we were working with them and we were teaching them, not necessarily just them teaching us". P1

4.4.7 Theme 3: Structural Challenges and Opportunities

This theme captures newly graduated physiotherapists' reflections on both the challenges and opportunities encountered during their preceptorship, particularly based on the structure of the preceptorship programmes.

Overall, views on the structural design of preceptorship were positive. However, there was significant variation in how different preceptorship programmes were designed. Key differences included the type of content, amount of paperwork required, the duration of the programme and whether they were delivered online or in person.

Collectively, participants reported that receiving advanced notice of scheduled preceptorship sessions gave them the opportunity to plan their time effectively.

"I think equally ours was quite well structured and they sort of sent out what all the planned sessions were in advance, so. You fully knew what you're coming into with each of the sessions. So that was helpful." P1

Furthermore, the provision of clear instruction and guidance through a preceptorship folder, aided preceptees in completing preceptorship competencies.

"It [Preceptorship folder] just gives you a bit of a guideline of how to set things out… So, it is really good…" P2

Participants appreciated the programme's flexible structure, which gave them the opportunity to choose when and in what order to demonstrate competencies, as well as the opportunity to manage their session attendance.

"It [Structure of programme] wasn't sort of too prescriptive……there's an understanding where you'll get to it when you get to it….I thought there was a good balance there". P7

One of the challenges reported by participants was the lack of contingency planning when scheduled sessions were cancelled. In some cases guest speakers were unable to attend due to illness or clinical demands and these sessions were not rescheduled leading to gaps in the learning experience.

" *….having a Plan B when speakers can't turn up if they were absent illness or clinically they just couldn't get away from the wards, that was quite challenging and we did miss out on a few sessions that way, which then weren't later rescheduled unfortunately".* P6

Participants expressed concern when preceptorship sessions took too much time away from clinical work, preferring these sessions to be spaced out.

"Two weeks at the time, I think felt like a really long time being non clinical, especially as a new starter that felt a long time to be off the wards and not carry on developing some of the knowledge you might have started with. And then to go back out into the classroom for two weeks." P6.

This is echoed by P4.

"I thought one a month is just the right amount….if it [preceptorship meetings] was any more often than once a month. Then you know you're away from the clinic a little bit too much… "P4

4.5 Discussion

This study contributes valuable insights into the views and experiences of newly graduated physiotherapists on preceptorship and preceptorship programmes. The findings draw attention to three key areas: the impact of inconsistent enrolment and preceptor allocation linked to managerial engagement; a lack of alignment between preceptorship programmes and the broader preceptorship period, particularly regarding competency-based education; and the limited relevance of some content which may not be relevant to multi-professional programmes and in particular physiotherapy specific learning needs.

An important key finding of this study identified that approximately half of participants were not enrolled onto a preceptorship programme or allocated a preceptor within the first month of starting their role. One participant experienced a delay of preceptor allocation exceeding three months, while another was never assigned a preceptor at all. These delays fail to comply with the AHP Preceptorship Standards and Framework (2023) which advise that an initial preceptorship meeting should occur within the first week of employment. This lack of timely engagement might suggest that preceptorship is not considered a priority by managerial staff or that they lack an understanding of the purpose and value of preceptorship. This is concerning as preceptees may miss out on the full potential of what preceptorship and the preceptorship programmes have to offer including support from a preceptor, peer support and continuous professional development (CPD) opportunities, all of which have been linked to improved learning experiences for physiotherapists and workforce retention (Watson et al. 2025).

Participants attributed the lack of prioritisation of preceptorship to a limited understanding among managerial staff of its purpose and value. This lack of awareness is likely to negatively affect programme outcomes, given the strong link between organisational support and preceptorship effectiveness (Ibrahim et al. 2024). When managers are not adequately informed about preceptorship, they may fail to fulfil crucial responsibilities such as workflow and resource coordination, as well as the selection and pairing of preceptors with preceptees (Jeffery et al. 2023). As a result, essential aspects of the programme including preceptor support, peer engagement, and CPD opportunities for new staff, may be overlooked. As previously

highlighted, these elements are vital for fostering positive learning environments and improving staff retention (Watson et al. 2025).

These findings align with literature reviewed in Chapter 2, which similarly identified a lack of understanding of preceptorship among those in leadership roles across professions. Persistent barriers including delayed enrolment, inadequate protected time and the absence of preceptor allocation, suggest that these challenges are ongoing. Leadership plays a pivotal role in shaping organisational culture and when preceptorship is not actively supported or endorsed at this level, it is unlikely to be prioritised by staff responsible for its delivery. As Fenge (2023) notes, leadership behaviours can influence the attitudes and actions of others; where preceptorship is not modelled as a priority it may be undervalued by preceptors and teams alike. This has important implications for new graduate support. A culture in which preceptorship is inconsistently applied may undermine preceptees confidence in seeking help. Hazelwood et al. (2019) found that unsupportive staff attitudes can discourage new graduates from asking for assistance, leaving them feeling isolated and unsupported. If organisational norms downplay the significance of structured support, this may negatively impact both the experience and retention of newly graduated allied health professionals. This is a concern as insufficient early support has been identified as a key factor contributing to attrition amongst allied health professionals (Couch et al. 2021, Roth et al. 2023).

To ensure that newly graduated physiotherapists are consistently enrolled onto a preceptorship programme and assigned a preceptor at the outset of their employment, it is essential that the value of preceptorship is fully recognised at operational managerial level (NHS England 2023a). Proactive engagement from managers can help cultivate a positive work culture. One in which employees enjoy their work, feel loyal to their organisation and are encouraged to collaborate with their colleagues (Huston 2023). Future research could explore how aware operational managers are of preceptorship frameworks, particularly their responsibilities in its implementation within their organisation. Gaining insight into both the overall level of awareness and the specific areas where managers feel underinformed could help shape more targeted training initiatives. By improving managerial understanding of the purpose and value of preceptorship, such training could lead to better prioritisation, more effective resource allocation, and timely enrolment of new staff onto preceptorship programmes.

Another key finding of this study suggested that participants perceived preceptorship as a mechanism for establishing baseline clinical competencies enabling them to practise safely in day-to-day settings. This aligns with the principles of competency-based education (CBE), which

facilitates learning through the demonstration of specific skills and the recognition of task completion (Timmerberg et al. 2022). Such an approach is particularly relevant during the transition from student to qualified practitioner, as perceived competence has been linked to the development of self-confidence (Opoku et al. 2021). This could suggest that implementing CBE into preceptorship may help encourage a cycle in which physiotherapists confidence increases as they achieve a greater number of clinical competencies.

However, this perspective challenges aspects of current AHP preceptorship guidance, which advises that preceptorship should not involve retesting of clinical competencies but rather focus on enabling preceptees to identify the support they need to build professional confidence (NHS England 2023a). This is because preceptorship should reflect the variety of services in which preceptees work and be personalised to the individual (NHS England 2023a). Implementing standardised competency assessments within preceptorship programmes may risk undermining this personalised approach, particularly within multi-professional cohorts, where clinical content may not be relevant to all preceptees. This could negatively impact engagement, as previous research has linked irrelevant content to reduced participation in CPD activities (Main and Anderson 2023), potentially leaving preceptees feeling unsupported or undervalued.

Nevertheless, participants in this study described the competency-based elements of their preceptorship experience as particularly beneficial. It is important to acknowledge, however, that participants did not consistently distinguish between the preceptorship programme: a formalised set of developmental and supportive activities and the broader preceptorship period: the time of transition following qualification (NHS England 2023a). This lack of clarity raises questions about whether their positive experiences of clinical skill development occurred because of the structured programme itself or through wider induction processes and workplace exposure during the transitional period. A more effective model may be one in which the formal preceptorship programme focuses on the development of transferable skills, such as leadership, communication, time management and teamwork as advocated by the AHP Preceptorship Framework (NHS England 2023a), while the development of clinical competencies is primarily supported during the preceptorship period through local onboarding and workplace induction. While participants in this study often perceived these two elements as a single entity, this thesis recommends that clinical competency assessment remains within the local induction process of the preceptorship period, leaving the formal programme to focus on transferable skills such as leadership, delegation and clinical reasoning.

Transferable skills are applicable across job roles and sectors (Kumar et al. 2022) making them well-suited for multi-professional preceptorship programmes. These skills have been linked to better handling of workplace challenges, enhanced communication and improved staff retention (Kumar et al. 2022, Koh et al. 2022). When these two components, transferable skill development through the preceptorship programme and clinical skill development during the preceptorship period, are well aligned and complementary, preceptees may be more confident, better engaged, and more likely to remain in the workforce. An example from this study illustrates this integration: a preceptee described how formal learning on managing a deteriorating patient during the preceptorship programme was directly applicable in clinical practice (See page 57). When transferable skills taught in a structured setting are reinforced through timely and relevant clinical experiences, they become more meaningful and easier to apply. This application of knowledge into clinical practice led to an increase in confidence in this preceptee, supporting the case for a model in which structured preceptorship programmes should be well integrated and complementary to local workplace-based learning opportunities.

However, the lack of differentiation between the preceptorship programme and the preceptorship period in participant responses may suggest that the two are not cohesively understood within their organisations. This is possibly due to senior staff lacking awareness and understanding of the preceptorship programme (see Chapter 2) and have been identified to overestimate their effectiveness at communicating and providing feedback to preceptees (Bartlett et al. 2020). Senior staff may not be effectively carrying out their role in supporting preceptees to contextualise programme content within clinical practice. This disconnect may result in missed opportunities to reinforce learnings from the preceptorship programme into clinical practice, leaving preceptees feeling unsupported.

To address this, additional training for senior staff may be necessary to improve their understanding of preceptorship and their role in contextualising and tailoring preceptorship programme content to mirror the environment of their preceptee. Strengthening this link is crucial as inadequate support during the transition to practice has been associated with increased attrition risk (Couch et al. 2021, Roth et al. 2023). By ensuring that preceptorship programmes and local induction processes within the preceptorship period are well integrated, organisations can create a supportive environment where both transferable skills and clinical competencies are effectively developed. This alignment may enhance physiotherapist's confidence, competence and ultimately support workforce retention.

Another important aspect identified in this study was that participants perceived their preceptorship programmes to be largely geared towards nursing with much of the content considered irrelevant to their own profession. This perception closely aligns with findings discussed in the literature review in Chapter 2 and prompts a critical examination of how multi-professional learning environments are designed and experienced by different professional groups.

The National AHP Preceptorship Survey found that 57% of respondents delivered multi-professional preceptorship programmes that included non-AHPs (NHS England 2023f). While such programmes can promote interprofessional collaboration, this finding raises concerns about whether the specific developmental needs of individual professional groups, such as physiotherapists, are being adequately addressed. For example, physiotherapists may have different expectations around preceptorship and career development compared to nurses (NHS England 2023a). If the structure and content of preceptorship programmes are perceived as predominantly nursing-focused, physiotherapists may miss out on discussions tailored to their own professional roles and career pathways. This highlights a potential imbalance in the design and delivery of preceptorship content where nursing may serve as the default model due to preceptorships originating in nursing (Irwin et al. 2018).

The term "allied health" refers to a diverse group of autonomous professions, each with its own scope of practice, and professional standards (Nielson et al. 2017). Grouping these distinct professions under one umbrella term in shared preceptorship settings risks homogenising their needs, potentially diluting the relevance of support for newly qualified practitioners. Nevertheless, it has been acknowledged by the participants in this study that some of the nursing-focused content retained relevance to their practice. Examples included end of life care, and tissue viability (see page 61). Additionally, participants found value in learning about other roles within the multidisciplinary team and sharing insights into the role of physiotherapists with colleagues from different professional back grounds, raising awareness to the intricacies of each profession. It is, however, important to emphasise that preceptorship is most effective when built on the individual knowledge and experiences of individual AHPs (NHS England 2023a). While multi-professional preceptorships can provide opportunities to learn about the roles of different professions, it must not come at the expense of profession-specific development. A more flexible or modular approach, where a shared foundational structure is complemented by tailored professional content, as recommended by the AHP preceptorship framework and principles (HCPC, 2023), may be a more effective model for achieving both interdisciplinary

understanding and individual role development. Ultimately, it suggests the need for further evaluation of the structure and content of multi-professional preceptorship programmes.

One potential strategy for tailoring preceptorship content is to include information on career pathways within physiotherapy. Providing preceptees with a clearer picture of the diverse career options available within the profession may empower them to shape their preceptorship learning goals around their individual aspirations and interests. This may enhance engagement and retention, particularly as both a lack of visible career structure (Watson et al. 2025) and limited career development opportunities (Eze and Francis 2024) have been identified as key contributors to new graduate attrition. Early career professionals become demoralised when their skills are underutilised and when faced with long waits for progression (Nightingale et al. 2023). Newly graduated physiotherapists recognise the importance of professional development in advancing their careers (Tan et al. 2022) but may disengage if preceptorship content is not clearly relevant (Tan et al. 2022). Therefore, facilitating co-design of preceptorship content in alignment with preceptee's career aspirations could enhance the perceived relevance of the programme and foster deeper engagement. When content aligns with their career interests, preceptees are more likely to take ownership of their learning (Tan et al. 2022). A positive attitude toward professional development in turn supports greater autonomy, job satisfaction and retention (Tan et al. 2022). As such, embedding information on career pathways within preceptorship may help tailor relevance of the content and support the experience and retention of newly graduated physiotherapists.

To ensure NHS Trusts adequately customise their preceptorship programmes to reflect local workforce composition, it is recommended to involve representatives from each allied health profession in the design and development of the programme content. This collaborative approach can help ensure the curricula effectively address the distinct needs of each AHP group within multi-professional settings. Additionally, regularly collecting and utilising feedback from physiotherapy preceptees can further inform ongoing tailoring of preceptorship content, ensuring it remains relevant and responsive to the unique needs of newly graduated physiotherapists.

4.6 Strengths and Limitations

This study has several strengths alongside acknowledged limitations. Although the sample size was small, participants were drawn from NHS trusts that varied substantially in organisational

size and geographical context. The sample included trusts delivering care across both acute and community settings and spanned three of the seven geographical regions across England. Collectively, the participating trusts represented small, medium and large organisations operating in urban, rural, and coastal settings.

The inclusion of participants from diverse organisational structures and geographical settings, including urban, rural, and coastal areas, may be considered a strength, as preceptorship delivery is likely to be influenced by factors such as workforce size and availability of experienced staff. For example, newly graduated allied health professionals working in smaller or rural-based services have reported challenges related to limited staffing and reduced access to formal support structures (Kumar et al. 2020). In the context of preceptorship, this could shape preceptee experiences differently from those in larger urban trusts.

Nevertheless, despite this organisational diversity included in the study, the limited sample size means that findings cannot be assumed to be transferable across all NHS settings. Variation in trust size and geographical context may result in differing approaches to preceptorship delivery. Further research with a larger and more geographically representative sample would therefore be beneficial to explore how these organisational factors influence newly graduated physiotherapists experiences of preceptorship in the NHS.

All participants had completed the full preceptorship programme, which was advantageous in that their insights were informed by the entirety of the programme experience. The primary researcher and interviewer (BvdW) was an insider to the population and topic being explored, which may have facilitated deeper engagement and richer data collection through shared understanding (Aburn et al 2021). Nonetheless, the researcher's background may have influenced aspects of the study's design, data collection, and interpretation (Aburn et al 2021). To mitigate this, a reflexive approach was adopted, allowing for examination of the researcher's potential influence on the study (Aburn et al 2021). Due to recruitment challenges one individual interview was conducted in addition to the focus group. While this adjustment introduced variation in data collection methods the same thematic analysis approach was applied across all data sources to ensure analytical consistency. Finally, the use of a structured timing guide throughout the focus group and interview session might have prevented some participants from providing a more exhaustive description of their experiences had the sessions been open-ended. It is of note that at no point during the focus group or interview was it necessary to cut off a participant to move the session on. This suggests that the one-hour timeframe was sufficient for participants to fully express their views.

4.7 Conclusion

This study provides important insights into the experiences of newly graduated physiotherapists on preceptorship programmes. Firstly, delayed, or absent enrolment in preceptorship programmes, along with inconsistent preceptor allocation, may stem from limited managerial awareness, availability and prioritisation. This can undermine the effectiveness of preceptorship and leave newly graduated physiotherapists feeling unsupported. To address this further training and research are needed to promote proactive managerial engagement, develop a positive workplace culture and ensure timely and consistent implementation of preceptorship programmes.

Secondly, while participants viewed preceptorship as a means of establishing baseline clinical competencies, the lack of clear distinction between the structured preceptorship programme and the broader preceptorship period, particularly in discussions of CBE, suggests a potential misalignment. This may reflect a lack of understanding among senior staff of their role within preceptorship. Targeted training could help ensure preceptorship programmes are effectively integrated with local induction processes, supporting the development of both transferable skills and clinical competencies in newly graduated physiotherapists.

Finally, the dominance of nursing-oriented content in multi-professional programmes risks overlooking the profession-specific needs of physiotherapists. A flexible approach, combining a shared foundational framework with profession-specific components may better balance interdisciplinary learning with role-specific development. Involving representatives from each allied health profession in programme design and incorporating regular feedback from preceptees can help ensure the content remains relevant and inclusive across professional groups.

5 Discussion

5.1 Chapter introduction

This chapter presents a comprehensive discussion of the research beginning with an outline of how each stage of the study informed subsequent phases. It then synthesises and critically

examines the key findings drawing together insights from both the literature review (Chapter 2) and the primary qualitative study (Chapter 4).

5.2 Discussion

Outcomes from both the literature review and the qualitative study highlighted the value preceptees placed on receiving support from preceptors. However, the quality and effectiveness of this support were closely linked to the strength of the preceptor–preceptee relationship. In this research, this relationship played a crucial role in shaping how comfortable preceptees felt when seeking help with participants describing greater confidence in asking questions and disclosing uncertainty when rapport was strong (See Chapter 2 and Chapter 4). This is an important consideration given the known challenges that new graduates face, including high workloads, perceived high expectations and difficulty applying knowledge to practice (Chesterton et al. 2021, Opoku et al. 2021). As preceptors are central to the success of preceptorship programmes through their role in supporting preceptees (NHS England 2023a, CSP 2025), it is imperative that preceptees feel comfortable seeking this support to prevent the risk of reduced staff wellbeing, compromised quality care and lower staff retention (Friary et al. 2024). Therefore, opportunity to build a rapport should be prioritised.

While the reviewed literature highlighted the importance of setting shared expectations to strengthen the preceptor–preceptee relationship (see Chapter 2), participants of this study emphasised the value of shared commonalities in building rapport. Although distinct, both strategies, clarifying expectations and building interpersonal connection require dedicated time and effort. As Smith et al. (2018) suggest that teamwork is not naturally occurring; it must be actively cultivated through time investment, a principle that applies equally to preceptorship. Whether through early conversations to align expectations or informal interactions that support relationship-building, creating the conditions for effective support relies on time being prioritised for relational development.

However, most participants in the primary study reported meeting with their preceptor less than once a month (see Chapter 4), despite current guidance recommending monthly meetings as a minimum standard (NHS England 2023a). Preceptors often face additional demands such as administrative responsibilities alongside their clinical workload, which can be burdensome and stressful (Quek and Shorey 2018). Without adequate support, they may demonstrate lower commitment to the preceptor role (Quek and Shorey 2018), potentially contributing to fewer interactions with preceptees. Similarly, preceptees described difficulty prioritising their own

development due to competing clinical demands (see Chapter 2). These time pressures, experienced by both preceptors and preceptees limit the opportunity for regular protected meetings. As a result, the time and space needed to build strong preceptor–preceptee relationships may be lacking, leading to AHPs feeling unsupported, reducing their confidence to seek help and potentially impacting wellbeing, care quality and staff retention (Friary et al. 2024).

However, it was identified that when the relationship between preceptees and preceptors is weak or underdeveloped, peers may provide supplementary support. In both the literature review (see Chapter 2) and the primary study (see Chapter 4), preceptees highlighted peers offered reassurance through shared experience. These findings align with existing research showing that peer support can reduce stress by creating a sense of belonging, provide the opportunity to share challenges and exchange effective strategies (Raqueno et al. 2025). Although peer support may not replace the guidance of a preceptor, it may complement it and function as a safety net if the preceptee-preceptor relationship is not adequately cultivated.

Organisations should ensure that protected time is allocated for regular interactions between preceptors and preceptees to ensure enough opportunity is available for relationship-building. Additionally, training for preceptors should include strategies for building rapport and developing trust with their preceptee. Examples include setting shared expectations and establishing preferred communication styles. In recognition of the value of peer support, organisations should also implement structured opportunities for peer interaction. Among newly graduated nurses, peer support strategies such as debriefing sessions, buddy systems, and mutual support via virtual platforms have been recommended to enhance emotional resilience and professional development (Raqueno et al. 2025). Although this evidence is drawn from nursing, newly qualified AHPs face comparable challenges, suggesting that similar benefits, such as a greater sense of belonging, increased confidence and higher job satisfaction may also apply.

Another important aspect observed in this study is that newly graduated AHPs and more recently physiotherapists, have reported ongoing barriers to the effective implementation of preceptorship programmes, such as delayed enrolment, inadequate protected time and the absence or late allocation of preceptors (See Chapter 2 and 4). These issues indicate a persistent lack of prioritisation which may stem from limited awareness and understanding of preceptorship among senior and managerial staff. As a result, key responsibilities such as workflow and resource coordination, the selection and pairing of preceptors with preceptees

(Jeffery et al. 2023) and the provision of protected time are repeatedly unmet. These ongoing barriers mean newly graduated AHPs continue to miss out on essential elements of the programme, including preceptor support, peer engagement and CPD opportunities, all of which are vital for building positive learning environments and improving staff retention (Watson et al. 2025).

However, it is important to recognise that limited understanding and awareness of preceptorship among senior and managerial staff may not be the only factors contributing to its ongoing implementation challenges. A study by Quirk et al. (2018) examining senior leaders' perspectives on barriers to implementing workplace health and wellbeing services in the NHS, highlights a range of obstacles. These ranged from frontline issues such as staff shortages and high-pressure working environments to strategic and financial constraints like insufficient funding, limited managerial engagement, and competing organisational priorities. While the focus of this study is not preceptorship specifically, many of the systemic challenges it identifies, particularly reduced leadership engagement and resource allocation, align with the barriers identified in the current study, including delayed enrolment, late allocation of preceptors and inadequate protected time. Such challenges may reflect broader constraints rather than solely individual or leadership level oversights. For instance, Quirk et al. (2018) found that staff responsible for implementing workplace health and wellbeing services faced difficulty delivering them effectively due to high workloads and competing demands on their time. Additionally, the National NHS Staff Survey (2024) report that only 34% of staff said there are enough colleagues to do their job properly and the majority report facing unrealistic time pressures. In the context of preceptorship, similar pressures likely reduce the capacity of managers and senior staff to plan, coordinate and protect time for structured support for preceptees.

As preceptorship programmes have the potential to improve staff retention (NHS England 2023a), failing to prioritise its effective implementation may limit this benefit and risks undermining long-term workforce stability. A self-perpetuating cycle may emerge, whereby existing staff shortages hinder the effective implementation of preceptorship programmes thereby diminishing the support available to newly graduated staff and potentially increasing the risk of further attrition.

To optimise and prevent ongoing barriers to the implementation of preceptorship programmes, it is important to acknowledge the significant pressures faced by managers and senior staff, who must balance competing demands in resource-constrained environments. One practical step is the provision of targeted training for senior staff and operational managers to increase

awareness of the value and purpose of preceptorship programmes and emphasise its potential long-term benefits, such as improved staff retention (NHS England 2023a). By framing preceptorship as a strategic workforce retention tool, organisations may be more inclined to prioritise its delivery, even under pressure. To ensure this training is prioritised, it should be embedded within existing leadership development programmes coordinated by organisational development and workforce planning departments.

Another significant finding from this study highlighted that newly graduated physiotherapists are continuing to perceive the content of preceptorship programmes as mainly nursing focused. This is perhaps explained by the historical origins of preceptorship within the nursing profession (Irwin et al. 2018), which later expanded to include AHPs in recognition of their unique needs (NHS England 2023a). Given that preceptorship is more firmly established for nurses within organisations, it is understandable that the historical focus on nursing may still influence current practices. This ongoing emphasis on nursing is problematic as it has led to newly graduated AHPs feeling less supported by their organisations in comparison to their nursing colleagues (see Chapter 2) and physiotherapists describing the programme content as irrelevant to their professional role (see Chapter 4). This perceived irrelevance is particularly concerning given that physiotherapists have identified specific areas as critical during transition to practice, including the development of professional identity, decision-making and managing clinical complexity; priorities which are emphasised in CSP guidance (2025) but may not be adequately addressed within predominantly nursing-focused preceptorship content. These findings highlight a potential mismatch in the tailoring and delivery of preceptorship programme content and specific AHP needs.

The implications of this are two-fold. Firstly, AHPs may feel underrepresented compared to their nursing colleagues, which may compromise the formation of AHPs professional identity. Professional identity refers to how individuals see themselves within their profession and it is influenced by external validation and organisational support (Maginnis and Sturt 2018, Lewis et al. 2023). Where AHPs perceive a lack of relevant content and tailored support within preceptorship programmes, their sense of value and belonging within their organisation may be diminished, negatively impacting identity formation. Professional identity is a strong predictor of an individual's intent to leave or stay in an organisation (Clements et al. 2016, Roth et al. 2023). Therefore, insufficient representation of AHPs within preceptorship content may not only hinder identity formation but also weaken organisational commitment, increasing the risk of staff attrition. Additionally, if programme content is perceived as irrelevant to the role of the preceptees, they may feel that their growth is not prioritised by their organisation and may seek

developmental opportunities elsewhere (Shiri et al. 2023, Roth et al. 2023). In line with this, newly graduated physiotherapists have reported a lack of motivation to engage in professional development if it appears irrelevant to their roles (Tan et al. 2022). This disengagement risks creating a vicious cycle, where reduced AHP participation leads to programme content being increasingly shaped by nursing perspectives, further discouraging AHP engagement.

On the other hand, the benefits of interprofessional learning should not be overlooked. Among newly graduated AHPs, strong interprofessional relationships have been shown to promote collaborative working across disciplines and enhance understanding of different professional roles (Lewis et al. 2023). Similarly, as seen in the primary study (see Chapter 4), physiotherapists valued the opportunity to learn about other roles within the multidisciplinary team as well as sharing insights into their own profession. These exchanges help raise awareness of the unique contributions and complexities of each profession. Therefore, if preceptorship programmes were to remove the multi-professional element to make content more AHP specific, it could risk undermining the benefits of interprofessional learning and collaboration.

To break the cycle of AHP disengagement and the continued dominance of nursing-focused content in preceptorship programmes, it is recommended that newly graduated AHPs are not just recipients of preceptorship programmes, but active contributors. For example, establishing routine feedback mechanisms such as post-session surveys, ensures AHPs see how their input influences programme content. This may help build trust and signal that AHPs are valued by their organisation. In addition, inviting newly graduated AHPs to co-deliver reflective presentations or case studies may drive content to better capture profession-specific insight. Co-designing products and services brings together diverse forms of knowledge that represent the perspectives of multiple stakeholders (Iniesto et al. 2022). Therefore, involving representatives from a range of AHP disciplines in the co-design and delivery of preceptorship programmes may ensure content is tailored to individual professions. This participatory approach may be further strengthened by ensuring access to profession-specific support. The Chartered Society of Physiotherapists (2025) recommends that where preceptors are not physiotherapists, preceptees have access to a named physiotherapist to support professional identity and contextualise learning. This may help maintain the benefits of interprofessional learning, such as improved collaboration without marginalising AHP perspectives.

6 Conclusions

The purpose of this research was to explore the views and experiences of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS. This is important to ensure preceptorship programmes meet the needs of these professionals and may contribute to better workforce retention. A gap in the literature was identified as previous studies either examined the experiences of newly graduated AHPs collectively or focused on other professions such as orthoptists, occupational therapists and radiographers.

The primary contribution of this research is fulfilling this gap by specifically exploring the experiences of newly graduated physiotherapists on preceptorship programmes. This study provides timely validation for the CSP's (2025) Preceptorship Practice Recommendations, offering primary qualitative evidence that justifies the need for profession-specific content, protected time and named physiotherapy support to foster professional identity. Furthermore this work extends existing knowledge by identifying that for these strategic recommendations to be effective, organisations must cultivate managerial buy-in, ensure consistent resource allocation and implement co-delivery strategies that bridge the gap between multi-professional learning and physiotherapy-specific needs.

This research highlights the critical role of preceptor-preceptee relationships in preceptees confidence to seek support and is built from rapport building and shared expectations. However, time pressures, competing priorities and a lack of protected time are potential barriers. Peer support can offer a valuable supplement, but organisations must prioritise protected time and training to ensure effective, trust-based relationships within preceptorship programmes.

Furthermore, this research identified ongoing barriers to the implementation of preceptorship programmes, such as delayed enrolment, lack of protected time and late allocation of preceptors, possibly due to limited prioritisation and awareness among senior and managerial staff. However, these challenges also reflect wider organisational pressures, including staffing shortages, high workloads and competing priorities that constrain leadership capacity. To address this, targeted training that frames preceptorship as a strategic workforce retention tool should be embedded into existing leadership development programmes.

Finally, the content of preceptorship programmes is continuing to be perceived as nursing focused, potentially weakening professional identity and leading to reduced engagement. While interprofessional learning offers clear benefits, a lack of AHP-specific content may compromise

both development and retention. By ensuring physiotherapists, as well as other AHPs, act as active contributors to preceptorship programmes, it could ensure content is relevant and inclusive while preserving the advantages of multidisciplinary learning.

6.1 Strengths

The project focused on the views and experiences of newly graduated physiotherapists on preceptorship and preceptorship programmes in the NHS, an under-researched area. The findings have practical implications for improving support during early career transitions with a focus on enhancing retention.

A key strength of this research lies in its multi-stage design. The project incorporated a systematic review, professional engagement to inform the design of the interview questions and a primary qualitative study with each stage informing the next. The literature review identified significant gaps, particularly the lack of research focused on the views of newly graduated physiotherapists within the AHP workforce, thereby justifying the need for the primary qualitative study. The review identified three key themes regarding newly graduated AHPs' experiences of preceptorship: perceived benefits, barriers to engagement, and variability in programme structure and content. These themes directly informed the development of the interview questions used during the professional engagement phase. For example, to explore the benefits, an interview question was designed to explore the provision of support, along with potential challenges or opportunities encountered during preceptorship. Piloting the interview questions with the professional engagement group increased the researcher's confidence in the interview guide by ensuring the questions were grounded in the lived experiences of those directly involved in preceptorship, thereby strengthening the relevance of the subsequent research findings.

Methodological rigour was maintained throughout enhancing credibility of findings. The systematic review followed a robust process to conduct the screening, quality appraisal and data analysis, performed by two independent reviewers. In the professional engagement work, guidance for Reporting Involvement of Patients and the Public Version 2 short form checklist was used, enhancing the quality, transparency and consistency of reporting the study (Staniszewska et al. 2017, Arumugam et al. 2023). Finally, the primary qualitative study ensured

scientific rigour by utilising the Consolidated Criteria for Reporting Qualitative Research (COREO) checklist.

Furthermore, the researcher's positionality as a physiotherapist who had recently completed a preceptorship programme in the NHS, may have facilitated deeper engagement and richer data collection in both the healthcare professional engagement work and the primary qualitative study due to shared understanding and lived experience (Aburn et al 2021).

6.2 Limitations

As a time-bound one-year MRes project there were constraints on scope and depth of the research. For example, more time to recruit participants may have resulted in a larger sample size adding further insight into the experiences of newly graduated physiotherapists that were not captured in the study. Furthermore, both the literature review and the primary study contained limited diversity and representativeness which does not reflect the current workforce. This limits our understanding of how ethnicity may influence views and experiences of preceptorship.

6.3 Recommendations for future research

Future research should explore the preceptorship experiences of newly graduated AHPs beyond physiotherapy to understand whether similar challenges and opportunities are experienced across different professional groups.

Comparative research could investigate how preceptorship is implemented across different NHS settings (e.g., acute vs. community, rotational vs. static roles) to identify context-specific enablers and barriers.

Long-term, follow-up studies could examine how preceptorship influences the retention of physiotherapists beyond the first five years of registration in the NHS.

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Appendices

Appendix 1: Bournemouth University research ethics checklist

Bournemouth University

Research Ethics Checklist

About Your Checklist	
Ethics ID	62010
Date Created	13/01/2025 16:29:46
Status	Approved
Date Approved	27/02/2025 13:41:59
Risk	Low

Researcher Details	
Name	Brenna Van Der Westhuizen
Faculty	Faculty of Health & Social Sciences
Status	Postgraduate Research (MRes, MPhil, PhD, DProf, EngD, EdD)
Course	Postgraduate Research - HSS
Have you received funding to support this research project?	Yes
Is this external funding?	Yes
RED ID	
Please provide the External Funding Body	
Is this internal funding?	No

Project Details	
Title	Exploring the views and experiences of newly graduated physiotherapists on preceptorship programmes.
Start Date of Project	12/09/2024
End Date of Project	22/09/2025
Proposed Start Date of Data Collection	10/03/2025
Original Supervisor	Debora Almeida
Approver	Sharon Docherty
Summary - no more than 600 words (including detail on background methodology, sample, outcomes, etc.)	
The Chartered Society of Physiotherapists (CSP) has reported a concerning 15 per cent of physiotherapists are leaving the NHS each year, with almost half leaving in the first five years after qualifying (CSP 2023). With the continuing growth of an aging population, it is clear that demand for services is growing much faster than key staff groups. The NHS Long Term Plan aims to achieve a 3.3 percent growth in number of physiotherapists by 2036/7 (NHS 2023). A shortage of	

physiotherapists means the UK government could face difficulties delivering on its NHS Long Term Plan, Major Conditions Strategy, and its Urgent Emergency Care strategy, negatively impacting patient experience, service capacity and productivity (CSP 2023). Therefore, retaining the physiotherapy workforce is key for patient care.

Newly graduated physiotherapists face a number of challenges as they transition to clinical practice. A sudden change in role and expectations leads to feelings of uncertainty and low professional confidence (Chesterton et al 2021). Furthermore, difficulty in coping with a new workplace environment is compounded by a perceived lack of readiness, problem solving and time management (Forbes et al 2021).

Preceptorship is a period of structured transition to support newly qualified practitioners from being a student to being an autonomous professional (NHS Employers 2024). The benefits of preceptorship are more confident and skilled staff, improved retention, and better patient care (NHS Employers 2024).

Primary studies have focused on the views of orthoptists (Farrelly-Waters and Mehta 2022), radiographers (Morris and Cathcart 2020) occupational therapists (Morley, 2009; Morley, 2012), and AHPs as a whole (Salt et al. 2023). No studies have been identified which focus on the views of newly graduated physiotherapists on preceptorship programmes. This is not to disregard the perceptions of newly graduated nurses and other allied health professions, but to identify whether there are nuances in the experiences of newly graduate physiotherapists. This knowledge is vital to improving the support provided to these professionals, potentially leading to better retention rates within the physiotherapy workforce

Aim: To explore the views of newly graduated physiotherapists on preceptorship programmes and identify potential improvements to these programmes.

Objectives:

1. To identify the experiences of newly graduated physiotherapists of preceptorship.
2. To examine the support received by newly graduated physiotherapists during preceptorship.
3. To explore the challenges and opportunities faced by newly graduated physiotherapists during preceptorship.
4. To explore views on the structure and content of the preceptorship programme.
5. To identify potential improvements to preceptorship programmes.

Recruitment: 18-24 Physiotherapists who have graduated within the last four years and have participated in a preceptorship programme. Recruitment will take place through social media (WhatsApp, Facebook) and the BU alumni team.

Data Collection: Three focus group interviews with 6-8 participants conducted online via Microsoft Teams. The participant characteristics questionnaire will be conducted via Jisc.

Confidentiality: Direct quotes will be anonymised with the use of pseudonyms. Audio recording and transcripts will be stored on Microsoft Teams and NVivo on an encrypted and password protected university server. Quantitative survey data will be stored on Jisc, using the same secure password protected university server. Participant information including name, age, gender and email will be limited to the lead researcher only.

Transparency of results: We will share the results with participants to promote transparency and validate findings.

Dissemination

Dissemination will take place through Peer reviewed journals, Conference presentation and Public Engagement Activities. This includes presenting on the National AHP Preceptorship Leads Network.

Filter Question: Does your study involve Human Participants?

Participants
Describe the number of participants and specify any inclusion/exclusion criteria to be used
Number of participants: 18-24 participants Inclusion Criteria: We will aim to recruit physiotherapists within the first four years of graduation who have completed a preceptorship programme.

Exclusion Criteria:

- Student physiotherapists.
- Preceptors (supervising physiotherapists).
- Physiotherapy preceptees who have returned to practice after a career break.
- Physiotherapy preceptees who completed preceptorship after changing their work setting or sector.
- Physiotherapy preceptees who joined the UK workforce as an internationally educated or recruited physiotherapist.
- Physiotherapist working in private practice

Do your participants include minors (under 16)?	No
Are your participants considered adults who are competent to give consent but considered vulnerable?	No
Is a Disclosure and Barring Service (DBS) check required for the research activity?	No

Recruitment

Please provide details on intended recruitment methods, include copies of any advertisements.

With the use of a flyer (see attached) we will aim to recruit through social media for example; (WhatsApp, Facebook Messenger and Instagram), through the BU alumni team, and through professional networks including the chartered society of physiotherapy (CSP), and Community for allied health professions research (CAHPR)

BU Alumni: The BU alumni team will share the flyer via social media and news letter to Bournemouth university graduates who have registered in their database and consented to be contacted. Interested participants can then reach out to the lead researcher by email. The lead researcher's email address is listed on the flyer.

CSP and CAHPR: Will share the flyer via social media and news letter. Interested participants can reach out to the lead researcher by email. The lead researcher's email address is listed on the flyer.

Do you need a Gatekeeper to access your participants?	No

Data Collection Activity

Will the research involve questionnaire/online survey? If yes, don't forget to attach a copy of the questionnaire/survey or sample of questions.	Yes
How do you intend to distribute the questionnaire?	
online	
If online, do you intend to use a survey company to host and collect responses?	Yes
If yes, please provide details of survey company.	
Jisc Data Analitics Online Surveys	
Will the research involve interviews? If Yes, don't forget to attach a copy of the interview questions or sample of questions	No
Will the research involve a focus group? If yes, don't forget to attach a copy of the focus group questions or sample of questions.	Yes
Please provide details e.g. where will the focus group take place. Will you be leading the focus group or someone else?	

I will be conducting the focus group interviews online via Microsoft Teams.	
Will the research involve the collection of audio recordings?	Yes
Will your research involve the collection of photographic materials?	No
Will your research involve the collection of video materials/film?	Yes
Will any photographs, video recordings or film identify an individual?	Yes
Please provide details	
Focus group interviews will be conducted over Teams. I will record the Team meetings to be able to access the video transcript. Participants will have the option to turn their Teams camera off.	
Will any audio recordings (or non-anonymised transcript), photographs, video recordings or film be used in any outputs or otherwise made publicly available?	No
Will the study involve discussions of sensitive topics (e.g. sexual activity, drug use, criminal activity)?	No
Will any drugs, placebos or other substances (e.g. food substances, vitamins) be administered to the participants?	No
Will the study involve invasive, intrusive or potential harmful procedures of any kind?	No
Could your research induce psychological stress or anxiety, cause harm or have negative consequences for the participants or researchers (beyond the risks encountered in normal life)?	No
Will your research involve prolonged or repetitive testing?	No
What are the potential adverse consequences for research participants and how will you minimise them?	
Participants may experience discomfort when discussing personal experiences. To mitigate this, the researcher will ensure participants are aware they can decline to answer any questions or withdraw at any time. Additionally, the researcher will provide support, such as signposting to appropriate services if necessary, to address any emotional concerns.	

Consent	
Describe the process that you will be using to obtain valid consent for participation in the research activities. If consent is not to be obtained explain why.	
Participants will be fully informed about the nature, purpose, and potential impacts of the research before agreeing to take part. This will be done through a detailed participant information sheet outlining the study's aims, procedures, and any potential risks. Consent forms will ensure that participants voluntarily agree to participate, understand their rights, and are aware they can withdraw from the study at any point without consequence. The process will be fully transparent to allow participants to make an informed decision. Participants will be asked to sign a participant agreement form containing explicit information regarding what participating in the research project involves and how their data will be stored and used. Participants will have the opportunity to ask questions and seek clarification prior to giving consent	
Do your participants include adults who lack/may lack capacity to give consent (at any point in the study)?	No
Will it be necessary for participants to take part in your study without their knowledge and consent?	No

At what point and how will it be possible for participants to exercise their rights to withdraw from the study?
Participants will be able to withdraw from the study up until the point of data anonymisation and integration into the analysis. Once data is anonymised and integrated, it becomes difficult to separate and remove individual contributions in a formal and identifiable manner. To withdraw, participants will contact the lead researcher via email.
If a participant withdraws from the study, what will be done with their data?
If a participant chooses to withdraw from the study, no further data will be collected from them. If a participant withdraws from the study before data anonamisation and aggregation, digitalised data and other general electronic data will be destroyed following IT services consultation and advice. Any physical copies of participant data will be destroyed using a shredder that meets an appropriate security level such as DIN 4, to ensure that all materials are cut into small, unreadable pieces. If the withdrawal request is made after data anonamisation and aggregation, it may not be possible to remove individual contributions. This will be made clear to participants during the consent process.

Participant Compensation	
Will participants receive financial compensation (or course credits) for their participation?	No
Will financial or other inducements (other than reasonable expenses) be offered to participants?	No

Research Data	
Will identifiable personal information be collected, i.e. at an individualised level in a form that identifies or could enable identification of the participant?	Yes
Please give details of the types of information to be collected, e.g. personal characteristics, education, work role, opinions or experiences	
An initial participant characteristics survey will be used to collect participant information, defining the participant population. This will include: • Name of the NHS Trust participants completed their preceptorship • Year of graduation • age • gender • completion status of their preceptorship programme • confirmation of completing the preceptorship programme in an NHS Trust • Time frame for preceptorship programme enrolment • Time frame for being allocated a preceptor • Meeting time scale with their preceptor • Area of work during their preceptorship programme • Previous career • Level of education During the focus group interviews, information regarding their views and experiences of their preceptorship programme will be gathered (see attached interview guide) Personal Information anonymisation: 1. The lead researcher will allocate each participant a codename via the consent form e.g. P1 (Participant 1) 2. Participant characteristics will be collected: The participant characteristics survey, containing data relating to age, gender etc (see participant characteristics survey for full details) will be recorded against their codename i.e. P2, P2 etc.	

3. The participant information sheet will contain no name or codename. 4. Email addresses will be stored separately on the lead researcher's password protected email inbox.	
Will the personal data collected include any special category data, or any information about actual or alleged criminal activity or criminal convictions which are not already in the public domain?	No
Will the information be anonymised/de-identified at any stage during the study?	Yes
Will research outputs include any identifiable personal information i.e. data at an individualised level in a form which identifies or could enable identification of the individual?	No

Storage, Access and Disposal of Research Data	
During the study, what data relating to the participants will be stored and where?	Compliance with BU's Research Data Policy will be maintained during and after the research study. During the study: Qualitative focus group interview data will be stored on Microsoft Teams and NVivo on a secure, encrypted and password protected university server. Quantitative questionnaire data will be stored on Jisc, using the same secure password protected university server.
How long will the data relating to participants be stored?	Data should not be kept longer than is required under UK GDPR. Audio recordings and personal data of interviews will be destroyed once the transcription has been created and anonymised. Anonymised data will be stored in alignment with BU's Research Data Policy and the UKRI Common Principles on Data policy for a period of 10 years.
During the study, who will have access to the data relating to participants?	During the study, only the lead researcher and the supervisory team will have access to data relating to participants.
After the study has finished, what data relating to participants will be stored and where? Please indicate whether data will be retained in identifiable form.	Quotations from the focus group interviews will be included in the results section of the research paper, which will be published in a peer-reviewed journal. These quotes will be anonymised and cannot be traced back to individual participants.
After the study has finished, how long will data relating to participants be stored?	Research Data will be stored in alignment with BU's Research Data Policy and the UKRI Common Principles on Data policy for a period of 10 years.
After the study has finished, who will have access to the data relating to participants?	Only the lead researcher will have access to the data relating to participants up until the data is destroyed.
Will any identifiable participant data be transferred outside of the European Economic Area (EEA)?	No
How and when will the data relating to participants be deleted/destroyed?	Project documentation (consent forms, protocols, ethical review forms, administrative documentation, participant details, health and safety records will be retained in line with the research data, and will be accessible for 10 years Any physical copies of participant data will be destroyed using a shredder that meets an appropriate security level such as DIN 4, to ensure that all materials are cut into small, unreadable pieces. Digitalised data and other general electronic data will be destroyed following IT services consultation and advice.
Once your project completes, will your dataset be added to an appropriate research data repository such as BORDaR,	Yes

BU's Data Repository?	

Dissemination Plans	
How do you intend to report and disseminate the results of the study?	
Peer reviewed journals,Conference presentation,Public Engagement Activities	
Will you inform participants of the results?	Yes
If Yes or No, please give details of how you will inform participants or justify if not doing so	
Via email in a e-Newsletter at the end of the study	

Final Review	
Are there any other ethical considerations relating to your project which have not been covered above?	No

Risk Assessment	
Have you undertaken an appropriate Risk Assessment?	Yes

Attached documents
Final Flyer.pdf - attached on 07/02/2025 14:47:08
Focus Group Interview guide.docx - attached on 25/02/2025 09:48:45
Participant Agreement Form 2.docx - attached on 25/02/2025 09:48:57
Participant Characteristics Questionnaire 2.docx - attached on 25/02/2025 09:49:09
Participant Information Sheet Final 2.docx - attached on 25/02/2025 10:14:38
Recruitment Flyer April 25.docx - attached on 27/03/2025 14:17:12

Approved Amendments	
Message	Amendment 1: Recruitment flyer (see attached file) Changes Include:- Extended interview dates from March-April 2025- Removed the term 'newly graduated' from Title - Added Ethics Approval Gained from Bournemouth University Amendment 2: Inclusion Criteria - Physiotherapists within the first four years of graduation who have completed a preceptorship programme.- Physiotherapists within the first four years of graduation who have completed a preceptorship programme and was working as a private provider of NHS services.- Physiotherapists within the first four years of graduation who have completed the Oxleas preceptorship programme
Date Submitted	27/03/2025 14:17
Comment	
Date Approved	27/03/2025 14:36
Approved By	Sharon Docherty

Appendix 2: Participant Information Sheet

Participant Information Sheet

The title of the research project

Exploring the views and experiences of newly graduated physiotherapists on preceptorship

Invitation to take part

You are being invited to take part in a research project. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask us if there is anything that is not clear or if you would like more information. Take time to decide whether you wish to take part.

Who is organising/funding the research?

National Institute for Health and Care Research (NIHR)

What is the purpose of the project?

Background:

There is a growing concern in the UK about the number of physiotherapists leaving the NHS. Each year, around 15% of physiotherapists leave, with nearly half of them leaving within the first five years after qualifying. With the continuing growth of an aging population, it is clear that demand for services is growing much faster than key staff groups.

The NHS Long Term Plan (2023) aims to increase the number of physiotherapists by 3.3% by 2036/7. However, the shortage of physiotherapists could make it harder for the NHS to meet its goals and deliver quality care, affecting both patients and staff. Keeping physiotherapists in the workforce is key to ensuring good patient care.

Newly qualified physiotherapists face many challenges when starting their careers. They often feel uncertain and lack confidence, especially as they adjust to the new role and workplace. They also face difficulty with time management and problem-solving, which can make the transition difficult.

Preceptorship is a structured programme designed to help newly graduated physiotherapists transition from student to independent professional. It aims to improve confidence, skills, retention, and patient care.

Research has focused on the experiences of other healthcare professionals, including orthoptists, radiographers, and occupational therapists. No studies have been identified which focus on the views of newly graduated physiotherapists on preceptorship programmes. This research will help understand their unique challenges and improve the support they receive, potentially helping to keep more physiotherapists in the workforce.

Aim: To explore the views of newly graduated physiotherapists on preceptorship programmes and identify potential improvements to these programmes. Duration of Project: 1 year

Why have I been invited?

You have been invited because you are a physiotherapist who has graduated in the last four years (2020-2024) and has completed a preceptorship programme in an NHS trust. Your participation is important for this research because your experiences can help improve support provided in preceptorship programmes. This may lead to better retention rates within the physiotherapy workforce.

Number of Participants

We are seeking 18-24 participants for this study.

Inclusion Criteria

To participate in this study, you must meet the following criteria:

- You are a physiotherapist who has graduated in the last four years (2020-2024) and have completed a preceptorship programme in the public sector

Exclusion Criteria

You will not be eligible to participate if any of the following apply:

- You are a student physiotherapist.
- You are a preceptor (supervising physiotherapists).
- You are a physiotherapist who has returned to practice after a career break.
- You are a preceptee who completed preceptorship after changing your work setting or sector
- You are a preceptee who joined the UK workforce as an internationally educated or recruited physiotherapist.
- You are a physiotherapist working in private practice

What would taking part involve?

If you decide to take part in this study, you will be asked to participate in an online focus group interview via Microsoft Teams. The interview will involve a group of 6-8 participants, and you will be asked to share your experiences and insights regarding your preceptorship programme.

The online interview will be conducted in a respectful and open environment, and you will be encouraged to share your thoughts and opinions. The focus group will last approximately 60 minutes.

Your responses will be recorded (audio and/or video) for analysis, but all personal identifiers will be removed to ensure anonymity in the final research findings. You will have the opportunity to ask questions or clarify anything during the session.

Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part, you will be given this information sheet to keep and be asked to sign a participant agreement form. We want you to understand what participation involves, before you make a decision on whether to participate.

Can I change my mind about taking part?

Yes, you can stop participating in study activities at any time and without giving a reason, up until the point of data anonymisation and integration into the analysis. Once data is anonymised and integrated, it becomes difficult to separate and remove individual contributions in a formal and identifiable manner.

If I change my mind, what happens to my information?

After you decide to withdraw from the study, we will not collect any further information from or about you.

Regarding the information we have already collected before this point, your rights to access, change or move that information are limited. This is because we need to manage your information in specific ways in order for the research to be reliable and accurate. Further explanation about this is in the Personal Information section below.

Any data collected up until the point of data anonymisation, will be removed from the research. However, if you decide to withdraw from the study after the point of data anonymisation, your data will remain in the final analysis of the study.

Will I be reimbursed for taking part?

Taking part in this study is entirely voluntary, and you will not receive compensation for your time.

What are the advantages and possible disadvantages or risks of taking part?

Whilst there are no immediate benefits to you participating in the project, it is hoped that this work will provide valuable insight into the experiences of newly graduated physiotherapists on preceptorship programmes. This will help improve the support provided to these professionals, potentially leading to better retention rates within the physiotherapy workforce.

Whilst we do not anticipate any risks to you in taking part in this study, you may experience discomfort when discussing personal experiences. To mitigate this, the researcher will ensure you are aware you can decline to answer any questions or withdraw at any time. Additionally, the researcher will provide support, such as signposting to appropriate services, if necessary, to address any emotional concerns.

What type of information will be sought from me and why is the collection of this information relevant for achieving the research project's objectives?

As part of this study, I will collect information through two stages: a survey and a focus group interview.

1. Survey: In the initial survey, I will ask you to provide the following details:

- The Trust from which you completed your preceptorship programme: To explore any variations in preceptorship experiences based on different organisational environments.
- Year of graduation: To understand the timeframe in which you completed your preceptorship and how your experiences might relate to more recent or older preceptorship programmes.
- Age and gender: To examine if any demographic factors may affect the preceptorship experience.
- Completion status of your preceptorship programme: To ensure inclusion criteria is met.
- Confirmation of completing your preceptorship programme in an NHS Trust: To ensure inclusion criteria is met.
- Time frame of your preceptorship enrolment: To gather insight into the structure and timeline of your preceptorship
- When you received a preceptor and how often you met: To gather insight into the structure and timeline of your preceptorship and how it may have impacted your professional development
- Area of work during the preceptorship: To explore the diversity of clinical settings and how they may influence preceptorship experiences.
- Previous career: To identify whether prior career experience influences your perspective on the preceptorship programme.
- Highest level of education: To see if educational background has a role in shaping the preceptorship experience.

This information will help contextualise the focus group discussions and allow me to identify any patterns or trends that may be relevant for understanding the preceptorship experience in different contexts.

2. Focus Group: During the online focus group interview, I will ask you to share your personal experiences of the preceptorship programme. These discussions will focus on your:

    - Experience of the preceptorship programme
    - The support you received during the preceptorship programme from your preceptors
    - Any challenges or opportunities you may have encountered during preceptorship.
    - Your views on the structure and content of the preceptorship programme.
    - How the preceptorship can be improved to better support newly graduated physiotherapists?

    This data will provide deeper insights into the individual and collective experiences of physiotherapists within their preceptorship programmes, helping to inform improvements and future practices.

Will I be recorded, and how will the recorded media be used?

The focus group interviews will be recorded. The audio and/or video recordings of your activities made during this research will be used only for analysis. Quotations will be used within the final write up of the study but will be anonymised.

No other use will be made of them without your written permission, and no one outside the research team will be allowed access to the original recordings.

How will my information be managed?

Bournemouth University (BU) is the organisation with overall responsibility for this study and the Data Controller of your personal information, which means that we are responsible for looking after your information and using it appropriately. Research is a task that we perform in the public interest, as part of our core function as a university.

Undertaking this research study involves collecting and/or generating information about you. We manage research data strictly in accordance with:

- Ethical requirements.
- Current data protection laws. These control use of information about identifiable individuals, but do not apply to anonymous research data: "anonymous" means that we have either removed or not collected any pieces of data or links to other data which identify a specific person as the subject or source of a research result.

BU's Research Participant Privacy Notice sets out more information about how we fulfil our responsibilities as a data controller and about your rights as an individual under the data protection legislation. We ask you to read this Notice so that you can fully understand the basis on which we will process your personal information.

Research data will be used only for the purposes of the study or related uses identified in the Privacy Notice or this Information Sheet. To safeguard your rights in relation to your personal information, we will use the minimum personally-identifiable information possible and control access to that data as described below.

Publication

You will not be able to be identified in any external reports or publications about the research without your specific consent*. Your information will only be included in these materials in an anonymous form, i.e. you will not be identifiable.

Research results will be published in an academic peer reviewed journal and conference presentations.

Security and access controls

BU will hold the information we collect about you in hard copy in a secure location and on a BU password protected secure network where held electronically.

Personal information which has not been anonymised will be accessed and used only by appropriate, authorised individuals and when this is necessary for the purposes of the research or another purpose identified in the Privacy Notice. This may include giving access to BU staff or

others responsible for monitoring and/or audit of the study, who need to ensure that the research is complying with applicable regulations.

With the group's permission we will audio record the focus group. The recording will be typed into a document (transcribed) by a transcriber approved by Bournemouth University. During the transcription process any names that have been used will be anonymised. Audio recordings will be destroyed as soon as the transcripts have been checked for accuracy. Any extracts from the group discussions that are included in the reporting of the study will be anonymised. If you agree to take part in a focus group full confidentiality cannot be guaranteed on behalf of the other focus group participants, although all participants will be asked to maintain confidentiality at the start of the focus group.

Sharing your personal information with third parties

Non-anonymised data will not be shared with third parties. Only the lead researcher will have access to personal information.

Further use of your information

The information collected about you may be used to support other research projects in the future and access to it will not be restricted. You will not be able to be identified in the data without your specific consent. To enable this use, the data will be added to an appropriate research data repository such as BORDaR (BU's Data Repository): this is a central location where data is stored, which is accessible to the public.

Keeping your information if you withdraw from the study

If you withdraw from active participation in the study we will keep information which we have already collected from or about you, if this has on-going relevance or value to the study. This may include your personal identifiable information. As explained above, your legal rights to access, change, delete or move this information are limited as we need to manage your information in specific ways in order for the research to be reliable and accurate. However, if you have concerns about how this will affect you personally, you can raise these with the research team when you withdraw from the study.

You can find out more about your rights in relation to your data and how to raise queries or complaints in our Privacy Notice.

Retention of research data

Project governance documentation, including copies of signed participant agreements: we keep this documentation for a long period after completion of the research, so that we have records of how we conducted the research and who took part. The only personal information in this documentation will be your name and signature, and we will not be able to link this to any anonymised research results.

Research results:

Details of how data will be anonymised during the active period of the research study:

1. The lead researcher will allocate each participant a codename via the consent form e.g. P1 (Participant 1)

2. Participant characteristics will be collected: The participant characteristics survey, containing data relating to age, gender etc (see participant characteristics survey for full details) will be recorded against your codename i.e. P2, P2 etc.

3. The participant information sheet will contain no name or codename.

4. Email addresses will be stored separately on the lead researcher's password protected email inbox.

As described above, during the course of the study we will anonymise the information we have collected about you as an individual. This means that we will not hold your personal information in identifiable form after we have completed the research activities.

You can find more specific information about retention periods for personal information in our Privacy Notice.

We keep anonymised research data indefinitely, so that it can be used for other research as described above.

Contact for further information:
If you have any questions or would like further information, please contact [bvanderwesthuizen@bournemouth.ac.uk]

In case of complaints

Any concerns about the study should be directed to [Professor Jane Murphy - Faculty of Health & Social Sciences], Bournemouth University by email to researchgovernance@bournemouth.ac.uk.
Finally
If you decide to take part, you will be given a copy of the information sheet, and a signed participant agreement form to keep.

Thank you for considering taking part in this research project.

Appendix 3: Participant agreement form

Bournemouth University

Participant Agreement Form

Full title of project: Exploring the views and experiences of newly graduated physiotherapists on preceptorship

Name, position and contact details of researcher: Brenna van der Westhuizen, lead researcher, bvanderwesthuizen@Bournemouth.ac.uk

Name, position and contact details of supervisor: Dr Debora Almeida, Supervisor, almeidad@bournemouth.ac.uk

To be completed prior to data collection activity

Section A: Agreement to participate in the study

You should only agree to participate in the study if you agree with all of the statements in this table and accept that participating will involve the listed activities.

I have read and understood the Participant Information Sheet (February, Version 1) and have been given access to the BU Research Participant Privacy Notice which sets out how we collect and use personal information: (https://www1.bournemouth.ac.uk/about/governance/accesshttps://www1.bournemouth.ac.uk/about/governance/access-information/data-protection-privacyinformation/data-protection-privacy).

I have had an opportunity to ask questions.

I understand that my participation is voluntary. I can stop participating in research activities at any time without giving a reason and I am free to decline to answer any particular question(s).

I understand that taking part in the research will include the following activity/activities as part of the research:

- Participating in the survey
- Participating in the focus group interview
- Being audio recorded during the interview

My words will be quoted in publications, reports, web pages and other research outputs [without using my real name].

I understand that, if I withdraw from the study, I will also be able to withdraw my data from further use in the study except where my data has been anonymised (as I cannot be identified) or it will be harmful to the project to have my data removed.

I understand that my data may be included in an anonymised form within a dataset to be archived at an appropriate research data repository such as BORDaR (BU's Data Repository).

I understand that my data may be used in an anonymised form by the research team to support other ethically approved research projects in the future, including future publications, reports or presentations.

Initial box to agree

I consent to take part in the project on the basis set out above (Section A) ☐

Section B: The following parts of the study are optional

You can decide about each of these activities separately. Even if you do not agree to any of these activities you can still take part in the study. If you do not wish to give permission for an activity, do not initial the box next to it.

Initial box to agree

I agree to being filmed during the Project. ☐

I agree to voluntarily sharing personal experiences or additional reflections ☐

I confirm my agreement to take part in the project on the basis set out above.

Name of participant (BLOCK CAPITALS)	**Date (dd/mm/yyyy)**	**Signature**
_____	_____	_____

Name of researcher (BLOCK CAPITALS)	**Date (dd/mm/yyyy)**	**Signature**
_____	_____	_____

Appendix 4: Recruitment Flyer

Appendix 5: Semi-Structured Interview Guide

Number	Question:
1	What three words come to mind when you think of preceptorship?
2	How have you found the support you received during the preceptorship programme from your preceptors?
3	What challenges or opportunities, did you encounter during your preceptorship?
4	What are your views on the structure and content of the preceptorship programme?
5	How can the preceptorship be improved to better support newly graduated physiotherapists?

Appendix 6: JISC Survey Questions

Participant Characteristics Questionnaire :

1. **Name of NHS Trust you completed your preceptorship Programme**
2. **Year of graduation**
   - 2020 • 2021 • 2022 • 2023
   - 2024
3. **What is your age?**
4. **What is your gender?**

Note: The lead researcher will assign a participant codename to each questionnaire. For example, P1

   - Female
   - Male
   - Prefer not to say ○ Other (please specify)

5. **Did you complete the preceptorship programme?**
   - Yes
   - No

     If no, please briefly explain why: [Short text response]
6. **Did you complete the preceptorship programme in an NHS Trust?**
   - Yes ○ No
7. **How long after starting employment were you enrolled onto a preceptorship Programme:**

- Within the first 1-2 weeks (0-14 days) after starting
- Within the first 3-4 weeks (15-28 days) after starting
- Between 1-3 months (31-90 days) after starting
- More than 3 months (91+ days) after starting

8. How long after starting employment were you allocated a preceptor?

- Within the first 1-2 weeks (0-14 days) after starting
- Within the first 3-4 weeks (15-28 days) after starting
- Between 1-3 months (31-90 days) after starting
- More than 3 months (91+ days) after starting

9. **How often did you meet with your preceptor during the preceptorship programme?** ○ Daily ○ Weekly ○ Bi-weekly
   - Monthly
   - Less than monthly (Please specify)

Appendix 7: Healthcare Professional Engagement Recruitment Flyer