

# Using a preceptorship framework to support early career nurses and nursing associates in social care

## Speakers

Lucy Gillespie, Debbie Cubbit, Rachel Wakelin

### **Lucy Gillespie** 00:02

So welcome to our webinar, one in a series to support nursing recruitment and retention in social care. And today we're talking about using a preceptorship framework to support newly registered nurses, and Registered Nursing associates in social care settings. So today, what we're going to cover, we're going to talk about what preceptorship is, if it's a new term to you, we're going to talk about who preceptorship might be, we're going to talk about the benefits of developing a preceptorship programme for your organisation, or the nurses and nursing associates who might work in your organisation. And for people who draw on care and support. We're also going to look at resources that might support you in developing a new programme or developing the programme that's existing in your organisation. And we're going to finally talk about the impact of preceptorship on the existing nursing workforce. What we're going to do now is meet some people who have come along to support this conversation, and will be contributing from their experience of, of preceptorship. And what they've got to bring to today's conversation. So if we can have Debbie, and Rachel upon the screen, and if you would like to introduce yourselves,

### **Debbie Cubbit** 01:17

yes, good afternoon, everybody hoping that you can hear me and see me. My name is Debbie Cubbit. I'm a registered nurse. And I work at NHS England, East of England as one of the senior clinical managers. And I also lead regionally on the implementation of the national preceptorship framework. Delighted to be here. Thank you for having me.

### **Lucy Gillespie** 01:43

Thank you, Debbie. Very welcome, Rachel.

### **Rachel Wakelin** 01:48

Hi, good afternoon, everybody. I'm Rachel and I work at Care UK. I'm the head of regulated training, long title, under care and clinical workforce development. So it's my role, essentially, to ensure that our care and nursing colleagues across the 155 homes that we have skilled and knowledgeable enough to make sure we deliver first class nursing and care. So yeah, I'm really excited, we have just rewritten the preceptorship programme, along with some other things that go with it. And that is due to launch very, very soon. So yeah, I just want to talk to you about why we've done what we've done and, and what we envisage from it. So thanks for having us.

**Lucy Gillespie 02:36**

Thank you, Rachel. And of course, I need to introduce myself as well. So I'm Lucy Gillespie, and I'm one of the National Professional leads to nursing at Skills for Care. So we cover the nursing portfolio really for Skills for Care, right through from those early careers through to advanced and enhanced practice. So this part today is definitely all about preceptorship. So, in terms of our nursing workforce itself, we know from our adult social care workforce dataset that we collect that we've got around 33,000 nurses working in the sector, plus more nurses working in non identified nurse roles. So there's about another 7000 working in other roles in the sector. We know that lots of them are working in areas where with care homes with CQC, but also in non residential settings and other settings. Now, the important bit in terms of perhaps preceptorship is more around the number of vacant posts, so being attractive as a place for nurses and nursing associates to work, but also in terms of our turnover rate, which actually has come down significantly since last year to 32%. But it still remains very high. You can find out more on our nursing numbers if you want to through our adult social care workforce data that workforce intelligence, if you search workforce intelligence, you'll be able to see all of those numbers there. So what is preceptorship? And, and for this bit, I'm going to ask Debbie to come in and talk about the diff while the definition from the NMC but also, its kind of understanding and where it sits in practice.

**Debbie Cubbit 04:15**

Lovely, thank you Lucy very much. So obviously, you can see the slide there about what is preceptorship. So I'll let you have a little bit of a few minute read on that. For some of you it may be that the term preceptorship is completely new. So let me try and explain what that means. So as nurses, as registrants when we complete our programme, that see that as a registered nurse or a nursing associate, we obtain a pin number a personal number for ourselves. And when we obtain that, obviously it signifies that we have completed our relevant training programme. however long that will that will be in whichever parts of the register that we are on. However, their time of preceptorship is then from that moment in time from when we receive that pin. And of course, it could be our international colleagues as detailed in the in the definition there as a newly registered professional, we then obtain that pin and the period of preceptorship is then for the year following. So, the NMC state that a new registrant notice the term

registering rather than qualified a new registrant is a person on a preceptorship programme. And they should have some protected time in their first year of qualified practice, to access a preceptor or another individual with experience, with whom support and meetings can be held. If you're interested, and I'm sure that teams from other teams from Skills for Care, will be able to send out the information that the NMC have a have a relatively short booklet on the principles for preceptorship. And there is a lot of detail within there. And they identify five core themes, which they suggest that candidates when they qualify during this period of preceptorship are supported through. So those five core themes very briefly, our organisational culture and preceptorship, quality and oversight of preceptorship preceptor empowerment, preparing preceptors for their supporting role and the preceptorship programme. And there's obviously more detail within that within the NMC guide and booklet. I guess the key message for me when you read the NMC principles is that preceptorship, or this period of time after registration should be tailored to the individual nurse midwife, which I may not know might not may not be applicable to you, but it does cover midwives and nursing associate preceptors for their new role in the health and care setting. And they need to be supported according to their individual needs. So I hope that gives you an overview of what preceptorship is.

### **Lucy Gillespie 07:30**

So as they've explained, that's the kind of the remit of preceptorship. But one of the things that I hope you'll get out of this session is those opportunities as well, to support those nurses who might be new to the sector, or who may need that additional support, like after written to practice. So we're going to talk about that in a little bit more detail. So I'm going to ask Rachel now to talk about why they've had another look at their preceptorship programme and what is it about a preceptorship programme that they think they need in their organisation?

08:06

Thank you, so I've been at Care UK now thoughts six years, so quite some time. And there's always been a preceptorship knocking about somewhere a particular perception folder. But nobody really knew how to use it. So a lot of questions that came my way before I came into the role that I'm in now was how do I support a nurse who just registered it was just come into into our home? And and what do I do with this booklet? And looking at the booklet I was like, Well, what does actually anybody do with this booklet it was almost like going through another nursing qualification and training. Again, it was so overly complicated. And so we looked at how do we streamline it? What what, what does it mean for somebody coming in. So we first started to get the feedback from from some of our newly registered nurses as to what their experience was. And it was quite concerning some of the things that people said about how once they got their PIN number, what other people felt that many. So other people in the in their homes felt that that person had a pin and there's their fall back on, off you go. You

don't need any more support because you are a nurse and we work with your. Pin number so to speak. So there was an element where we knew that those non clinical colleagues needed to be involved in supporting the nurses that were coming in. And then there was an element to tackle around some of that existing nurses that have been around for quite some time, who probably didn't get a perception. Either. They didn't get an enhanced induction either. And were trained very differently to some of the nurses that that we're we're now seeing coming through. So there was there was quite some a number of things to look at in terms of how do we support newly qualified newly registered within our have come through universities within our country? And how do we support newly registered nurses who have come across to us to work for us left all their their family, friends, everything that's familiar to them? How do we support them through a preceptorship programme? So we started off by creating a two day nurse practice supervisor programme. It was initially three days, but we've changed it to two days. And now we'll make the content more relevant. And we looked at those people support and preceptorship with a skilled enough to do that. And what we found within the organisation is actually no, there wasn't. And so we had to kind of highlight to some of our existing nurses. It's part of your code of practice, that you will help and support and develop other people. And suddenly, you started to get people, you know, registered nurse who had been nurses quite some time that also is actually is my job I do that is part of the code of practice, I do have to help people. Yes, you do. And so therefore, we're gonna support you to make sure that you can give the best of you and the best of the experience and knowledge you have to support those newly registered people coming through Vietnam as associates. Overseas nurses returned to practice nurses are our newly registered nurses. So that's where we started. So we've put that programme in place. That was interesting, because when I looked at what that looked like for them in terms of their retention monsters nursery, they've been on that cast, we've always had a retention. Around the average, when I did some data, when we first booked this call to see what I found was over 85% of the nurses that have done this course stayed with us. So the retention for those nurses and we developed and give a little bit of more understanding about welcoming people and what the perception is that under the relevance, we were returning them. So that was quite exciting, because I then knew that well, okay, these are the people that are going to help new people coming through. So we then looked again, at what what the preceptorship booklet should look like, that is part of the training now, but But ultimately, it's very streamlined. It's it's quite a free booklet in terms of it, it directs people to learn in in development. But it also gives a framework as well, this is what we would expect in the first few months, this is what we would expect, in the first few weeks, it's really quite easy to read. Now, we've kind of made it easy for the preceptor and the preceptor. So we're not having to have different guides of how best to do a to kind of facilitate preceptorship. So in all, we're expecting so so so we did that. And then we streamlined it again, which is the new version came to me last night, actually, and that's ready to go for our overseas nurses that we've just got through now that are due to sit their OSCE in the next few weeks. So we've got the

homes prepared, we've got the colleagues in the homes ready with the Nurse Practice supervisor Qualification if you like, and then we've got the new preceptorship booklet which will hopefully then give people a better experience because it's easier to work through is easier to follow. And it's clear that, you know, we're setting out expectations not just for the first 6, 9, 12 months of practice, but actually setting them up to understand how they need to continuously develop what it looks like in terms of for revalidation, where they can actually envisage their career growing as well. So there's lots of development pathways that that people might want to go into the preceptorship is a start of somebody's career journey where they can kind of evidence and work towards best practice all the time, and continuously aiming for the next level of nursing, whatever that might be in their career. So I think it's really fundamental, if you give the person the right induction, the right preceptorship they will fly and then hopefully they will be the people that are supporting other people coming in as newly newly registered nurses. That's what I want. I want from this preceptorship for those nurses that have gone through it to say, I'm going to give the next person that support, I really want some nurses surgery, it's coming to me or some newly qualified, it's coming to me because I'm going to make sure they're the best that they can be. So that's why we've kind of done it as a whole approach really to make sure that we've got things all around the preceptorship to support it, and hopefully that will become a success.

**Lucy Gillespie** 14:45

So thank you for that. And I suppose you've really eloquently described there that whilst the intended recipients you know, might be newly registered nurses and nursing associates, it's the thing that you're going to use much more widely to think about those nurses that are transitioning into your organisation, and may bring lots of different experiences. But this is an opportunity to really support them and ground them well in their practice, and help them learn about your organisation and find that that base.

**Rachel Wakelin** 15:20

Yeah, that that was something that I think was really important for me, some things that I, in my position in my organisation means I get exposed to quite a lot of incidents and other things that come my way. And quite privileged, I work in a quality role. So I'd get lots exposed lots, lots of information as experts. So therefore, I can be constantly thinking about what else is it we'll need to do to make sure these things don't happen again. So I'm fortunate that I work in that department. But what that means is then that we can kind of see nurses that are coming from other environments. So for example, we might have mental health nurses that come to us, I've got nurses that are coming from acute wards, social care nurse in a residential or in a nursing home. So it is very different. The nurse steps back from having a consultant or registrar at the back of them to be the manager of that shift and leading the service. So it's very different. So it's fine to put things into place as well. But if we've got people coming from different sectors, with their registering with their, with their PIN number, how can we make sure that

they're supported the best that we can do to make sure that they succeed in our in our nursing homes? Yeah, and

**Lucy Gillespie 16:35**

I think it's important to point out here is that this is a model that translates over all settings. So this, you know, might be something that you will be thinking about if you're employing nurses and nursing associates in domiciliary or carry at home. So I think it's just important to this isn't a place based programme, it's really about the people. And also size of organisation was Care UK might be one of our kind of dual setting is and if you're a single home with just a couple of registered nurses, and one of them might benefit from a programme like this, then then that might be something that that you could think about for your organisation. So thank you for that. So I'm going to come back to you, Debbie, if that's okay to talk a bit about what we're hearing about the benefits of preceptorship programmes for nurses, nursing associates, but also organisations.

**Debbie Cubbit 17:37**

Yeah, lovely, thank you. And I think Rachel has covered quite a few of those already. And so thinking about what the benefits are. So the fundamental purpose of a preceptorship programme are to provide support, guidance development for all newly registered practitioners that we've seen listed, and that Rachel has spoken about previously, to help them build their confidence and competence. It's also a method of making them feel very welcomed within their role. And that's not to say that you don't make them feel welcomed. But it's about getting to know them as individuals to know what support and development opportunities they need, in order to be the best that they can to support their clients. Because that is the fundamental purpose of preceptorship. It is to develop practice to support our nurses to in turn deliver quality care for our patients and clients. Equally, the benefits of a programme is because you're going to make them feel so welcomed and so supportive, as Rachel has already said, you will in a you know, it will enable you to retain them in in their role and in their post and keep them with you because they will feel valued within their role and be supported in their career development. It gives the individual time to identify the support that's needed, because none of us know what we don't know. It also gives the visual time to reflect and to both have feedback and receive feedback as well. By having a preceptor or somebody that is a go to person for that preset t they have that individualised support, where they can say, Oh, I really need help or I really need guidance, or can you direct me to so having that one to one relationship with a preceptor is hugely beneficial. I think the other side is to look at it from the preceptor or the supporting person's point of view as well, that often as Rachel says, gives them the drive and the motivation to think Oh, do you know what when I started it would have been really good if I had known X, Y and Zed and it gives them the kudos of being able to be involved in that development programme for that preceptory and develop their skill set as a coach as a mentor, as a preceptor as we

would call them as a guide for the new perspective coming in. And it also enables the preceptor to develop confidence and their autonomy for their organisations or for your organisations supporting the newly registered practitioner enables them to feel valued, and to enable them to stay with you. And it also obviously gives them consistency of care for clients. Helping them to develop an individualised programme will also support organisations. So hopefully that gives you a few ideas about what the benefits are, for the programme for both the nurses, the nursing associate, your preceptors, your preceptors, and the organisation. And I think one of the things that we do have to consider is our generation or requirements. So different generations coming into organisations, or require something very, very, very, very different. And preceptorship gives us the opportunity to look at those individual requirements for all parties to make it work for our clients.

**Lucy Gillespie 21:22**

When we think about that, and you've mentioned there, the potential impact on on people who draw on care and support and not forgetting that that is kind of the goal, isn't it? And it's what most nurses and nursing associates are joining that profession to be able to do. Rachel, I wonder whether there's anything that you want to share in terms of the impact and I know your preceptorship programme, this version is a new one, but the importance of putting these programmes into place for people who draw on care and support.

**Rachel Wakelin 21:58**

I think, ultimately, anything that that gets you used to reflecting on your own practice and gets you thinking about a situation and what did I do at that point? And could I have done things differently? And did I have the right team around them? Did I make the right decision? Anything that gets you thinking about what you do is good. So quality of care. And I think the key thing about preceptorship for us? Is it is really big on reflective practice and thinking about what you're doing when and what could I do differently. And I've mentioned to you before about some of our newly registered nurses have been felt like the feedback that we have, it's been like throwing lambs to the slaughter. You know what everybody's just waiting for them to make a mistake, rather than actually embracing some of the mistakes that people make. Don't get me wrong, I don't want massive drug errors. We don't want decisions. You know, we don't want serious incidents, but people are people and will make mistakes and will make wrong decisions along the way. If you reflect on that, and you can be given the time to reflect on it. And it becomes practice that you are doing that with your teams and yourself. You can only improve quality of care. So for me preceptorship is as a nurse as a newly registered nurse, that's where it starts. That's where that practice starts to continuously improve the care delivery of what you deliver and what what the people working with you deliver as well.

**Lucy Gillespie 23:30**

Brilliant. Debbie, if you've got anything to add, there

**Debbie Cubbit 23:34**

is some new research that has recently come out from the Kings Fund, which is called following compassion. And some of some of the statements within the excuse me the document are exactly as Rachel has said. So this piece of research was for prospective perspectives in health and social care workforce. Unfortunately, when I read it, it does say that unfortunately, they couldn't get anybody from social care. But they followed 22 newly qualified registrants during their journeys as newly registered practitioners, as some of the statements just make your heart sink or read you a couple, one from a newly bowfront new qualified nurses. Once this when you start out, it can feel like trial by fire. It is it like an initiation or not an induction. And the second one is the reason for leaving my first workplace of work was that I was not being supported. It is hard to put the situation down in writing because of the fear that the management may see it as an attack on them. So there's an awful lot to learn from this report, I think in terms of what we need to do in order to support our new registrants coming in to any environment and in this situation into social care.

**Lucy Gillespie 25:09**

Yeah, it's quite, it's quite a harsh read actually, isn't it? But I think it's important. If you're thinking about and wondering whether you you do need to do a preceptorship programme, I think reading this will, will give you that confirmation of what what it should be like and what it can offer. So, lots of benefits there from preceptorship programmes, across people and places and the organisation. So. So one of the things that's been happening recently is and Debbie will be able to tell you a lot more about this is, is that there's been a framework developed for a national preceptorship programme. And Debbie is going to talk a bit more about this now. And I think it's also important to note that this isn't about stopping what you might be doing in your organisation already to support those new starters. And that transition period, I think this is an opportunity to think about building on things, you know, so don't, don't feel that this is stop everything and start again, it's actually an opportunity to have a look at some things that might be helpful that Debbie, I'm going to hand over to you again.

**Debbie Cubbit 26:17**

Lovely, thank you. So yes, as Lucy says, I've been very, very fortunate to be involved in the national preceptorship framework. The framework has been devised across England. And as I mentioned, I'm the regional lead. And we have a national team, which have led this work fabulously through the last couple of years. The framework has been designed. And what I became very aware of with the colleagues in the East of England was that some of the language and for example, the headers on the documents did not become all encompassing to social care. So I was very privileged to work with a small



group of colleagues across mainly the Norfolk and Waverly area, who directed me into language translation from NHS speak to social care speak. And what we very simply did was made some suggestions on the language to adapt the national preceptorship framework to make it readable, useful, hopefully, for social care. I think as soon as we start talking about the framework, as Lucy says, There is no way that we want you to stop what you're doing. This is a framework that has been designed with 17 areas. And they will hopefully be a useful read for you to see what we are doing in the NHS in terms of preceptorship from a national point of view, and how you could adapt and adopt this within social care. We have adopted a sample preceptorship policy, which may or may not be useful for you, as a policy statement for for you, or which hopefully lends itself to social care. We've also adopted some of the role descriptors for social care, and some of the standard documentation. So what do I mean by standard documentation? Well, I mean things like a charter between the preceptor and the preceptor at some meeting templates, a SWOT analysis, which stands for strengths, learning needs, opportunities and threats for your preceptor to fill in to support them as they begin their journey with you. There's individualised learning plans, there's more meeting templates, there's reflection templates, and a final sign off meeting template. So these can be used on a pick and mix basis. I think it would be really useful for you to have a little look if you're thinking about developing a preceptorship programme, which hopefully this webinar is hugely promoting for you to see what may be useful for you within your environment. The aim of the framework is for you to have a range of resources that you can use to enable them to meet your needs and the needs of your preceptors and ultimately your clients within your work area. The links are all on the slide. And there is also a link to the The National preceptorship framework that you could have a read of as well. And if anybody's got any questions on that, obviously, I can help. And I'm sure the national team, Deseret Cox and Joan Ray would be willing to help. And again, I must extend my thanks to my colleagues in Norfolk and Waverly, who have supported me and helped to interpret the language and my understanding of what is required in social care.

**Rachel Wakelin 30:29**

Debbie, can I just start with a really quickly, I actually used a lot of this stuff to create our preceptorship. So I think it's important for other people to understand that it's actually really easy to create your own perception out of all the stuff that's there, because I think some of the challenges we have with our old world was, well, we'll do a supervision. But where's the supervision? Farmer will do this, but where is it actually enabled us to, to kind of get them documents all in one place, as well. So thanks to you and your team, because you met what we've done a lot easier.

**Debbie Cubbit 31:02**

Well, that's really wonderful to hear. Rachel, thank you so much. Really, really wonderful to hear glad that it was useful for you. Thank you. Yeah,

**Lucy Gillespie 31:10**

brilliant. That preempted my next question, which was to ask you to translate it. So that's great. So I think now we just need to finally move on before we've got just a couple of questions about how the preceptorship programme complements the existing workforce. And I know, Rachel, you mentioned this earlier in terms of preparing your existing workforce to offer that programme of preceptorship. So I don't know whether there was anything you wanted to add there.

**Rachel Wakelin 31:42**

I think I think it's just that whole, getting everybody used to continuously learning development and that this is a really great way to do it. So sweet jobs, it does instil confidence it does, it just builds morale, because it also I think the preceptorship makes people accountable for making sure they give somebody a good experience, which sometimes that can fall by the wayside. Because, you know, in a nutshell, this is really just about making sure we look after each other in a nutshell, but making sure we can evidence, really good clinical practice. But the bones of it are making sure that the core values are there within the workforce, to just look after each other, which then makes sure we look after our people that will support and so I think you know, it just it's that silver thread across across an organisation that just make sure we will get the culture right.

**Lucy Gillespie 32:42**

Brilliant. Debbie.

**Debbie Cubbit 32:46**

Yeah, absolutely. Beautifully worded, Rachel. Absolutely, fundamentally. And I know that you mentioned earlier you know, within our NMC code of practice. There it states that as registrants, we should be sharing our skills, knowledge and experience for the benefit of people receiving care and colleagues. So absolutely. preceptorship is fundamental to everything we do within our NMC code of practice. It's fundamental for our revalidation. So just to clarify as NMC registrants, we have to revalidate every three years. And there are various things that we have to mandate we do, which are things like having 35 hours of continuing professional development, having practice related feedback, reflective accounts, reflective discussion. preceptorship lends itself very, very well both for the preceptor to undertake for revalidation, but also for the preceptor to show their growth and development. And I remember one of my students in my previous role, saying that what they wanted to do was when they want when they qualified, the reason why they started their training programme was because patients or clients needed more of me. And I think that was just a wonderful statement. And that can be applied to preceptors and preceptors. The preceptor could be saying, Actually, my preset team needs more of me to demote enable me to develop and equally the same of the precepting. I think as well, all of this provides a really good workplace culture of

learning development support, reaching out to helping one another, which provides a positive workplace culture. That's not to say that you of course don't have positive workplace cultures. But this will really help develop staff in order to develop the support that our clients and patients need.

**Lucy Gillespie** 34:49

Brilliant, thank you. So that moves us nicely on to the questions. And if we can take slides down. That would be great Daisy. So just a quick couple of questions, one around the the framework itself. And Jasmine wants to know whether the framework goes into the detail of the structure of a preceptorship programme? That'd be I don't know whether you want to talk about that.

35:20

So that's a really good question. The framework indicates that there needs to be a programme available for perceptive ease, to give organisations the opportunity to design that to meet their needs. Because if we state within a programme, X, Y, and Z needs to be there, we will automatically exclude others. The move around the perceptive programme, a lot of organisations when we review them, there's a lot around support. So resilience, health and well being supervision, guidance direction, rather than lots around necessarily skills training. So the national preceptorship framework does not state what needs to be specifically in the programme. It just states that there needs to be a programme available. And I think that gives you opportunities to make it suitable for your relevant organisation. And of course, there's no reason as people develop it, that we that you couldn't have those programmes shared amongst yourself, so perhaps loosely on a platform, so you could borrow what others are doing. within the NHS, we had a session last week, actually, where we asked what people were putting into the programme. And there was a variety, some people were offering 12 sessions over 12 months, some were offering three sessions, some six sessions, some were half days, some were a couple of days. So there's no right or wrong, it's just the fact that there's a programme available.

**Lucy Gillespie** 37:06

Thank you. I think as well, it, it is very much based on your organisation and thinking about nursing and social care, it quite can be quite isolated. So it's really important actually, that that there are those opportunities for people to check in around that preceptorship support with a preceptor? So I think that's just another thing to know. And then there was another question about when you're using these preceptorship programmes for nurses, perhaps who are new to the sector or new to your organisation? Would you use an adapted model of preceptorship? And, Rachel, I wonder if you could just elaborate on your answer for that for the audience?

**Rachel Wakelin** 37:52

Do you know it's it's I suppose what I will say it again, when I see things, and I see outcomes on investigations and nurses who have been practising for years, but maybe have come from a different sector, we would say, I'll have to get the perception of public work through the work through it. Pick and choose what you feel you need. Because, again, this is very self directed, this is very much about what a nurse feels they need to help them in that sector, along with what the preceptor would want to think that they need as well. So I think, worked through the booklet, reduce it, do it, do it for three months, if you want to do it, do it for seven, we said to our preceptors do it for 12. If you want longer, fine, it doesn't matter. As long as you are getting the support and you you feel you need it and we can keep building that confidence and knowledge and skills and support with that. But what I will say is that there's some times when I think nurses who have been practising for years could do when picking this up, and sometimes just saying, You know what, I'm going to do this for a few months and actually get myself back in. Because I don't know about you, Debbie, but a lot of the questions I get are, well, I'm two point 11 into me revalidation and I haven't evidenced anything. Well actually, this is where you start. You go back and look at the perception of start getting into that to that practice. And you'll find couldn't we validation? Is there gone? We've got it. Oh, you've continued that. That evidence of CPD. So So I think the preceptorship can work for everybody at any any point of the career, to be honest, is the feeling the need. That's all I really do. It's just about how, how you pick it up and use it.

**Lucy Gillespie 39:38**

Brilliant. Thank you very much to our panellists for for supporting this session. It's been really great to have your perspectives and all your knowledge around developing preceptorship programmes.