

*Managing Attrition Rates For*

*Student Nurses and Midwives:*

*A Guide to Good Practice for  
Strategic Health Authorities and  
Higher Education Institutions*

*September 2006*

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# Foreword

Compared with most other diploma and undergraduate programmes offered by Higher Education Institutions (HEI's); the attrition rate for student nurses and midwives is extremely good – as indeed it is for other healthcare students.

There are however crucial differences between the arrangements for commissioning education for healthcare students; and those for other students. Firstly, the funding for healthcare students is a charge on the budget for the NHS, whereas the funding for other Higher Education students is a charge on the Higher Education Funding Council's (HEFCE) budget. This is in no small way connected to the second crucial difference. The NHS explicitly commissions the number of healthcare students that are calculated to meet the healthcare sector's workforce requirements for the future. There is no such explicit link for the programmes that HEFCE funds.

Because of the explicit link to future healthcare workforce requirements, there is an equally explicit duty on the NHS and the HEI's to commission from to achieve the best possible value for money. One of the most critical factors in demonstrating value for money is to ensure as many students as possible successfully complete the programmes they embark upon.

The Department of Health (DH) recognises that at local level, the NHS and HEI's have been working hard to reduce the levels of attrition for healthcare students. By the same token, there are still considerable variations in attrition rates around the country; which is indicative of further scope for improvement. It is equally clear that the reasons behind attrition rates are many and complex. This is why the Department has commissioned this 'Good Practice Guide' so that the reasons suggested in the evidence base can be highlighted; and so that examples of good practice in responding to the various factors affecting attrition rates can be openly shared.

Strictly speaking, this document was commissioned to address attrition rates in respect of student nurses and midwives. It is, nonetheless, overwhelmingly likely that the lessons are equally relevant to attrition rates for other healthcare students too.

# Executive Summary:

## Background

Despite the fact that there has been a common definition of ‘Attrition’ since 2002, the available data still suggests that there are very significant differences in attrition rates for student nurses and midwives around the country depending on which University and local health economy these students relate to. Whilst this is obviously a matter of public interest from a value for money perspective, it does also need to be recognised that some of the media coverage has been based on misleading or inaccurate data.

One of the two main purposes of this document is to explore some of the sometimes complex data issues associated with ‘attrition’ so as to assist both Universities and NHS organisations in their efforts to produce information that is based on not just common data definitions; but also on a common interpretation of common data definitions.

The second main purpose is to examine the factors that have been shown to be correlated with good performance; and to seek out associated examples of ‘good practice’. The intention is that such an open sharing of information through this document as a ‘Good Practice Guide’ will assist both Universities and NHS organisations in their shared endeavours aimed at improving performance levels in the future.

## Data and Information Issues

Since 2002, the basic data has been collected by the Higher Education Statistics Agency (HESA). The Health and Social Care Information Centre’s (HSCIC) efforts to ‘translate’ the raw data into meaningful attrition information that facilitates comparisons between different Universities has been admirable. However, because of basic weaknesses in data coverage and robustness and inconsistent interpretations of the common definitions; it is highly questionable whether the resultant information is sufficiently reliable as a ‘benchmarking’ tool to assist Universities and NHS organisations in their efforts to improve attrition performance in the future. Certainly the delays in publishing the information cause further doubts as to whether the current arrangements are ‘fit for purpose’.

To overcome these problems, it is recommended that, in future, there should be 'real time' data collections locally. These data collections should then be submitted to the Department of Health so that an accurate and comprehensive national data set can be published on a regular basis. Because part of the payment to Universities is dependent on attrition rates; and because Strategic Health Authorities (SHA's) are accountable for the money they spend with the Universities; there ought to be sufficient leverage built into the system to ensure that the data submitted is robust, accurate, comprehensive and up to date.

Thus, this document does not quote national historical attrition figures, as to do so would imply a level of accuracy which could be challenged. Further, arguments about historic data issues would detract from the main purpose of this paper, which is to set out a suggested framework for managing attrition rates based on the available evidence base.

Despite the very real data issues that do need addressing; it does need to be recognised that, regardless of which ever data figures are used, the attrition performance amongst healthcare students is almost universally substantially better than it is for almost all other Higher Education students at Universities.

## **Managing Attrition: A Local Framework for Action**

A great deal of research has been undertaken to try and explain why there are such significant differences in attrition rates around the country – and indeed similar research has been carried out in many other countries around the world. Many different factors have been identified and have been shown to be correlated to a greater or lesser extent to attrition rates. However, the normal research methodologies that are used typically examine how attrition rates vary according to different values for the one factor being examined. Very little if any research has been done to examine whether those institutions that try and manage a whole 'basket' of risk factors in a holistic way achieve better performance levels than those institutions that don't.

The central premise in this document is that managing attrition rates bears all the hallmarks of managing a 'wicked problem' – i.e. it is only when a proactive, systematic, proportionate and sustained approach to managing all the known risk factors is adopted that step improvements in performance are realised.

This document gives a brief synopsis of the risk factors that have been identified, along with references to a number of supporting case studies, under each of the following five main headings:

- **Effective marketing, recruitment and selection processes (Chapter 4):**
  - Good advice and information to prospective students during the recruitment process.
  - Good recruitment and selection processes.
  - Personality characteristics.
  - Age on entry.
  - Academic attainment on entry.
  - Student commitment.
  - Branch of Nursing/Midwifery.
  - Sensitivity to cultural and ethnic issues.
  - Widening entry.
  - High proportion of leavers in Year 1.
  - Male students.
  - Part time students.
- **Academic and clinical skills failure (Chapter 5):**
  - Managing the risks of academic and clinical skills failure.
  - Poor attendance.
  - Dyslexia.
- **Effective student support (Chapter 6):**
  - Personal circumstances.
  - Financial hardship.
  - Illness.
- **Clinical placement issues (Chapter 7):**
  - Quality of the clinical placement experience.
  - Long/difficult/expensive travel to clinical placements.
- **Relationships, organisational and course issues (Chapter 8):**
  - Satisfaction with the quality of the programme.
  - Students taking up employment or other career choices.
  - Transfers to other Higher Education programmes (both MPET and non-MPET funded).
  - Inter-organisational working relationships.
  - Organisational and course characteristics.
  - Student responsibilities.

## **Post Registration Attrition**

The remit for this document was expressed in terms of attrition rates for pre-registration Nursing and Midwifery students. However, what became increasingly clear as the work progressed is that in reality, whilst this may be the most visible component of attrition – and the one that is measured; it is by

no means the only one when taking a wider view of the value for money that the taxpayer receives in return for the investment in educating and training student nurses and midwives.

In particular, there are unknown numbers of newly qualified nurses and midwives who either never take up jobs in these professions; or quit very shortly afterwards. In addition; even for the ones that do stick with their professions; some of the competences they gain during their training are rarely if ever used subsequently whilst other competences that they do need have not been acquired during their pre-registration programmes. These are complex issues; but it is suggested that further work should be undertaken to try and identify the scale of these issues, to try and identify the factors that are associated with post-registration attrition and to suggest strategies to manage post registration attrition in ways that deliver measurable improvements in performance.

## **Recommendations and Commitments to Further Actions**

Either explicitly or implicitly, this document contains within it a number of recommendations for NHS organisations and Universities at local level; along with a number of commitments by the Department of Health in support of action at local level. The details are as follows:

- **From 1<sup>st</sup> April 2007, the Department of Health should discontinue using the Higher Education Statistics Agency (HESA) data for the production of information related to pre-registration attrition. (Chapter 2)**
- **From 1<sup>st</sup> April 2007, Strategic Health Authorities should submit attrition information to the Department of Health. This information should be derived from contract monitoring data supplied directly from HEI's at local level. (Chapter 2)**
- **Every effort should be made to ensure that the data produced per the previous bullet point is consistent with the data and data collection systems which have to be used by HEI's for HESA purposes. (Chapter 2)**
- **The Department of Health should work with Strategic Health Authorities to ensure that as far as possible, the national definition of attrition is interpreted in a common way so that the national data that is published is meaningful as a benchmarking tool. (Chapter 2)**
- **At local level; Strategic Health Authorities, local health communities and HEI's should work in partnership on devising and implementing a balanced risk management strategy aimed at**

**improving attrition performance. The approach should be proactive, systematic, proportionate and sustained; and should take account of all the known risk factors, the available evidence base and new evidence as it emerges. (Chapter 3)**

- **The Department of Health will work with the Student Grants Unit to ensure that in future all students receive the payments due to them at the correct time. (Chapter 6)**
- **The Department of Health should consider commissioning some additional work to try and identify:**
  - **the scale of post-registration attrition**
  - **the factors correlated with post-registration attrition**
  - **possible strategies to reduce post-registration attrition**

# Chapter 1: Introduction

## Background

There has always been ‘attrition’ in the student nurse and midwife population. Indeed, it would be completely inappropriate for a zero attrition rate – human nature being what it is, there are always going to be some students who don’t reach the prescribed academic standards, who don’t possess the necessary clinical competences, whose personal circumstances change or who subsequently decide that they have made the wrong career choice.

Having said this, there is no doubt that there have been and continue to be huge differences between attrition rates between Higher Education Institutes – and sometimes within them for different cohorts and for different branches of Nursing and Midwifery.

Equally, much of the historic data from around the country has not been compiled on a consistent basis. This has hindered informed analysis; and made it difficult to compile firm conclusions as to what an appropriately low target attrition rate should be – and the actions required to achieve that performance level. Further, some of the associated complexities need to be contemplated. Firstly, it is important to recognise that it is not appropriate for all Higher Education Institutions to aim for the same attrition rates – some of the underlying factors at local level will cause variations no matter how effective the attrition management practices are. Similarly, just examining absolute attrition rates at a moment in time and then comparing them can be misleading – for instance there will always be a time lag between action being taken and the effect being reflected in improved attrition rates. Thus, developing a culture of continuous and measurable improvement is every bit as important, if not more important, than comparing rates between Higher Education Institutions, albeit against a definition that is common and commonly interpreted.

Nonetheless, the need to address the issue of student attrition in a systematic way has been given added impetus by public interest in the subject. Some of the figures quoted have been misleading or indeed incorrect. This underlines the importance of using a standard definition of ‘attrition rate’ (or rates); and compiling a ‘Good Practice Guide’ to assist the Strategic Health Authorities and Higher Education Institutions achieving the best possible levels of performance.

## Defining Attrition

In order to try and overcome the difficulties of inconsistent definitions, the Department of Health commissioned a joint review between the Higher Education and Health Sectors with terms of reference ‘to consider and make recommendations on a single and consistent definition of attrition from NHS funded courses’. The report arising from this review was published in 2002. [1]

The recommended definition of attrition to be applied to ‘completed’ cohorts was:

$$\frac{\text{Starters}(a) + \text{Transfers In}(b) - \text{Transfers Out}(c) - \text{Numbers Completing}(d)}{\text{Starters}(a)}$$

where:

- (a) ‘**Starters**’ includes ‘**New Entrants**’ (i) and ‘**Advanced Standing Entrants**’ (ii)
- (i) ‘**New Entrants**’ are those students who have not studied on a particular cohort previously and who start at the commencement of the cohort. The category includes students who commence after the first day of the programme, i.e. due to annual leave, sickness, late decision to join etc. It excludes students who attend only on the first day of a course and leave immediately.
- (ii) ‘**Advanced Standing Entrants**’ are those students who have not studied on a particular cohort previously and who are eligible to join at a point past the commencement of the cohort, i.e. joining from a cadet scheme, FE College or AP(EL) and whose claim for advanced standing has been agreed by the HEI and the appropriate Workforce Development Confederation or SHA Workforce Directorate.
- (b) ‘**Transfers In**’ includes ‘**Transfers In (Internal)**’ (iii), ‘**Transfers In (External)**’ (iv) and ‘**Resumptions**’ (v)
- (iii) ‘**Transfers In (Internal)**’ are those students who have transferred into a particular cohort from another cohort within the same HEI, normally due to an interrupt, or from another branch of training, e.g. from Adult to Mental Health.

- (iv) **‘Transfers In (External)’** are those students who have transferred into a particular cohort from another HEI where they have been studying the same programme.
  - (v) **‘Resumptions’** are those students who have resumed study on the same programme following a period of absence. Such students would be rejoining a different cohort from the one they originally commenced on. This category is for students who have had a break in study from the programme at an agreed appropriate time, e.g. students who ‘step off’ for a year and then ‘step on’ again.
- (c) **‘Transfers Out’** includes **‘Transfers Out (Internal)’** (vi) and **‘Transfers Out (External)’** (vii).
- (vi) **‘Transfers Out (Internal)’** are those students who have transferred onto another cohort within the same HEI, normally due to an interrupt or due to a transfer to another branch of training, e.g. Mental Health to Adult.
  - (vii) **‘Transfers Out (External)’** are those students who have transferred onto the same programme at another HEI.
- (d) **‘Numbers Completing’** or **‘Qualifiers’** are those students who have successfully completed their programmes and who are eligible to enter the professional register, where applicable.

The same Department of Health report also gives definitions relating to intermediate attrition rates for cohorts who have not yet reached the end of their programmes. However, this particular document is only concerned with attrition rates relating to completed cohorts.

# Chapter 2: Data and Information Issues

## Common Definition; Common Interpretation

The introduction of common definitions represents a significant step forward. However, meaningful analysis is only possible if the common definitions are matched by common interpretation of the self same definitions; accompanied by consistent, accurate and complete recording of the appropriate data items. This is a significant challenge and the importance of moving to a position where common interpretation is the norm cannot be stressed enough.

Differences in interpretation and/or different ‘rules’ in different HEI’s do contribute to apparent and sometimes real differences in attrition rates. One example is the different periods that different universities use in determining whether a student has ‘stepped off’ with a view to stepping back on, or has left altogether. Another example is the differences in practice as to how many times a student can re-sit a failed module before not being allowed to continue – and therefore being reflected in the attrition figures.

## Data Sources

Prior to the common definitions being devised in 2002, attrition data was collected by the English National Board for Midwifery and Nursing. Because of the definitional and consistency issues, this information is of only limited use now – and in any event, the English National Board was abolished in 2002.

Since then, data has been collected by the Higher Education Statistics Agency (HESA). The data is however encoded and it is a substantial task to decode and extract the relevant data items to calculate attrition rates. This task in respect of students who completed their courses in 2003/04 has been undertaken by the Health and Social Care Information Centre (HSCIC). Eventually, many months later, attrition information on a national basis was produced by HSCIC – but questions remain as to its accuracy and robustness – especially if it is to be used as a benchmarking tool. It should be stressed that this is in no way a criticism of HSCIC, who have put an enormous amount of effort into trying to produce robust information derived from the ‘raw’ HESA data. It has proved extremely difficult to extract comprehensive and accurate data from the HESA records

which meet the needs of the Department of Health, the NHS and the HEI's concerned. One example of this is the fact that the HESA data includes about 15% of spurious records.

## **Data Robustness and Consistency**

Thus, whilst a great deal of work has been done, three significant problems do remain. Firstly, there is still some way to go before there can be 100% confidence in the accuracy and integrity of the attrition rates that are published given the data difficulties. Secondly, the available data was still not useable two financial years after students had completed their courses. The third problem concerns a difference in the definition of attrition used by HESA and HEI's for all other Higher Education students. All such non-healthcare students who leave before 1<sup>st</sup> December in their first year are excluded from the HESA attrition figures. As is detailed elsewhere in this paper, attrition occurs disproportionately in the first year of study. Thus, the 'official' attrition figures will always appear higher for healthcare students compared with others, even if in reality the numbers leaving are absolutely identical.

Further, during the same period that the move to using HESA data was effected, other changes were being made too. In particular a new national contract has been introduced to underpin the contractual arrangements between SHA's and HEI's for pre-registration nursing and midwifery. As a result, most SHA's have already effected performance management arrangements with their HEI's which mean they have to have access to much more up to date and accurate information - not least because they are accountable for payments to HEI's and with the national contract, some of the payment depends on attrition rates based on the national standard definition.

Therefore, given the difficulties the Department intends to discontinue its current practice of obtaining attrition information from the data provided by HESA data. Instead, from 2007/08 onwards, SHA's will be asked to submit a summary of the information they routinely collect from HEI's anyway. It would be available very quickly and would be likely to be as accurate as any other system given that payments depend on it - payments which would be subject to audit. (It should be stressed that HESA data covers many other factors as well as attrition data – this change in practice only relates to attrition data.)

It is appreciated that there is a slight risk for different interpretations of the common definition being used around the country. However, even if there is some inconsistency, providing each HEI/SHA uses the same local interpretation consistently over time; the Department of Health would still be able to produce

valid and robust information indicating the degree to which things have improved in the future.

It is not intended that this change should place any additional burden on HEI's. SHA's and HEI's are encouraged to work together to ensure that a single data collection process can feed the needs of the NHS for up to date information on attrition (and other issues) and also be used to feed into HESA and any other data collections required by or of HEI's through the use of IT based report writer applications.

Whilst the main focus of this paper is to examine the actions that can be taken to improve attrition performance rather than improvements in data collection, reporting and monitoring systems; the issue does have to be broached as those charged with improving performance cannot realistically be expected to manage the improvement unless they have up to date and reliable information with which to work.

## **Comparisons with Attrition Rates for other Higher Education Students**

Nonetheless, even after taking account of the data difficulties, almost without exception, attrition rates for healthcare students are lower than for those for Higher Education students studying other subjects. Furthermore, even though the published figures are lower, they would be much lower again if the same definition was used as the one for all other Higher Education students. This is because all healthcare students who leave from the first week onwards are reflected in the figures; but only those who leave after 1<sup>st</sup> December (having started in September) in their first year are counted in the attrition figures for other Higher Education students.

# Chapter 3: Managing Attrition: A Local Framework for Action

## Policy Context

With regards to attrition, the policy objective is very obvious and simply expressed – i.e. a reduction in the attrition rate to the minimum possible level consistent with maintaining academic standards and the requisite levels of competence to ensure safe patient care. This policy intention is now very clear – and indeed, is reflected in the national benchmark price for contracts for healthcare students in HEI’s – i.e. there is an explicit monetary incentive to reward HEI’s who are successful in reducing their attrition rates.

Whilst a good deal of research has been done to examine the underlying causes of attrition, the studies tend to focus on only one or two of the factors that are thought to be linked to attrition. Also, the studies tend to be of an academic nature rather than looking at the management action that could reasonably be taken to manage attrition as a whole – and **all** the main factors that evidence shows is correlated to attrition rates.

The central hypothesis of this document is that managing attrition bears all the characteristics of most ‘wicked problems’.

A ‘wicked problem’ can be defined as one where there are many inputs and processes that are correlated with the improvement in performance that is being sought. Further, to achieve the desired improvement in performance, sustained attention has to be given to all the significantly correlated inputs and processes, rather than just addressing one or two of them. This is very well illustrated in the ‘Findings and Recommendations’ section of the ‘In Depth Study into Attrition from Pre-Registration Adult Nursing Programmes to Inform Debate on Improving Retention on Health Professional Programmes Across the Faculty of Health and Social Care’ produced by the University of the West of England (9).

## **Evidence Based Factors Impacting on Attrition Rates**

There is a vast amount of published literature which demonstrates correlation between one or more factors and rates of attrition. Whilst not necessarily exhaustive, these factors are addressed in the chapters that follow. Where ever possible, a reference is given to one published item from the literature. In most cases there are many other published items in similar vein; and so it must not be presumed that the evidence base is restricted to only the items quoted. The various factors have been grouped together under five main headings:

- **Factors linked to effective marketing, recruitment and selection processes.**
- **Factors linked to academic and clinical skills failure.**
- **Factors linked to effective student support.**
- **Factors linked to clinical placement issues.**
- **Factors linked to relationships, organisational and course issues.**

To confound matters even further, it needs to be recognised that there can be significant overlap between many of the factors which have been included. For example there are factors in academic/clinical skills failure, selection processes and clinical placement support which are all interrelated. This is again typical of a ‘wicked problem’. It is also what makes it difficult to utilise normal research methodologies when trying to understand the problem as a whole. Normally when conducting an investigation into the causes of an effect, it is usual to study the movements in one variable whilst the others are fixed at a given value. The whole point of studying a ‘wicked problem’ is that it is not possible to predict an effect by looking at any one of the variables in isolation – it is the combination of all the variables which produces the observed overall effect.

## **Managing the Risks**

The various factors linked to attrition rates could, for the most part, be considered as ‘risk factors’. It would however be quite inappropriate to try and avoid all these risks. It would be absurd to try and avoid many of the risk factors detailed in the next five chapters. Such a risk avoidance approach could result in a selection policy which restricted student selection to black, female, older applicants with outstanding records of attainment at A-level who also possessed designated personality traits. (Such an approach would also run completely counter to numerous policy imperatives such as ‘diversity’ and widening of entry gates!) The key issue is to consider the full range of risks and

then implement a balanced mix of strategies which are calculated to manage those risks in an effective manner. It has to be recognised that ‘risk management’ is not the same as ‘risk avoidance’; and that therefore, however good the risk management strategies may be, zero attrition is almost certainly unattainable - and probably undesirable too.

### Case Study 1 – University of Hertfordshire

Historically, the student attrition rate for student nurses was fairly high – a problem that was compounded by lower application numbers compared with the high and rising requirements reflected in commissioning levels sought by the NHS.

A member of staff from the University undertook a major study in 2001 (6) which examined the factors that the literature suggested were linked to high attrition rates and then examined the School of Nursing and Midwifery's own performance against those factors.

Following this, the University adopted a proactive approach to managing the factors linked to high attrition. They appointed a Progression and Achievement Officer with specific responsibilities with regard to managing attrition, and specific targets are now included in the School of Nursing and Midwifery's Business Plan. The benefits are now starting to be felt. The attrition level for the Diploma of Higher Education in Nursing has fallen from a figure of 17.01% in the year 2000/1 (although this included some students who later returned to the programme) to 9.54% in 2004/5. Over the same period, the number of applicants per place rose from 2.4 to 2.87.

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## **Supporting Strategies**

As well as a wealth of material in the literature as to the factors that have been found to be linked to attrition rates, a great deal has been written on strategies and initiatives which have been shown to (or postulated to) impact on attrition rates. Some examples of such suggested strategies and initiatives have been included in the following chapters against each of the relevant factors. Wherever appropriate, specific examples of good practice have been inserted in support of such suggestions.

## Case Study 2 – University of Chester

The University have adopted a formal written strategy to underpin their efforts to improve attrition rates. The key elements are:

- At interview ensure that candidates are fully briefed as to the structure and real demands of the programme including shifts, travel and study requirements.
- At induction ensure that mechanisms of support both academic and personal are made clear to students and are reinforced at key stages throughout the programme.
- Monitor cohort performance through to qualification including, patterns/reasons for discontinuation, failure at assessment, interruptions and returnees.
- Monitor attrition rate monthly and set targets to reduce.
- Identify students at risk of withdrawing from the programme on campus. Monitor sickness, absence, and behavioural patterns which might indicate dissatisfaction and or developing problems. Programme team to conduct pre-emptive interviews and where appropriate enter into contracts with students.
- Identify students at risk of withdrawing whilst in placements. Monitor Sickness, absence and behavioural patterns which might indicate dissatisfaction and or hidden problems. Placement area to negotiate individual strategy for support in collaboration with the programme team. Individual contract negotiated if appropriate.
- Information re sickness and absence of seconded students supplied to Human Resource Management Departments in order that they may offer appropriate support.
- Revalidation of BSc Nursing, taking into account the outcome of the evaluation and convert to 20 credit modules.

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A note of caution should be sounded though. The very nature of a 'wicked problem' is that there are no 'golden eggs' in the basket. Most if not all the eggs in the basket have to be used. This means that it is unlikely that significant and sustained reductions in attrition rates can be achieved merely by adopting strategies or initiatives for just a few of the factors identified. It does need to be stressed though that the objective behind this document is to identify good

examples of good practice. This good practice can then be widely shared. This in turn will enable the extent to which subsequent action is taken to be monitored. The aim is for this subsequent action to be reflected in measurably lower attrition rates in future years. Thus the focus is on management action aimed at delivering sustainable improvements in performance – it is not meant to be a research project or to conform with ‘normal’ research methodologies.

One way of starting this process is to conduct a baseline assessment against a wide range of factors that have been shown to impact on attrition. As part of the work that was done leading up to the production of this document, a ‘self assessment questionnaire’ was trialled by a number of HEI’s in partnership with the SHA’s they contract with to try and obtain a whole system perspective of the baseline position. Perhaps not surprisingly given the complexity of the issues and the data difficulties described in Chapter 2; it was not easy to discern a simple relationship between perceived performance against a number of factors and actual performance as regards attrition levels. What the questionnaire did do successfully though, was to give a comprehensive picture and it also clearly identified those areas where there was scope for improvement. A copy of the questionnaire that was used has been included as an appendix to this document. (It is recognised that it would need to be amended as required and tailored to local circumstances for any SHA’s and/or Universities that wished to undertake a similar exercise in the future.)

# Chapter 4: Factors Linked to Effective Marketing, Recruitment and Selection Processes

## Context

Numerous studies have established significant links between a number of factors under this heading and observed attrition rates. A résumé of several of these factors is given in this chapter – along with illustrative cameos from organisations that have tried to apply evidence based practice in trying to manage these factors. It is highly unlikely that the factors identified comprise a comprehensive list. Equally, it needs to be recognised that not all these factors can be viewed as ‘independent variables’ - indeed many of them are inter-related, if not overlapping. Further there are likely to be inter-relationships and overlap between some of the factors addressed in Chapters 5-8 also.

It does however have to be recognised that not all HEI’s are equally well placed to manage these risks. This is because in part, the management of these risks depends on a degree of selectivity during the recruitment processes. Those HEI’s and programmes that receive several applicants for each available place are therefore in a much better position to apply well designed selection criteria that aim to manage some of the risks as compared with those HEI’s who barely receive one application for each available place.

### Case Study 3 – Edge Hill University

Edge Hill receives 28 applications for each available place on their Midwifery programme. Applicants have to submit a pre-set 2,000 word paper, followed by written and literacy tests on the day of the interview. This is extremely useful in helping to minimise the risks from some of the attrition factors – especially those related to the risk of academic failure (see Chapter 5)

For more information, please contact: [briscoel@edgehill.ac.uk](mailto:briscoel@edgehill.ac.uk) or [joe.mcardle@northwest.nhs.uk](mailto:joe.mcardle@northwest.nhs.uk).

Further, the less applications per place that an HEI receives, the more likely it is to have to use the clearing system to achieve the numbers of students being commissioned by the SHA it relates to. This further increases the risk of attrition – especially early attrition when problems subsequently arise from Health checks, CRB checks and eligibility problems for some prospective students who do not possess appropriate passports.

## **Good Advice and Information to Prospective Students During the Recruitment Process**

This reason is catalogued in paragraph 2.47 of the National Audit Office Report ‘Educating and Training the Future Healthcare Professional Workforce for England’ (2) published in 2001. If prospective students, particularly the youngest applicants, are to successfully complete; it has been found to be extremely important that they have access to full and realistic advice and information as to what to expect in both the academic and clinical settings. Whilst it is important not to deter prospective applicants who have every chance of making excellent nurses or midwives; it is equally important not to encourage applications from those prospective applicants who are clearly not suited to the role or who would be extremely unlikely to cope with the academic and clinical rigours associated with a pre-registration programme. Further, especially for some of the older applicants, these rigours and time pressures have to be balanced against the demands of maintaining home and family life. The accumulation of these pressures should not be under-estimated – as is evidenced by the significant number of students who experience a break-up of often longstanding relationships with their partners. The provision of all the relevant information is therefore essential at this early stage.

### *Possible Risk Management Strategies and Initiatives*

- *The importance of better information for prospective students has been highlighted in a number of studies such as the one produced for Sussex University and Sussex Education and Training Consortium in 2000 (3). Many HEI’s do now utilise a range of tools including CD-Roms, open days, career fairs etc. as a means of marketing their courses – but also as a means of ensuring that prospective applicants have the appropriate information to assess whether a pre-registration course in nursing or midwifery is a suitable choice well matched to their academic abilities, commitment and personality traits.*

### Case Study 4 – Kings College, London

Kings College have recognised that many students either never attend or leave early as they were unaware of factors such as the importance of declaring criminal records, knowledge of the course structure, issues surrounding travel to placements and the availability/cost of childcare.

At Kings College students are explicitly told during a two day pre-enrolment induction course of the likely impact and effect these issues may have on their learning at the HEI. For example students are told that this is not a 9am to 4pm course and that during placement they will be required to work roster based shifts involving evenings and weekends. These issues are also explicitly stated in the student handbook which is distributed on enrolment.

For more information, please contact: [Andy.Caddick@selondon.nhs.uk](mailto:Andy.Caddick@selondon.nhs.uk) or refer to the report ‘Attrition in Funded Nursing and Midwifery Programmes’ commissioned by South East London WDC (4).

## **Good Recruitment and Selection Processes**

This is another factor that was identified in paragraph 2.47 of the National Audit Office Report (2). In many ways it is linked to the previous point about giving prospective applicants appropriate advice and information. Some studies have found that different selection processes appear to produce lower subsequent attrition rates as compared with others. It is difficult to say whether it is absolutely the selection process per se that makes the difference as there are also many other different factors at play in different Institutions. Whatever the actual selection process though; the key thing is to be very clear about the academic standards, personal qualities, maturity etc. that are most associated with successful completers and to ensure that those factors are consistently and systematically applied in selecting students.

### Possible Risk Management Strategies and Initiatives

- *Most HEI's feel that all prospective students should have 1:1 interviews with input from NHS service providers.*
- *Ensure that actual selection decisions are taken with reference to an evidence based person specification which reflects those factors which indicate a low likelihood of non-completion. Care needs to be taken that the specification is applied consistently.*
- *Monitoring the reasons why students subsequently drop out – despite the best endeavours on selection. This information should then be*

*learned from and used to refine the person specification used in future with a view to further reductions in attrition rates.*

### **Case Study 5 – The University of Greenwich**

Suitable applicants are invited to a selection day at the University. Each applicant has a face-to-face interview with members of the programme staff. A standard pro forma of 32 questions is asked of the applicant and these are assessed and a decision is taken as to whether or not to offer a place. In the case of students applying for places in the Mental Health branch their pre-entry test results are also considered during selection.

This process enables programme staff to select students on a personal level and discuss any surrounding issues either party may have. Programme staff can get a feel for the type of persons the applicants are and make a decision on whether to make an offer or not based upon this. In this way programme staff try to offer places to those students who are most suitable to all aspects of the programme, not just on application form data, and build a cohort more likely to be capable of completing the course.

For more information, please contact: [Andy.Caddick@selondon.nhs.uk](mailto:Andy.Caddick@selondon.nhs.uk) or refer to the report ‘Attrition in Funded Nursing and Midwifery Programmes’ commissioned by South East London WDC (4).

## **Personality Characteristics**

In a paper published in the Journal of Advanced Nursing in 2003 (7), Deary, Watson and Hogston found that personality was a more important indicator of attrition than cognitive ability.

### **Possible Risk Management Strategies and Initiatives**

- *The importance of appropriate personality characteristics should be reflected in the person specification as part of good recruitment and selection processes per the previous item.*

## **Age on Entry**

Numerous studies have found that the youngest students on entry are significantly less likely to complete than students of slightly more mature years – for example the report compiled for the Department of Health by Pay and

Workforce Research (PWR) in 2000 (5). Department of Health preliminary analysis of data received from HESA for 2002/03 and 2003/04 also shows that students aged 17-21 appear over 30% more likely to fail than other age groups – especially the 17 year olds. This factor is probably also closely related to the following one too.

### Possible Risk Management Strategies and Initiatives

- *Rather than simply trying to recruit from slightly older applicants, HEI's and their commissioners need to come to a view on the age profile of new cohorts. The 'high risk' components of the cohort then need to be clearly identified – in this case the 17, 18 and 19 year old students plus those more mature students with no recent exposure to academic study. The appropriate element or elements from the student support strategy needs to be targeted and on the students concerned – e.g. intensive tutor support to help students master the academic challenges – especially in the first year of study. This item is inter-related with the next item (academic attainment on entry). The risk management strategies are partly to do with good information for applicants and good recruitment processes as mentioned earlier in this chapter. They are also partly about trying to avoid academic failure and supporting students, which are dealt with in more detail in Chapters 5 and 6.*
- *One useful component of any strategy to minimise attrition amongst younger entrants is to try and recruit a proportion of students who have had some exposure to the 'real world' of healthcare delivery.*

### Case Study 6 – Greater Manchester SHA

Through their Cadet Scheme and 'Delivering the Workforce' initiative to develop Assistant Practitioners, Greater Manchester SHA have offered opportunities for staff to gain clinical experience. This means that when such members of staff subsequently apply for pre-registration programmes, they are better informed and prepared; and hence their expectations are better managed. Further, as the Cadet Scheme is multi-professional, the cadets have been exposed to a number of different healthcare professions; and are therefore in a much better position to come to an informed view as to which healthcare profession they are best suited to. Whilst it is still early days, initial indications are that attrition for former cadets is less than 3%.

For more information, please contact: [neil.mclauchlan@northwest.nhs.uk](mailto:neil.mclauchlan@northwest.nhs.uk)

## **Academic Attainment on Entry**

The same Department of Health analysis (per the previous item) found that students entering with GCSE's (or equivalent) rather than A Levels (or equivalent) were 20% more likely to be non-completers. Many of the GCSE students are also the youngest on entry – hence the link to the previous factor.

### *Possible Risk Management Strategies and Initiatives*

- *As with the previous item, the preferred approach is to ensure that recruitment and selection processes take account of applicants' academic attainment potential. It will of course be expected that some such students will be recruited as they have significant strengths against other selection criteria. However, the risk of academic failure for such students does need to be recognised; and the risk managed through additional academic support per Chapter 5.*

## **Student Commitment**

Whilst this is arguably one of the factors that should be addressed as part of good recruitment and selection procedures, it is worth mentioning in its own right as the Pay and Workforce Research report (5) found that students who applied through the clearing system tended to be less committed and more likely to drop out.

### *Possible Risk Management Strategies and Initiatives*

- *This is a vital factor that needs to be reflected in the selection criteria and brought out through recruitment processes that involve face to face contact with applicants – it is not sufficient to rely purely on an application form.*

## **Branch of Nursing/Midwifery**

Some HEI's consistently experience much higher levels of attrition in some branches of Nursing compared with others. For example, many Universities' Mental Health Branch programmes have consistently lower rates than those for their Child Branch programme – even when their overall performance levels are extremely good. Again this is probably related to a number of the other factors too as, for example, the age of applicants for the Child Branch is consistently much lower than for its Mental Health Branch.

## Case Study 7 – University of Salford

The University has worked closely with employers and Greater Manchester WDC (and SHA) for several years and has achieved sustained and impressive performance levels for its attrition rates. Even so, the figures for Child Branch are consistently higher than those for Mental Health Branch as the following table illustrates.

Cohort	1	2	3	4
Child	13.95	11.79	12.04	11.63
Mental Health	8.97	9.38	9.65	10.95

For more information, please contact: [neil.mclauchlan@northwest.nhs.uk](mailto:neil.mclauchlan@northwest.nhs.uk)

### Possible Risk Management Strategies and Initiatives

- *One possible approach would be to experiment with balancing up the other main risk factors for students between the various branches of nursing during the selection process. If the attrition rates then stabilised, the HEI would know then have a good insight into the relevant factors and how to manage them per the other items in this chapter as part of the selection criteria used during recruitment and selection processes,. On the other hand, if the attrition rate did not stabilise, then the HEI would know it needed to conduct an in-depth investigation to determine what the local factors were that caused high attrition rates in one (or more) of its branches.*

## **Sensitivity to Cultural and Ethnic Issues**

The PWR report commissioned by the Department of Health analysis (5) shows that black students are more likely to complete their programmes compared with white students. Other studies report high attrition rates amongst Asian females in the first year of their programmes. However, in no way does this suggest that recruitment should be influenced by race – as elsewhere in public services; it is expected that the ethnic mix of nurses and midwives should be reflective of the populations they serve. The key issue therefore is one of sensitivity to cultural and ethnic issues. This cross-references to a number of other factors too both in this chapter (such as recruitment and selection processes); and in Chapters 6 and 7 for student support mechanisms and issues

relating to the quality of clinical placements, especially from the student's perspective.

#### *Possible Risk Management Strategies and Initiatives*

- *It is important that as part of recruitment and selection processes, applicants from different ethnic groups are fully aware of the sorts of situations they may have to address in their clinical roles. Equally, if student nurses/midwives experience racial abuse from patients or visitors during clinical placements; it is vital that appropriate support mechanisms are in place to deter such behaviour; and to help students cope with such behaviour if it does occur.*

## **Widening Entry**

The PWR Report (5) identified that widening the entry gate for potential student nurses and midwives has led to new or additional risks of attrition in some cases. For instance, some older students may have financial and/or family commitments which they find difficult to manage alongside the demands of a pre-registration programme. Equally, some older students find it difficult at first to cope with the academic demands; and are at a higher risk of academic failure (which is addressed in Chapter 5). Once again there is overlap with other factors – and once again it needs to be recognised that narrowing entry requirements is not the answer. The issue is one of recognising these sorts of risks for some students and then putting in place measures to manage those risks as effectively as possible. Many HEI's have addressed this – and indeed one of the highest completer rates is to be found amongst Healthcare Assistants who have already achieved NVQ Level 3 and are then seconded onto pre-registration programmes. One piece of evidence that clearly demonstrates this is the detailed study (10) that has been done by the University of Nottingham covering all the cohorts from 2000 to 2006. Academic failure rates for NVQ and Access students averaged 2.6%, whereas the figure rose to 3.5% for A level students and 5.9% for GCSE students. (NVQ/Access students are also much more likely to stay in nursing and midwifery after qualification, normally with the same employer, which aids retention and gives much better long term value for money which needs to be offset against the salary support costs which are considerably higher than the bursaries paid to other diploma students.)

#### *Possible Risk Management Strategies and Initiatives*

- *Again, the preferred approach is to ensure that recruitment and selection processes take account of applicants' academic attainment potential. With this group, it is also important to recognise that whilst there may be no problem with the potential per se, some students may*

*never have subjected themselves to the rigours of academic life previously – or if they have, it was a long time ago. It will of course be expected that some such students will be recruited as they have significant strengths against other selection criteria. However, the risk of academic failure for such students does need to be recognised; and the risk managed through additional academic support per Chapter 5.*

## **High Proportion of Leavers in Year One**

Many studies have found that a disproportionately large number of leavers do so in the first year of their programmes – especially in respect of the youngest students on commencement. Department of Health analysis (see item on ‘Age of Entry’ above) found that students were over 30% more likely to drop out in the first year compared with the other years of programmes. Again, this factor is probably intrinsically linked with the previous two factors – and possibly some others as well.

### *Possible Risk Management Strategies and Initiatives*

- *Rather than simply trying to recruit from slightly older applicants, HEI’s and their commissioners need to come to a view on the age profile of new cohorts. The ‘high risk’ components of the cohort then need to be clearly identified – in this case the 17, 18 and 19 year old students plus those more mature students with no recent exposure to academic study. The appropriate element or elements from the student support strategy needs to be targeted on the students concerned – e.g. intensive tutor support to help students master the academic challenges – especially in the first year of study. (This item cross references with the issues addressed in Chapters 5 and 6.)*

## **Male Students**

Department of Health analysis of data received from the Higher Education Statistics Agency (HESA) found that male students are less likely to complete.

### *Possible Risk Management Strategies and Initiatives*

- *This risk should be managed rather than avoided through good recruitment and selection processes as detailed above; and possibly supplemented through targeted academic and other support where appropriate per the suggestions in Chapters 5 and 6.*

## Part-Time Students

Department of Health analysis of data received from the Higher Education Statistics Agency (HESA) found that part-time students are less likely to complete.

### Possible Risk Management Strategies and Initiatives

- *This risk should be managed rather than avoided through good recruitment and selection processes as detailed above; and possibly supplemented through targeted academic and other support where appropriate per the suggestions in Chapters 5 and 6.*

### Case Study 8 – Liverpool John Moores University

John Moores University have introduced a part time route to address some of the flexibility issues so that students with difficult student/life balances can be better catered for – e.g. timetables built around school term times. Initial indications are that the attrition rate amongst such students is very low. However, more experience of the initiative will be needed along with the resultant data so that a rigorous evaluation can be undertaken and firm conclusions drawn.

For more information, please contact: [s.congdon@ljmu.ac.uk](mailto:s.congdon@ljmu.ac.uk) or [joe.mcardle@northwest.nhs.uk](mailto:joe.mcardle@northwest.nhs.uk)

# Chapter 5: Factors Linked to Academic and Clinical Skills Failure

## Context

Again, numerous studies have established significant links between a number of factors under this heading and observed attrition rates. Again too, many of the factors are inter-related, if not overlapping both with each other; and with factors addressed in other chapters also. Specifically it is worth bearing in mind that the following factors identified in Chapter 4 as issues relating to effective recruitment and selection are also related to students who are at high risk of academic or clinical skills failure:

- Age on entry
- Academic attainment on entry
- Student commitment
- Branch of Nursing/Midwifery
- Sensitivity to cultural and ethnic issues
- Widening entry

This is illustrated in the PWR report commissioned by the Department of Health (5), which found that students entering with GCSE's (or equivalent) rather than A Levels (or equivalent) were 20% more likely to be non-completers. Many of the GCSE students are also the youngest on entry.

Similarly, many studies have found much higher attrition rates in the first year of programmes – especially in respect of the youngest students on commencement. Department of Health analysis based on the PWR report (5) found that students were 50% more likely to drop out in the first year compared with the other years of programmes. Further, evidence of this inter-relationship/overlap can be found in the National Audit Office Report (2), which quoted a study undertaken by the University of Hertfordshire (6) which found that 70% of leavers/students interrupting their programmes did so in the first year. Furthermore, academic or clinical practice difficulties was a factor in over half of these cases.

## The Importance of Managing the Risks of Academic and Clinical Skills Failure

In its report published in 2001, (2) the National Audit Office identified that, from a survey, 383 out of 1,520 student nurses and midwives who had not completed their courses had not done so as a result of academic or clinical skills failure. This represents 25.2% of the attrition rate in the sample and is therefore very significant. What this high level data does not show however is the variation between different HEI's as a contribution to their overall attrition rates. The National Audit Office found, based on the data available to them at the time, that the overall attrition rate varied between 9% and 37%. It is therefore highly likely that within such a range that academic/skills failure rates also varied widely. One of the key issues for this piece of work therefore is to establish the degree of variation – and even more importantly whether the HEI's with low levels of academic/clinical failure have in place a range of selection and support strategies to help minimise attrition arising from this factor.

### Possible Risk Management Strategies and Initiatives

- *Sophisticated selection processes aimed at ensuring that only those candidates that have a realistic chance of coping with the rigours of both academic and clinical work are accepted. (This cross references to Chapter 4.)*
- *Development of appropriate and targeted student support mechanisms to help students cope with anticipated risk factors. For instance, fairly intensive tutor support in the first year can assist those students at the highest risk of academic failure – e.g. 17-19 year old starters with low academic attainment levels previously and also some more mature students with very little recent exposure to academic study.*

### Case Study 9 – London South Bank University

The 'Learning Support Centre' at the University has a dedicated office that provides the extra curricula support students may require. Support is identified as being required by either the student themselves or during sessions with their personal tutors. Without this guidance students may well quickly become overwhelmed by their workload, which in turn can lead to academic failure

For more information, please contact: [Andy.Caddick@selondon.nhs.uk](mailto:Andy.Caddick@selondon.nhs.uk) or refer to the report 'Attrition in Funded Nursing and Midwifery Programmes' commissioned by South East London WDC (4).

## Poor Attendance

As mentioned in the David Mason Consultancy report for South East London WDC (4), right across the Education sector, it has been recognised that poor attendance can be a very good indicator of potential attrition.

### Possible Risk Management Strategies and Initiatives

- **By reviewing attendance records, course leaders can identify those students who may currently be encountering problems either on the course or outside of the HEI, or identify those students who may struggle academically due to poor attendance. Early intervention with students through this process can reduce the escalation of problems; and therefore reduce attrition from students being required to withdraw on the basis of poor attendance.**

### Case Study 10 – Kings College London

At Kings College, attendance that falls below 80% by week four of the course results in a personal interview with the course leader. A variety of other points are monitored throughout the year and action taken as appropriate. A formal warning can be issued if poor attendance shows no sign of improvement and levels of attendance must be reached to progress to the next stage of learning.

For more information, please contact: [Andy.Caddick@selondon.nhs.uk](mailto:Andy.Caddick@selondon.nhs.uk) or refer to the report ‘Attrition in Funded Nursing and Midwifery Programmes’ commissioned by South East London WDC (4).

## Dyslexia

One reason why some students struggle with their academic studies is because they are dyslexic – including some students who are unaware of their dyslexia on entry.

### Possible Risk Management Strategies and Initiatives

- **By identifying those students who are dyslexic at or shortly after enrolment and then ensuring that they have access to the appropriate support mechanisms.**

### Case Study 11 – Edge Hill University

Edge Hill University has a team of Learning Support Tutors who engage in curriculum development and are accessible to the estimated 6% of students who are deemed to be at risk academic failure. This can and does include dyslexic students, who then have access to Learning Support Tutors, who assist students in their efforts to avoid academic failure.

For more information, please contact: [vossj@edgehill.ac.uk](mailto:vossj@edgehill.ac.uk) or [joe.mcardle@northwest.nhs.uk](mailto:joe.mcardle@northwest.nhs.uk)

# Chapter 6: Factors Linked to Effective Student Support

## Context

Once again, the starting point has to be that the issues raised in this chapter are generally not stand-alone issues. Indeed the overall message arising from Chapter 5 is that the key to reducing attrition arising from academic and clinical skills failure is about effective selection and recruitment followed by additional, targeted academic and/or clinical support for those students in the high risk groups.

## Personal Circumstances

The National Audit Report (2) found that ‘Personal Circumstances’ accounted for 27.8% of the overall attrition rate. The figure may well be significantly higher when it is borne in mind that a further 22.2% of the non-completers did not specify why they left or the reason was simply ‘not known’. The reasons bundled together under the heading ‘Personal Circumstances included emotional problems, family commitments, pregnancy and financial circumstances. (This heading excludes illness which is separately listed below.)

### Possible Risk Management Strategies and Initiatives

- *Sophisticated selection processes aimed at ensuring that applicants with little realistic chance of being able to balance the demands of student life with their other pre-existing personal circumstances are not selected unless there is a compelling reason otherwise. Care needs to be taken though not to infringe fair selection methods. (This cross references to good recruitment and selection processes per Chapter 4.)*
- *The availability of a wide-ranging and accessible student support service is extremely important. This might include a ‘Hardship Fund’ (see also the item below on ‘Financial Hardship’), counselling services, the availability of skilful mentors and clinical placement co-ordinators, which is addressed more directly in Chapter 7.*

## Financial Hardship

This is undoubtedly an issue for some students – and can be exacerbated by local circumstances that can sometimes increase the pressure – e.g. high accommodation costs, which the PWR Report (5) identified as a particular issue in London and the South East. Nonetheless, the PWR Report also pointed out that, based on work done at Coventry University, financial issues was not normally the main reason why students really left their courses – even if it was often the stated reason in exit interviews. Further, even when it is the real reason, it needs to be borne in mind that the amount of money involved in helping a student to overcome financial difficulties is usually trivial compared with the cost of training another student nurse or midwife from scratch. Thus, there is a very substantial value for money case for adopting a system of targeted but fair financial assistance for those relatively few students for whom such financial assistance makes the difference between leaving a programme and completing a programme.

In addition to ‘structural’ financial difficulties there is also a specific issue which affects many students on a short term basis. This occurs mostly at the beginning of the academic year and affects diploma students who are due to receive their bursaries from the Student Grant Unit. All too frequently there are delays in making these payments and causes some students to leave as they simply do not have access to any cash on which to exist.

### *Possible Risk Management Strategies and Initiatives*

- *As per the previous item.*
- *The Department of Health will enter into further discussions with the Student Grant Unit with a view to ensuring that, in future, its performance levels reach the required standard.*

## Illness

The National Audit Office Report (2) found that this accounted for 3.0% of the overall attrition rate. Thus, relatively, this is a fairly small issue – especially as it has to be borne in mind that however good the management systems are, there will always be some irreducible minimum below which attrition arising from illness cannot fall. However, this is a macro view; and undoubtedly some HEI’s have higher attrition rates than others, which the institutions concerned could usefully investigate the causes for.

### Possible Risk Management Strategies and Initiatives

- *Benchmarking of the proportion and absolute numbers of non-completers which is deemed to be due to illness compared with other institutions. Where this is a significant factor, the organisations concerned may need to research the underlying causes and take appropriate corrective action – e.g. if a major cause were found to be very high stress levels associated with specific clinical placements.*
- *Making students fully aware of the options to step back onto their programmes if and when illnesses clear up.*

### Case Study 12 – London South Bank University

The 'Quality Unit' bridges the gap between the Faculty management and the students. The Unit is a forum of representatives of the Faculty management, students and student advisors which aims to look at the student perspective of any issues that may arise.

The Quality Unit approach has been developed by LSBU and is unique in its approach. The aim is to channel views on issues back to the Unit through student representatives and discuss them. An example of the impact of the Unit is the increased allocation of resource into providing student advisors, as the students themselves felt the role was crucial in their development.

While student advisors are not unique to LSBU, it is they who place the most significance on their involvement with students. Student advisors are available to discuss all non-academic issues surrounding University life. This may include support for academic appeals, study skills support, disability or financial advice amongst many others. On smaller campus sites one advisor may provide the breadth of support whilst on larger campus sites there are specialists for each area.

For more information, please contact: [Andy.Caddick@selondon.nhs.uk](mailto:Andy.Caddick@selondon.nhs.uk) or refer to the report 'Attrition in Funded Nursing and Midwifery Programmes' commissioned by South East London WDC (4).

# Chapter 7: Factors Linked to Clinical Placement Issues

## Context

Clinical Placements are vital in preparing student nurses and midwives to become the backbone of the future healthcare workforce. Whilst the majority of the factors identified in the other chapters are substantially if not completely within the remit of HEI's, this is not the case with clinical placements. If attrition arising from the clinical placement experience is to be minimised, it has to be achieved through a partnership between HEI's, the providers of clinical placements and Strategic Health Authorities in their role as commissioners of nurse and midwifery education.

Again too, the connections need to be made with issues raised in other chapters – especially those in Chapter 6 relating to effective support mechanisms for students.

## The Quality of the Clinical Placement Experience

It needs to be borne in mind that there are two aspects to this factor – the actual quality of clinical placements and the quality as perceived by the student. The two aspects may be the same or they may be different – but it is crucial to bear in mind that it is the student's perception which will shape his/her decision as to whether or not to leave a pre-registration programme. The PWR Report (5) identified a range of issues affecting student perceptions including the time available from their clinical supervisors, Clinical Co-ordinator input etc. A welcoming environment, helping to cope with abusive patients, the availability of competent mentors and assessors and being valued as a member of the clinical team have all also been assessed as important in shaping the student's view of his/her clinical placement.

### Possible Risk Management Strategies and Initiatives

- *Systematic feedback from students (whether through questionnaires or otherwise) as to their perceptions of the quality of their clinical placements – accompanied by a policy of follow-up action where the feedback suggests this is indicated.*

- *As per the key recommendations in the PWR Report (3) – i.e.:*
  - *Speeding up of processes for students to reclaim and be reimbursed for accommodation expenses during clinical placement periods.*
  - *Clarification about the role of link lecturers.*
  - *Clarity about the level of academic support students can expect from their link lecturers during clinical placements. (This should be addressed as part of good recruitment and selection processes per Chapter 4; and also as part of effective student support mechanisms per Chapter 6.)*
  - *Ensure prospective students have a full understanding of what to expect in the clinical placement aspect of their programmes. (This should be addressed as part of good recruitment and selection processes per Chapter 4.)*
  - *Good working relationships between the relevant people at the HEI and the relevant people in the organisations providing clinical placements (per item 19 below).*
  - *The availability of training and development for clinicians who have a role in supervising students during their clinical placements.*

### Case Study 13 – University of the West of England

The University conducted a study to determine students' views as to the usefulness of clinical placement mentors. Overall, 95.6% felt they were very useful or quite useful with only 4.4% not using them or finding them not useful.

Crucially though, over 80% of students who did not have any placement problems rated their clinical placement mentor as 'very useful', whereas this fell to 50% among students whose placement problems had made them consider leaving.

Using student feedback in this way provides a useful source of information to help identify a group of students where there is a much increased risk of attrition unless the appropriate action and support mechanisms are put in place.

For more information, please contact: [Martin.Pannell@agw-wdc.nhs.uk](mailto:Martin.Pannell@agw-wdc.nhs.uk) or refer to the write-up of the in-depth study into attrition from pre-registration Adult Nursing programmes to inform debate on improving retention on health professional programmes across the Faculty of Health and Social Care at the University of the West of England (9).

### Case Study 14 – Edge Hill University

Clinicians within a local maternity unit identify and report adverse clinical events (ACE). The outcome of these reports may praise appropriate care or recommend future action such as audit or in-service training. ACE reports are discussed routinely within that directorate. Midwifery students from Edge Hill University may attend any meeting. The student then identifies the ACE report that he/she would like to explore and analyse. The ACE report is anonymised and presented as a summative paper. A member of the ACE committee is invited to attend these presentations.

To be effective, such an approach obviously depends on having a ‘no blame culture’ in place – but is an extremely powerful way of demonstrating that students are valued, which is crucial in shaping students’ views and perceptions of their clinical placements.

For more information, please contact: [briscoel@edgehill.ac.uk](mailto:briscoel@edgehill.ac.uk) or [joe.mcardle@northwest.nhs.uk](mailto:joe.mcardle@northwest.nhs.uk).

## **Long/Difficult/Expensive Travel to Clinical Placements**

This is a particularly relevant factor for many mature students who struggle to balance the demands of student and home life – and is referred to in the PWR Report. (5)

### *Possible Risk Management Strategies and Initiatives*

- *The fact that not all clinical placements can be guaranteed to be ‘on the doorstep’ should be reflected in the information that is given to prospective applicants (per Chapter 4).*
- *Where long, difficult or expensive travel is essential to access appropriate clinical placements, HEI’s could ensure that prompt and appropriate recompense is forthcoming. The risk of pushing students into financial hardship (as mentioned in Chapter 6) should be recognised. It is simply unacceptable to have students leave just because they face financial difficulties through delays in being reimbursed for their travel expenses. The additional cost to an HEI is nil. The cost to the taxpayer associated with ‘losing’ a healthcare student is, in comparison, huge.*

# Chapter 8: Factors Linked to Relationships, Organisational and Course Issues

## Context

This chapter is essentially about cultural issues – mostly, but not exclusively those that are within the purview of HEI's. In essence; and unsurprisingly in the light of the management evidence for effective organisations generally; high performing HEI's are likely to have excellent working relationships with all their key stakeholders. This of course includes their students; and progressive HEI's already have sophisticated mechanisms for eliciting student feedback and then taking action to address the issues that emerge from that feedback. It needs to be recognised too that some of the action required is likely to come under the headings for Chapters 4-7 as well as in the areas of relationships plus organisational and course issues as addressed in this chapter.

## Satisfaction with the Quality of the Programme

The National Audit Office Report (2) found that this accounted for 2.9% of the attrition rate – but it does need to be borne in mind that 22.2% of the leavers did not specify why they left or the reason is 'not known'. It also needs to be borne in mind that satisfaction with clinical placements is arguably integral to this issue as addressed in Chapter 7. Whilst this item is shown here as a cultural issue for HEI's, it is recognised that much of the risk may also lie amongst the factors related to good recruitment and selection processes as detailed in Chapter 4 – e.g. personality characteristics, student commitment etc.

### Possible Risk Management Strategies and Initiatives

- *Sophisticated recruitment selection processes should be put in place aimed at ensuring that applicants have a proper and realistic understanding of the academic and clinical challenges they will need to overcome in order to succeed as a registered nurse or midwife. This cross references to Chapter 4.*

- *Student feedback and support mechanisms should be developed which are aimed at ensuring that any potential problems are identified and notified at an early date so that they can be addressed and managed, rather than allowing the problems to go unnoticed until after students have taken irrevocable decisions to quit their programmes. The feedback from students needs to be viewed as a positive opportunity to drive real and innovative change, rather than as a chore which results in responses which explain why nothing can be done about the issues that are raised by the students. This cross references too to the suggested approach to responding to student concerns about the quality of clinical placements as referred to in Chapter 7.*

## **Students Taking up Employment/Other Career Choices**

The National Audit Office Report (2) found that this accounted for 8.6% of the overall attrition rate – with the same proviso as in the previous item regarding ‘reason not specified’ and ‘reason not known’. As with the previous item, this is as much about good recruitment and selection processes as it is about cultural issues for HEI’s.

### *Possible Risk Management Strategies and Initiatives*

- *Sophisticated recruitment and selection processes are again essential in minimising the risk from this factor. They should be aimed at ensuring that applicants have a proper and realistic understanding of the academic and clinical challenges they will need to overcome in order to succeed as a registered nurse or midwife. This issue should be addressed through good recruitment and selection processes per Chapter 4.*
- *To the extent that financial difficulties plays a part in students deciding to seek alternative careers or courses, ensuring that all reasonable steps have been taken with regard to affordable accommodation, travel costs to clinical placements, access to a Hardship Fund, access to affordable childcare and other elements of effective student support as described in Chapter 6.*
- *Effective student feedback mechanisms and exit interviewing should be put in place, and acted on whenever this issues surfaces as a possible or declared reason for students not completing their programmes.*

## **Transfers to Other Higher Education Programmes (Both MPET and non-MPET Funded)**

The National Audit Office Report (2) found that this accounted for 9.1% of the overall attrition rate. Again this is as much to do with good recruitment and selection as it is about HEI cultural issues.

### *Possible Risk Management Strategies and Initiatives*

- *Sophisticated recruitment and selection processes are again essential in minimising the risk from this factor. They should be aimed at ensuring that applicants have a proper and realistic understanding of the academic and clinical challenges they will need to overcome in order to succeed as a registered nurse.*
- *Student support mechanisms that identify ‘wavering’ students and assist them to overcome any academic or clinical challenges which may deter them from completing their programmes from time to time.*
- *Effective student feedback mechanisms and exit interviewing should be put in place, and acted on whenever this issues surfaces as a possible or declared reason for students not completing their programmes.*

## **Inter-Organisational Working Relationships**

The PWR Report (5) mentioned that improving the links between HEI’s and clinical sites is important in connection with clinical placements (see Chapter 7). However, this is a much wider issue. It needs to be borne in mind that it is the people in organisations that have working relationships rather than the organisations themselves.

### *Possible Risk Management Strategies and Initiatives*

- *Managers in the commissioning organisations (i.e. Workforce Development Directorates in SHA’s) have a vital role to play. Commissioners who are committed to reducing attrition should consider adopting a range of strategies to guide their working relationships with partners. These could range from performance management meetings on the one hand to giving financial support to initiatives agreed between people in HEI’s and clinical placement providers that are calculated to improve student retention rates. An inclusive approach to developing the clinical placement strategy per Chapter 7 is another useful mechanism.*
- *HEI’s should adopt proactive and positive approaches to their relationships with the providers of clinical placements – and vice versa.*

*The objective should be to avoid as far as possible the sorts of operational problems that can occur; and which can be so influential in shaping a student's continued commitment to a career in nursing or midwifery. On the occasions when unexpected problems do occur, good working relationships will normally result in a speedy resolution through a simple telephone call, rather than having to resort to a time consuming, blame apportioning exercise before action is taken.*

## **Organisational and Course Characteristics**

In a paper published in The Journal of Advanced Nursing in 1999 (8), Kevern, Ricketts and Webb noted that many of the factors listed above have an impact on attrition and course outcomes – but also that organisational and course characteristics have a conjoint influence.

### *Possible Risk Management Strategies and Initiatives*

- *HEI's could benchmark their attrition rate performance and management of the associated risk factors against other HEI's. If the other risk factors were being managed; but performance was still poor; it would be reasonable to explore differences in the organisational and course characteristics. Then, based on the learning from other sites plus student feedback, it would make sense to experiment with some well evidenced changes and then monitor to see if there was any discernible impact on attrition rates.*

## **Student Responsibilities**

Throughout the rest of this document there is in effect an underlying assumption that the whole of the responsibility for reducing attrition rates falls on HEI's, SHA's and employers; and the partnership arrangements between them. It must not be forgotten though that ultimately, in most cases, it is individual students who take individual decisions not to complete their courses. It is therefore only right that students share some of the responsibility; and that they are incentivised to accept that responsibility. Even with academic or clinical skills failure, there is frequently a student responsibility issue as many HEI's have detected a clear link between academic/clinical skills failure and high levels of sickness/absence.

A number of possible interventions have been suggested – mostly connected to introducing financial rewards to encourage students to complete and/or

introducing financial penalties to discourage early leavers. The situation is complex though as the starting point for the financial position of different students can be very different. Diploma students receive a bursary but degree students don't. Secondees from NHS organisations normally still continue to receive their salaries and are assured of a job when they complete their courses. It would therefore be difficult to devise a system of rewards and/or penalties which was fair to all. One option that is often mentioned for diploma students is that in the first place the bursary should be regarded as a student loan, with the debt being annulled on the successful completion of a programme. However, for non-completers, unless there was a valid reason, any amounts that had been received up to leaving would be treated as a student loan in the same way as for other Higher Education students and would be recovered subsequently.

As with all complex problems it is easy to propose simple solutions which, if implemented, normally lead to unintended consequences. Therefore, the Department of Health will conduct further research and analysis around this issue; and then bring forward a consultation paper setting out the analysis and possible options. It is intended that this consultation paper should be published in 2007.

# Chapter 9: Post Registration Attrition

## Context

The remit for the work associated with the production of this document was essentially about the attrition that occurs on pre-registration nursing and midwifery programmes. Quite rightly this is a matter of concern for the taxpayer, as attrition represents a loss of value for money amounting to several hundred millions of pounds. It is also a matter of concern to the individual students who have devoted a part of their lives to a programme they are unable to complete; and to the workforce planners who are charged with ensuring that there is an adequate supply of nurses and midwives to meet future requirements.

However, pre-registration attrition is a highly visible and measurable form of attrition – and demonstrable loss of value for money. As became increasingly apparent through discussions with a number of HEI's, SHA's and NHS employers; there is also a less visible but equally real form of attrition that needs to be addressed too – post registration attrition.

Essentially there are two different components to post-registration attrition. Firstly there is the component that arises from those students who complete their courses to become registered nurses and midwives; but who never take up posts in nursing and midwifery, or permanently leave such posts shortly after registration. The second component arises when there is a mismatch between the competences acquired during pre-registration programmes and the competences required by employers in posts deemed suitable for newly qualified nurses and midwives.

## **Failure to Take up Posts and Decisions to Quit Nursing and Midwifery Careers at an Early Stage**

Quite simply, the extent of this problem is not known. Many HEI's try and track their former students for the 12 months after registration to gain intelligence as to the former students' first destination posts. However, given the voluntary nature of such exercises – both on the part of the HEI's and their former students, it is hardly surprising that the available information is incomplete and lacks robustness. In any event, attrition that occurs shortly after

taking up a first destination post would not necessarily be picked up – and certainly wouldn't be if it occurred shortly after the 12 months period. Nonetheless, the issue of whether or not there is a nursing or midwifery career post registration; and whether or not there is career progression is now starting to be picked up and some research is under way.

### Case Study 15 – University of Nottingham

The University has commissioned a study with a number of aims including “To compare career progression and attrition from nursing of post-registration nurses from both Diploma and Master's courses”.

The study involves targeting three sequential year groups of students who graduated in the period 2003 – 2005; and then following them up over a five-year period after they qualify. (Thus, the study will not be completed until 2011 for the last cohort.)

For more information, please contact: [Jennifer.Park@nottingham.ac.uk](mailto:Jennifer.Park@nottingham.ac.uk).

The Department of Health recognises that this is an important issue; and will be giving consideration to the commissioning further work to better understand the scale of the problem, the underlying factors and the actions that can be taken to minimise this form of post registration attrition.

## **Mismatches Between Acquired Competences and Required Competences**

This aspect of post registration is even harder to evaluate as there is only anecdotal evidence of the scale or nature of the problem. The issue often manifests itself when interviews for vacancies are held; and the people doing the interviewing complain that newly qualified nurses and midwives are not ‘fit for purpose’. This becomes a more visible issue when NHS organisations are experiencing financial problems and fewer jobs are being advertised. This leads to an excess of supply over demand and all too frequently this means that newly qualified nurses and midwives lose out.

In some instances, it may well be that there is a mismatch between acquired and required competences. If that is the case, it is highly likely that it is as a result of less than perfect communications between employers and HEI's. Most HEI's are only too willing to adapt their programmes to the requirements of

employers – but they do need to be informed of those requirements in advance. Equally though, in other instances, it has to be recognised that any such mismatches may be due to perceptions of ‘fitness for purpose’ rather than any realities – which is equally important and is equally more about communications issues than anything else.

Lastly, there may well be instances where the newly qualified nurses and midwives are ‘fit for purpose’ – but the jobs aren’t! This can occur when modern, evidence based practice is instilled into students; but where services have not been modernised to reflect such practice.

Again research evidence is sparse, although again the nature of the problem is beginning to be recognised; and studies are now being commissioned, not necessarily in pre-registration nursing and midwifery, which start to examine the issue.

### Case Study 16 – West Yorkshire WDC

The WDC commissioned a study which followed up registered practitioners who undertook the necessary development to enable them to prescribe. The study found that only 73% of the staff concerned were deploying this competence 12 months later

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The Case Study above, which effectively examined a single competence, shows a worryingly high attrition rate of 20% in terms of an acquired competence not being required by employers – for whatever reason. Clearly a much more sophisticated study would be needed to examine mismatches between the much bigger portfolio of competences acquired by newly qualified nurses and midwives; and those assessed as required by employers.

As with the section on failure to take up post/other early pre-registration attrition, the Department of Health recognises that this is an important issue; and will be commissioning further work to better understand the scale of the problem, the underlying factors and the actions that can be taken to minimise this form of post registration attrition.

# Appendix: Self Assessment Questionnaire

This attrition self –assessment form is intended to be completed on a collective basis through group discussions at ‘workshops’ involving decision makers from HEI’s and the SHA’s they contract with.

In completing the form, workshop participants will need to remember that the correct definition of attrition to be applied to HESA data from 2003/04 onwards is:

$$\frac{\text{Starters}(a) + \text{Transfers In}(b) - \text{Transfers Out}(c) - \text{Numbers Completing}(d)}{\text{Starters}(a)}$$

where:

- (a)** ‘Starters’ includes ‘New Entrants’ *(i)* and ‘Advanced Standing Entrants’. *(ii)*
- (i)* ‘New Entrants’ are those students who have not studied on a particular cohort previously and who start at the commencement of the cohort. The category includes students who commence after the first day of the programme, i.e. due to annual leave, sickness, late decision to join etc. It excludes students who attend only on the first day of a course and leave immediately.
  - (ii)* ‘Advanced Standing Entrants’ are those students who have not studied on a particular cohort previously and who are eligible to join at a point past the commencement of the cohort, i.e. joining from a cadet scheme, FE College or AP(EL) and whose claim for advanced standing has been agreed by the HEI and the appropriate Workforce Development Confederation or SHA Workforce Directorate.
- (b)** ‘Transfers In’ includes internal *(iii)* and external *(iv)* transfers in and resumptions. *(v)*
- (iii)* ‘Transfers In (Internal)’ are those students who have transferred into a particular cohort from another cohort within the same HEI, normally due to an interrupt, or from another branch of training, e.g. from Adult to Mental Health.

- (iv) *'Transfers In (External)' are those students who have transferred into a particular cohort from another HEI where they have been studying the same programme.*
- (v) *'Resumptions' are those students who have resumed study on the same programme following a period of absence. Such students would be rejoining a different cohort from the one they originally commenced on. This category is for students who have had a break in study from the programme at an agreed appropriate time, e.g. students who 'step off' for a year and then 'step on' again.*
- (c) *'Transfers Out' includes internal (vi) and external transfers out (vii).*
  - (vi) *'Transfers Out (Internal)' are those students who have transferred onto another cohort within the same HEI, normally due to an interrupt or due to a transfer to another branch of training, e.g. Mental Health to Adult.*
  - (vii) *'Transfers Out (External)' are those students who have transferred onto the same programme at another HEI.*
- (d) *'Numbers Completing' or 'Qualifiers' are those students who have successfully completed their programmes and who are eligible to enter the professional register, where applicable.*

1. In terms of the factors that have been found to be linked to effective marketing, recruitment and selection processes, how would you rate the effectiveness of your approach against each of the following (where 1 = very effective, 2 = quite effective, 3 = partly effective, 4 = ineffective and 5 = no approach currently in existence):

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a) Marketing media that give an informed but realistic view of what potential applicants can expect both as students and as registered nurses or midwives:					
i) Brochures etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) CD ROM's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Open days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Events for schools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Strategies to ensure that cohorts are not over-represented in the following groups where attrition risks have been shown to be increased:					
i) 17-19 year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Students with limited academic achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) Mature students with little recent experience of academic study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Students who are not fully committed to pursuing a career in nursing or midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vi) Students with challenged financial circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
vii) Male students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
viii) Part-time students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) A structured approach to selection:					
i) One to one interviews with all short-listed candidates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ii) Consistent use of a formal 'template' that addresses the factors identified in b) above as appropriate
- iii) Consistent input from service into all student selection interviews and/or other selection processes as appropriate
- iv) Other – please specify

*Please give details below of any particular approaches or initiatives your organisation has taken in connection with any of the factors identified in Q1 which you believe to have been effective; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them.*

2. What proportion of the attrition rate is attributable to academic or clinical skills failure?
3. In terms of the factors that have been found to be linked to academic and clinical skills failure, how would you rate the effectiveness of any targeted and possibly intensive academic support that you give to students in the following groups (where 1 = very effective, 2 = quite effective, 3 = partly effective, 4 = ineffective and 5 = no approach currently in existence):

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a) 17-19 year-olds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Students with limited academic achievements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Mature students with little recent experience of academic study	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Students who are not fully committed to pursuing a career in nursing or midwifery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Different ethnic groups	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Students with challenged financial circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Male students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Part-time students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details below of any particular approaches or initiatives your organisation has taken in connection with any of the factors identified in Q3 which you believe to have been effective; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them.*

4. In terms of the factors that have been found to be linked to effective student support, how would you rate the effectiveness of the support given to your students (where 1 = very effective, 2 = quite effective, 3 = partly effective, 4 = ineffective and 5 = no approach currently in existence):

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a) Academic support (over and beyond the issues referred to in Q4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Access to a 'hardship fund'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Ensuring access to affordable housing (including during clinical placements)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Assistance with travel costs re. clinical placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Access to and assistance with affordable childcare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Flexible arrangements for 'stepping on' and 'stepping off'	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) 'Real' access to trained mentors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) 'Real' access to clinical supervisors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) 'Real' access to counselling services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) 'Real' access to clinical placement co-ordinators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Flexible shift patterns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) Other – please specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please give details below of any particular approaches or initiatives your organisation has taken in connection with any of the factors identified in Q4 which you believe to have been effective; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them.*

5. In terms of the factors that have been found to be linked to clinical placement issues, how would you rate the effectiveness of the arrangements in your HEI and the partner organisations who provide the actual clinical placements (where 1 = very effective, 2 = quite effective, 3 = partly effective, 4 = ineffective and 5 = no approach currently in existence):

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
a) Systematic feedback mechanisms from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Making changes in response to the feedback received from students	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Avoiding long/difficult/expensive journey times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) The availability of affordable accommodation during clinical placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) An adequate supply of trained assessors of the right quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) An adequate supply of trained clinical supervisors of the right quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) An adequate supply of trained mentors of the right quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) An adequate supply of trained clinical placement co-ordinators of the right quality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Communications between the HEI and the relevant staff in the organisations offering clinical placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j) Support mechanisms for students encountering racial or other abuse from patients or visitors during their clinical placements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k) The arrangements for ensuring that clinical placement details are agreed well in advance and not subjected to last minute changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l) Link lecturer arrangements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- m) Prompt reimbursement of travel and any other allowable expenses
- n) Academic support arrangements during clinical placement periods

*Please give details below of any particular approaches or initiatives your organisation has taken in connection with any of the factors identified in Q5 which you believe to have been effective; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them.*

6. Which of the following, in your opinion, best describes the working relationships between the SHA (or WDC) as commissioners and the HEI, along with its partner organisations who provide clinical placements?

Supportive and facilitative working relationships which all parties are fully involved in and contribute to. Operational problems are easily resolved 'by a phone call'. The SHA/WDC takes an active approach to the performance management of attrition and it features at regular monitoring meetings.

Generally good working relationships. Most operational problems are resolved fairly easily. The SHA/WDC shows some interest in the performance management of attrition.

The quality of working relationships is mixed. Some, but by no means all operational problems are resolved without too much difficulty. SHA/WDC interest in performance managing attrition is somewhat limited.

Generally poor working relationships. Resolving operational problems often proves to be difficult and time consuming. SHA/WDC interest in attrition issues is rare.

Working relationships are very difficult. Operational problems often go unresolved. The SHA/WDC pays no attention to attrition issues.

*Please give details below of any specific approaches or initiatives which you believe have had a positive effect on working relationships; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them. **In particular, if there is an action plan to manage attrition rates (whether jointly agreed or not and whether in draft form or not); can you please supply a copy.***

7. Which of the following, in your opinion, best describes your HEI's approach to organisational and course characteristics?

a) Delivery of education:

Single site working

Multi-site working

b) Other organisational and course characteristics:

The situation is reviewed every year, including taking account of student feedback. Based on this learning, changes are often made; and the correlation with subsequent attrition levels is closely monitored.

The situation is reviewed from time to time on an ad hoc basis, and sometimes takes account of student feedback. Some changes have been made in the past; and possible correlation with subsequent attrition levels is being considered.

The situation is rarely reviewed and no changes have been made in the recent past.

There is no need for the HEI's approach to its organisational and course characteristics to be reviewed.

*Please give details below of any particular approaches or initiatives your organisation has taken in connection with any of the factors identified in Q7 which you believe to have been effective; and which you feel others would be interested in as an example of good practice. If there are any supporting papers which you feel would be useful, please attach them.*

8. Please give details (either below or by reference to supporting documentation) of any other factors or initiatives that you are aware of that impact on student nurse and midwife attrition rates.

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- [1] Recruitment and Progression – Minimising Attrition from NHS Funded Pre-Registration Healthcare Courses, Department of Health, 2002
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- [3] Learning the Hard Way, Randall and Tamkin, Sussex University and Sussex Education and Training Consortium, 2000
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- [6] An Investigation into Student Wastage from the Diploma in Higher Education in Nursing at the University of Hertfordshire, University of Hertfordshire, 2001
- [7] A longitudinal Cohort Study of Burnout and Attrition in Nursing Students; Deary, Watson and Hogston; Journal of Advanced Nursing 43(1) 71-81; July 2003
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- [10] Analysis of data in relation to attrition from The University of Nottingham School of Nursing (SoN) 2000 – 2006, University of Nottingham, 2006