NHS
Health Education England

RePAIR

Reducing Pre-registration Attrition and Improving Retention

RePAIR - Foreword

Professor Dame Christine Beasley

I am delighted to introduce this RePAIR (reducing pre-registration attrition and improving retention) toolkit, which is one of three outputs from this large-scale project into attrition and retention. The other two outputs are the Executive Summary and the Report, both of which can be accessed from this toolkit.

I feel privileged to have led the RePAIR Steering Group on behalf of Health Education England for this very important work.

The RePAIR Steering Group was established in 2015 to respond to the DH Mandate to reduce unnecessary attrition from pre-registration healthcare programmes. Attrition has been under the spotlight for many years and whilst not all attrition should be considered negatively, unnecessary attrition does incur a significant cost to the health and care system – to universities and to healthcare providers and, importantly, it impacts on the health and wellbeing of healthcare students and those who are newly qualified.

Given the continued high profile of workforce shortages across health and social care, and the impact this has on the ability of service to deliver high quality patient care, it felt timely that attrition and retention were again subject to further scrutiny and as one of our RePAIR Community members pointed out, RePAIR provided an important opportunity (outside of the usual performance frameworks) for all stakeholders to come together to take stock and 'rekindle the conversation about attrition'.

The Spending Review and Autumn Statement 2015 announcement that health student grants would be replaced with student loans, did require the Steering Group to reflect on the project's remit, given the implications for future national data collections. However, the support to continue was unanimous - built on the premise that attrition and retention is not the remit of any one stakeholder in isolation. The Steering Group recognised their collective responsibility to gain a greater understanding of why students stay or leave, a programme or during their early clinical career.

The RePAIR Project has made some significant achievements – the detailed RePAIR baseline dataset is a unique dataset and was only possible given the tremendous support from universities working in partnership with HEE. The extensive student survey has also provided detailed and valuable insight as too have the outputs from the focus groups and case study sites.

RePAIR reaffirms that attrition and retention are influenced by many different factors and it has highlighted the need for all stakeholders 'to do better' to increase their commitment to each other and to take ownership for the contribution they play in the 'journey' to reduce attrition and improve retention.

The RePAIR outputs have been made possible through the incredible support from all those who willingly contributed to this project. Our gratitude is extended to all those on the acknowledgement list, but also to the teams, students, and other individuals whose contribution will have made a difference.

Professor Dame Christine Beasley
Chairman of RePAIR Steering Group

"Attrition is everyone's business – every individual or organisation providing pre-registration healthcare education or contributing to clinical placement education must ask how they can work together and with HEE to respond to the recommendations of RePAIR. RePAIR identified many examples of good practice, but equally we should remember that we can and must all do better if we are to contribute positively to the workforce challenges ahead. Undergraduates are our workforce of the future, the future of the NHS, we must cherish them to ensure our patients get the high quality of care they should expect."

Professor John Clark – Senior Responsible Officer
Regional Chief Nurse and Head of Allied Health
Health Education England – Midlands and East RePAIR SRO

"RePAIR has provided a unique and fascinating insight into what motivates students to stay or leave their chosen healthcare programme. It has also been a catalyst for further work to explore some of the emerging RePAIR themes including valuing Year 2 students, the culture of care, understanding student confidence and early career choices. Although RePAIR has focussed on nursing, midwifery, and therapeutic radiography, it is exciting to consider that the principles to emerge are likely to be more far reaching. I am particularly keen to understand the relevance of the findings of RePAIR to the new models of pre-registration education and training that are being implemented across health and social care."

Professor Lisa Bayliss-Pratt,
Chief Nurse, Health Education England and Interim Regional Director for Health Education England London and South East

RePAIR

Welcome to the Reducing Pre-registration Attrition and Improving Retention (RePAIR) Toolkit, produced by Health Education England (HEE) in collaboration with staff at the RePAIR case study sites who have been actively engaged in this work.

RePAIR was launched in the autumn of 2015 in response to the Department of Health's mandate to reduce unnecessary attrition.

RePAIR is mainly focussed on England although where appropriate information from the other devolved nations is incorporated.

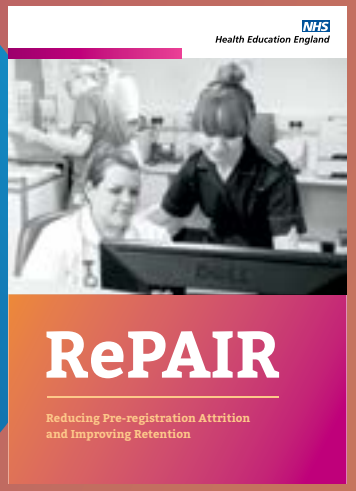
Included in this section of the toolkit is the Background to study and the Context in which this work has been undertaken.

This toolkit contains quick reference to key messages and resources in an interactive PDF document.

Report

The Report, **downloaded here**, provides further details of the RePAIR study with links to the resources signposted.

Download here



Executive Summary

The Executive Summary, **downloaded here**, sets out the key messages and the recommendations from RePAIR

Download here

RePAIR Toolkit
Introduction

Unnecessary attrition from pre-registration education and training programmes results in cost to the education and service providers as well as the students. RePAIR has sought to gain a greater understanding of the factors that affect retention with a focus on the four fields of nursing, midwifery and therapeutic radiography. However, the team believe this toolkit will have wider application for the health and social care sector.

This toolkit has been developed from the evidence collected as part of HEE's extensive national RePAIR project. It has been designed for use by staff in higher education institutions (HEIs); staff in healthcare provider organisations (HCPs), and policy makers in England. Particularly those who aspire to improve retention in the pre-registration clinical education programmes, and those who support newly qualified staff during the first two years of their clinical practice.

RePAIR
Background and Context

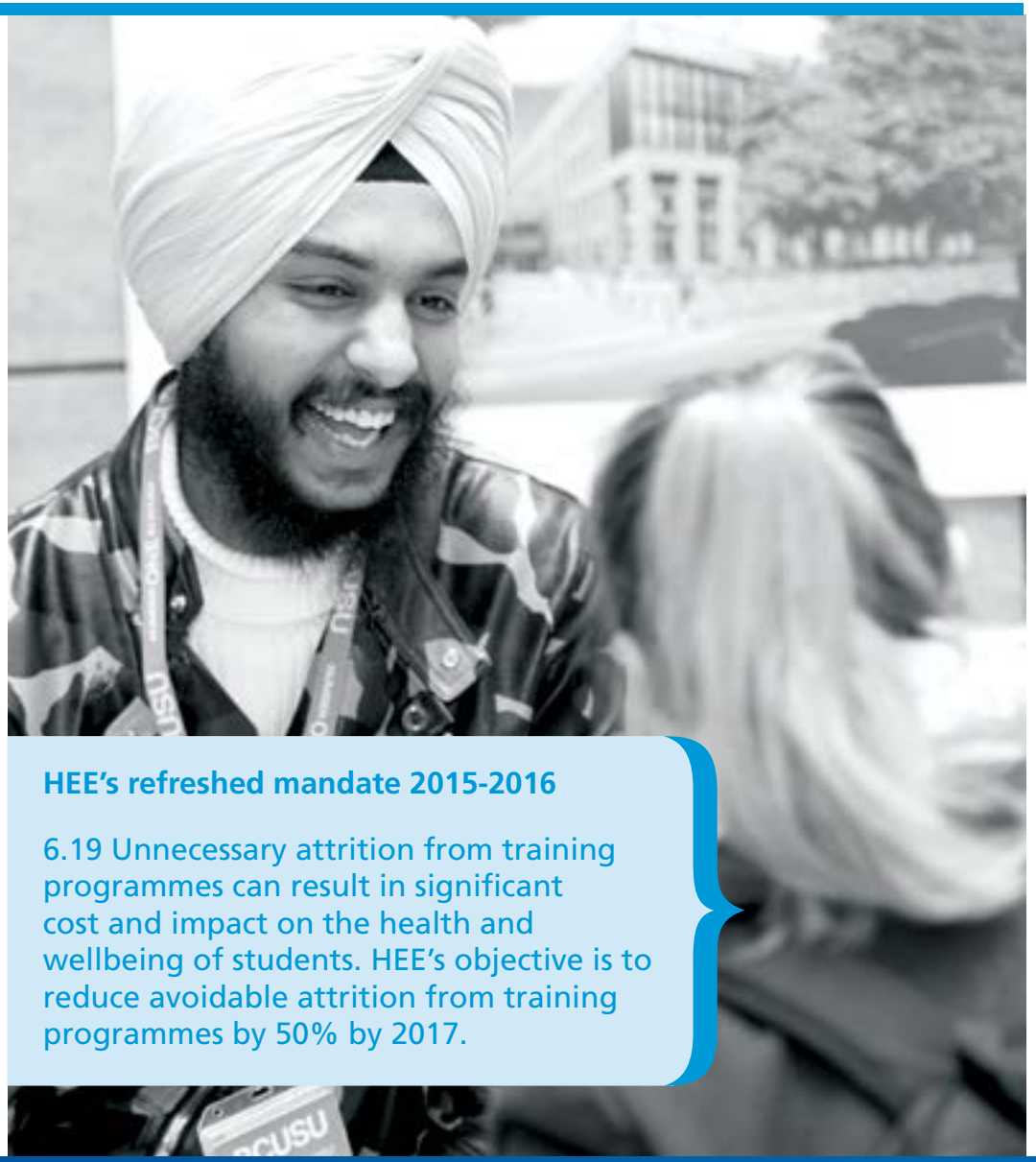
Student attrition from pre-registration clinical education programmes is a long-standing challenge. As early as 1999 the then UKCC (United Kingdom Central Council for Nursing Midwifery and Health Visiting) published the findings of a large scale review of nurse education and reported high levels of attrition (see Resources).

More recently in March 2015 the Department of Health (DH) published a refreshed mandate to Health Education England (HEE), including setting out actions required to improve the quality of education and supporting healthcare students and trainees. The Reducing Pre-registration Attrition and Improving Retention project (RePAIR) was established to address the mandated requirement to reduce unnecessary attrition and identify areas of best practice in improving retention.

In the same year HEE published Raising the Bar (**see Resources tab**) in which it was reported that non-completion rates within pre-registration nursing programmes is, on average, in excess of 20 per cent. This study also highlighted the financial burden to the system of educating people who fail to enter their chosen clinical career.

“ RePAIR has enabled us to rekindle the discussion.”

Dr Rebecca Khanna, Assistant Dean, Faculty of Health and Wellbeing, Sheffield Hallam University



HEE’s refreshed mandate 2015-2016

6.19 Unnecessary attrition from training programmes can result in significant cost and impact on the health and wellbeing of students. HEE’s objective is to reduce avoidable attrition from training programmes by 50% by 2017.

RePAIR
Background and Context

The pre-registration programmes deemed to be the most significant to RePAIR, in the context of the right numbers of people available to deliver the right care, are either those that have a significant whole system impact such as adult nursing and midwifery, or those that impact on vulnerable communities: children's nursing, learning disabilities nursing, mental health nursing and therapeutic radiography.

Although the focus for RePAIR is on these six programmes, and the newly qualified practitioners who graduate from them, the findings are readily transferable to other pre-registration clinical education programmes.

It is well understood that the factors that contribute to attrition are complex and that institutional, political, professional and societal issues, as well as individual student factors contribute to students leaving a healthcare course. In this context it was decided to extend the scope of RePAIR to include approaches to improving retention during the first two years of employment as newly qualified practitioner turnover rates tend to be high during this period.

In the 2015 Government Spending Review and Autumn Statement, a funding reform for healthcare students was announced whereby, the capped numbers of student places for nursing, midwifery and allied health subjects were to be abolished and the student grant system replaced by student loans. Despite this significant change in policy it was decided to continue the RePAIR project with the expectation that the findings would still be relevant to HEIs and HCPs.

Approach to RePAIR

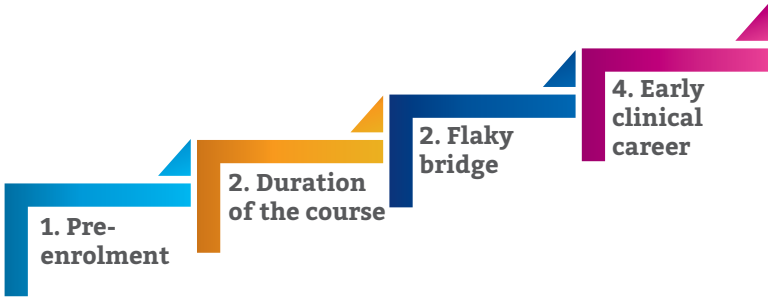
In line with the mandate the agreed RePAIR project aims were to:

1. Provide a standard definition for attrition and establish a baseline.
2. Establish a detailed understanding of the multi-factorial aspects of attrition and retention in pre-registration education and training.
3. Identify best practice and isolate the factors that are in place for retention to be optimised.
4. Promote spread of identified best practice across England.
5. Agree a sustainable national approach to improving pre-registration retention.

Approach to RePAIR

From the outset of the study it was decided that RePAIR would cover the students' journey, from the period prior to them enrolling on a course up to two years post qualifying, for all programmes in scope:

- Adult nursing
- Children's nursing
- Mental health nursing
- Learning disabilities nursing
- Midwifery
- Therapeutic radiography.



Approach to RePAIR

The four steps of RePAIR

For the purposes of RePAIR this journey has been described in four steps

Pre-enrolment

The period of pre-enrolment, including recruitment, selection and admission

Duration of the course

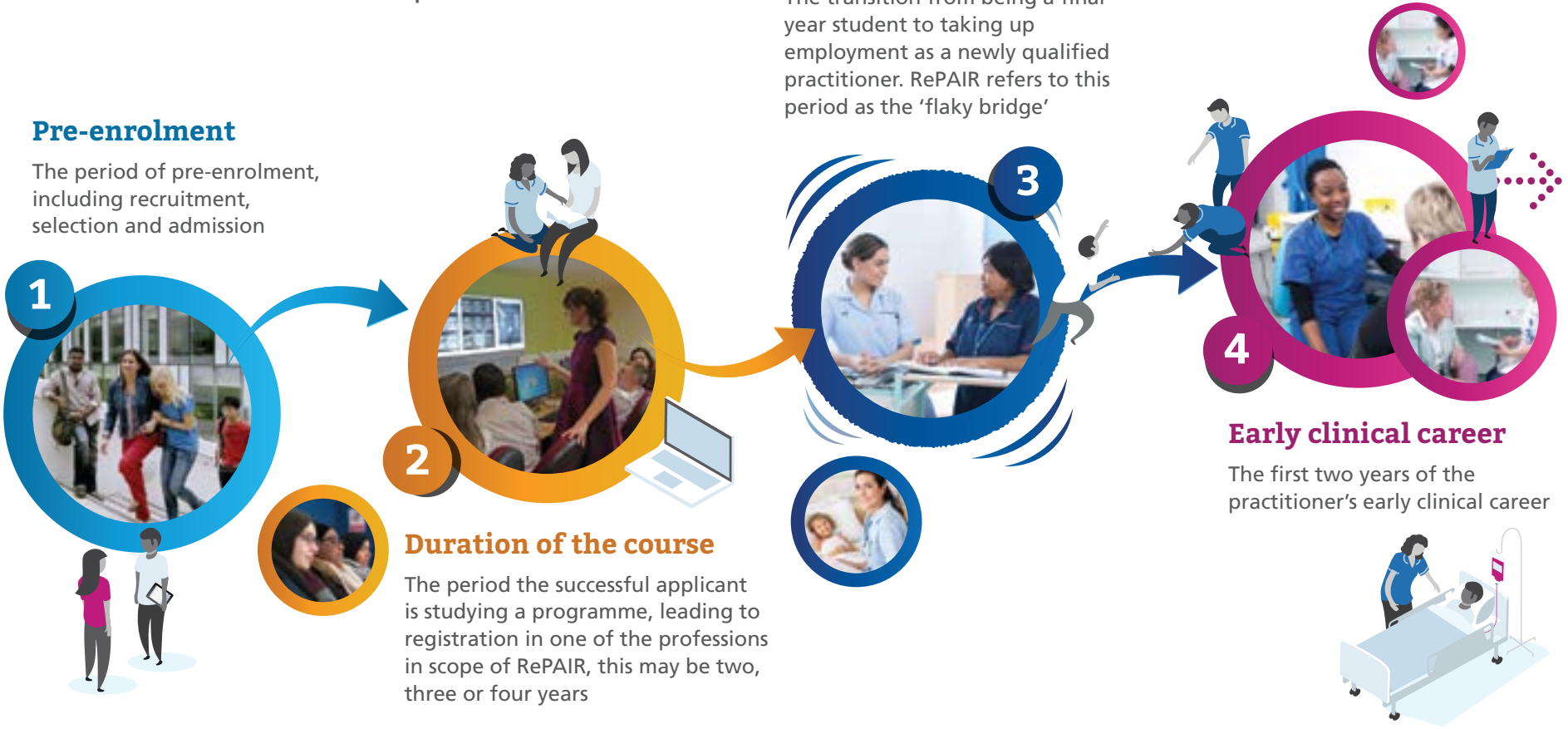
The period the successful applicant is studying a programme, leading to registration in one of the professions in scope of RePAIR, this may be two, three or four years

Flaky bridge

The transition from being a final year student to taking up employment as a newly qualified practitioner. RePAIR refers to this period as the 'flaky bridge'

Early clinical career

The first two years of the practitioner's early clinical career



Approach to RePAIR

The three phases of RePAIR:

RePAIR has been delivered over three distinct but overlapping phases:

1. Establishing the project and developing the theoretical framework;
2. Gaining an in-depth understanding of stakeholders' experience in relation to attrition and retention;
3. Identifying, developing and testing current and new interventions to improve retention.

The progress of RePAIR has been overseen by a Steering Group with support from an Operations Group.

The mixed-methods approach to collecting the data was pragmatic and based on the premise that the findings would add to the existing knowledge base. The evidence has been collected from three different sources: data available from HEIs; data from individual stakeholders, and evidence from the RePAIR case study sites.

RePAIR
Case Study sites

16 case study sites* (5 HEI led and 11 HCP led), and their partners, actively engaged in RePAIR to form the RePAIR Community.

HEE North

1. Central Manchester NHS Foundation Trust
2. Cheshire and Wirral Partnership NHS Foundation Trust
3. County Durham and Darlington NHS Foundation Trust
4. Sheffield Hallam University

HEE London and South East

8. Barts Health NHS Trust
9. Kent Oncology Centre
10. Kingston University and St George's University of London
11. London South Bank University
12. West London Mental Health Trust

HEE Midlands and East

5. Birmingham City University
6. Derby Teaching Hospitals NHS Foundation Trust
7. James Paget University Hospital NHS Foundation Trust

HEE South

13. Oxford University Hospitals NHS Foundation Trust
14. Plymouth Hospitals NHS Trust
15. University Hospitals Southampton NHS Foundation Trust
16. University of the West of England

* Names of case study sites as at the start of RePAIR

The RePAIR Community comprised of 43 organisations: 18 education providers and 25 healthcare providers.

RePAIR education provider partners

RePAIR healthcare provider partners

RePAIR

Findings from RePAIR

What we have found from the data collected from the three phases of RePAIR can be accessed from the menu:

RePAIR
Understanding indicators of attrition

There is no single agreed method of measuring attrition. Therefore, HEE decided to take a number of approaches to understanding the indicators of attrition.

Approaches to collecting attrition data, from undergraduate healthcare programmes, have been generally consistent. However, the processes and definitions that underpin them may vary and therefore, the data cannot be aggregated nationally, nor compared between sectors.

RePAIR pure attrition data from HEIs

In the absence of a standard definition of attrition, HEE established the new and separate definition of pure attrition, solely for the purpose of the RePAIR study.

Pure attrition is the number of students who did not complete on time using the standard pathway for that programme, i.e. non-completers/ starters x 100.

HEE calculated an aggregated percentage of those completing in years 2013/14 and 2014/15 as shown in the table.

The overall percentage who did not complete on time for these two years was 33.4%.

RePAIR pure attrition aggregated percentage for students completing in 2013/14 & 2014/15

Programme	RePAIR aggregated attrition % (students completing 2013/14 & 2014/15)
Adult Nursing	33.35
Children's Nursing	29.47
Dual Qualification Nursing	32.97
Learning Disabilities Nursing	39.11
Mental Health Nursing	34.98
Midwifery	30.97
Therapeutic Radiography	32.66

The data when further analysed by HEE geography for each of the six programmes (excluding dual qualification nursing) does not reveal, for the most part, any significant variation in attrition between the different parts of the country. However, there are some exceptions, mostly relating to London and the South East:

- Children's nursing: London and South East and North attrition increased;
- Learning disabilities nursing: London and South East and North attrition increased;
- Mental health nursing: South attrition increased;
- Therapeutic radiography: London and South East attrition increased.

Understanding indicators of attrition

HESA Student Records Data – overall expected attrition after three years

Post the 2015 Spending Review and Autumn Statement reforms of the funding system for health students, monitoring of the programmes in RePAIR now sits with Office for Students (formerly Higher Education Funding Council for England).

Subsequently, HEE used the student record data held, and made available, by the Higher Education Statistics Agency (HESA), and undertook analysis of student attrition data using observed expected attrition, to further explore trends. This metric aims to provide an indicative level of dropout expected after three years of a programme within a given cohort, assuming a percentage of students will drop out for a number of reasons in a given academic year (and for which we can observe by course and year of programme).

Overall, the observed expected attrition over three years within the programmes in scope of RePAIR, fell by approximately 40 percentage points for cohorts starting between 2009/10 and 2014/15, from 17.5 per cent to 10.5 per cent. Within nursing, the largest fall was in adult nursing (by 45 percentage points), and by contrast, observed expected attrition increased in learning disabilities nursing (by 8 percentage points). Observed expected attrition in therapeutic radiography fell by 57 percentage points, largely as a result of significant drops in attrition during the first and second years of the programme.

Understanding indicators of attrition

The figure below contrasts the HESA attrition trends, by year of programme, in 2009/10 and in 2016/17, for the subjects in the scope of RePAIR. Other than for learning disabilities nursing in year 1, there is evidence of a decrease in attrition over this period for all courses in all years of a programme.

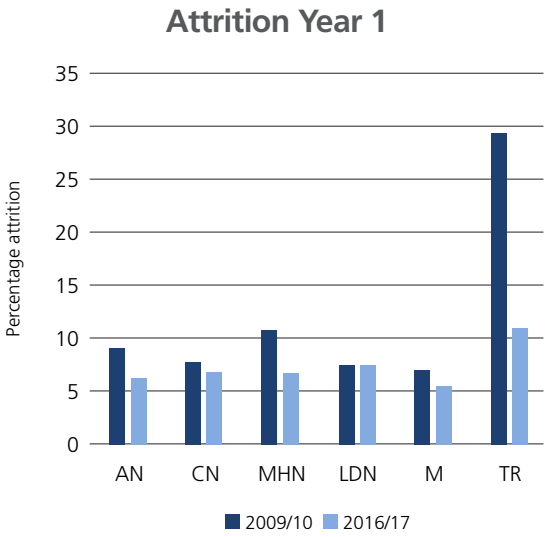
According to this data set, the attrition in year one for all programmes in the scope of RePAIR, is higher than in years two or three of programme. Accepting variation across programmes and individual years of study, these indicators reveal that percentage change improvements overall in years two and three of programme for the period 2009/10 to 2016/17 were broadly in the region of 50%.

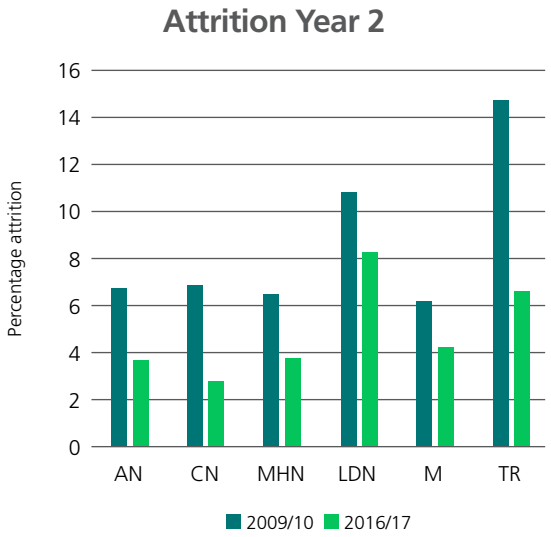
Further data analysis using a small data set suggested most students who experience an interruption complete their studies within a further 24 months of the standard pathway, a fact that is supported by the Council of Deans of Health (**see Resources tab**).

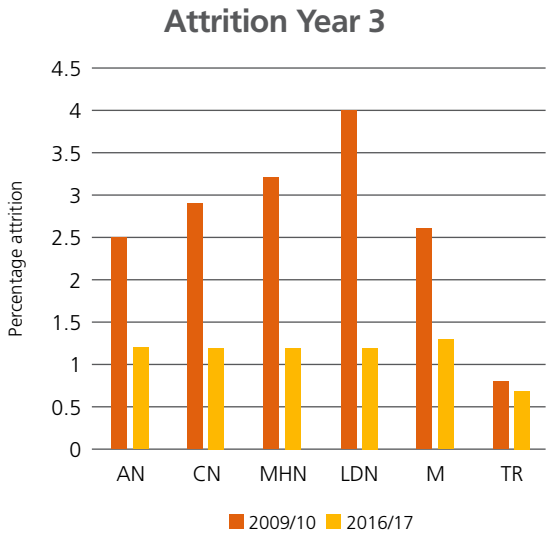
Further detail is available in the RePAIR report

Download here

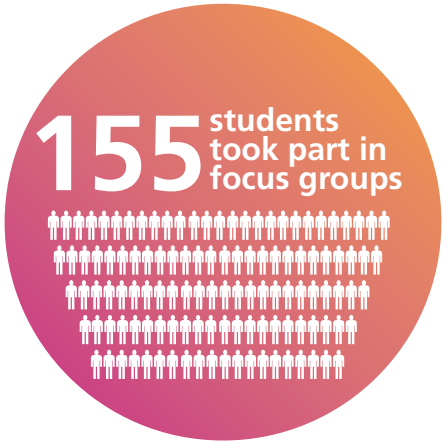
Code: AN (Adult Nursing); CN (Children's Nursing); MHN (Mental Health Nursing); LDN (Learning Disabilities Nursing); M (Midwifery); TR (Therapeutic Radiography)







RePAIR stakeholder engagement



Insight into the stakeholders' experience

Findings from the student survey:

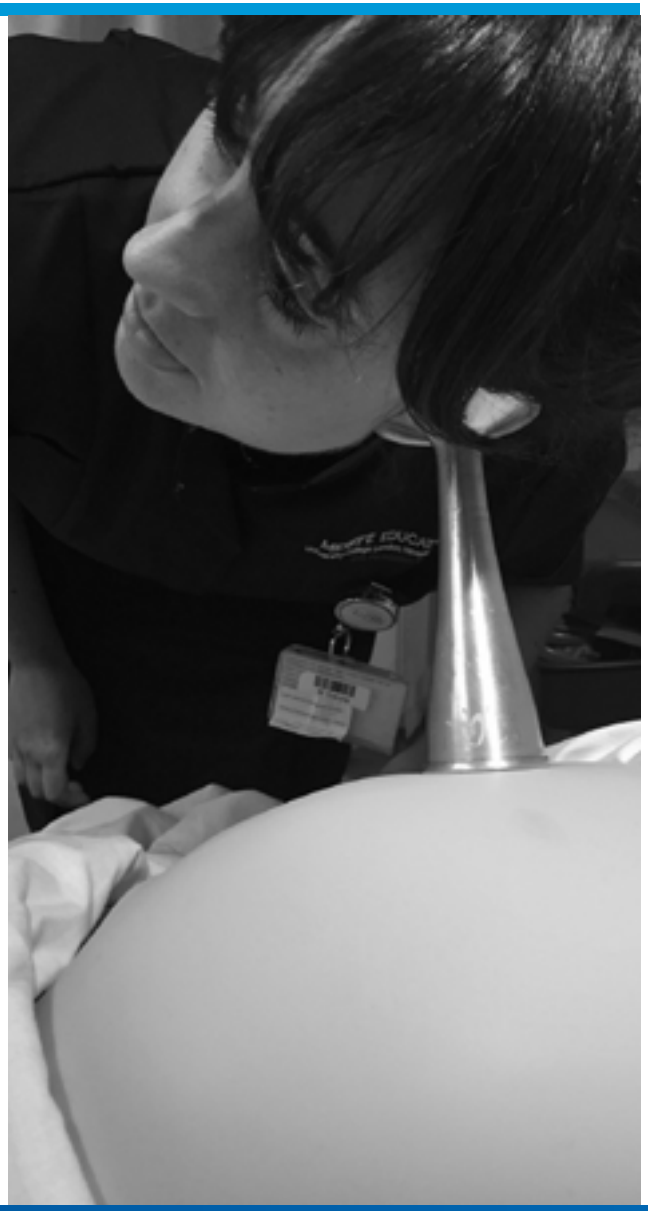
3447 students completed the RePAIR survey. The sample was proportionally representative of students by programme and region. The responses by academic year of study were evenly distributed: 35 per cent year one students; 33 per cent year two students and 31 per cent year three students.

The key observations from the student survey quantitative data are that overall the findings are mostly positive:

- **97 per cent** intend to pursue a career in their chosen profession within the next three years.
- **96 per cent** agreed that they had made the right decision to enrol on the course.
- **87 per cent** would recommend their course to friends or family.

> **"The most important criteria in choosing my current University were NHS Bursary, reputation, placement providers, distance from my current residence."**
> **2nd year Adult Nursing student**

- **93 per cent** reported an overall positive experience with their academic learning.
- **85 per cent** reported that the clinical placements are of a high quality and a good learning environment.
- **91 per cent** thought the application process was straight forward.
- **77 per cent** feel very supported while in a clinical placement.
- **80 per cent** think that the staff on the ward are very committed to their career choice.
- **93 per cent** realise there are plenty of employment opportunities in their chosen career.
- **88 per cent** agreed that the academic staff are really helpful.
- **92 per cent** reported that the online resources are really good.



Insight into the stakeholders' experience

> **"The emotional and financial aspects have been a shock to the system and I have contemplated leaving the course numerous times due to having no family time."**
> **3rd year Midwifery student**

However…

- **47 per cent** stated that placement allocation is a problem.
- **69 per cent** reported that the course is disorganised.
- **67 per cent** agreed that the staff in the placement are using the students as an extra pair of hands.
- **85 per cent** struggle to pay for placement costs.
- **73 per cent** are concerned about the mounting personal debt.
- **40 per cent** had thought about leaving the course, 18 per cent during year one, 48 per cent by the middle of the course and 56 per cent by the middle of the final year.
- **63 per cent** would not have applied for the course if they had been required to pay course fees. This ranged from 70 per cent in London and the South East to 50 per cent in the North of England. Older students (78 per cent) were less willing to pay than the younger ones (44 per cent).

Insight into the stakeholders' experience

The key qualitative findings from the student survey

A student's expectation

It is important that the sector does not overstate the learning experience and ensures all students are clear about the system's expectations, including supernumerary status.

> "I have not yet started placement, but I hope the university takes into consideration that I travel from another city to university and that they allocate me a placement near the 'uni'. I am confident that my personal tutor and visiting lecturer will help me do well in placement."

versus a student's experience

> "There was no visiting lecturer, and the team to support you in practice only come in if you ask them too, I have seen them once in three years."

RePAIR
Insight into the stakeholders' experience

Financial challenges

Repeatedly students commented on personal financial hardship including cost of travelling to placement, cost of parking and the delay in reimbursement.

> **"I am scared about my finances and do not think I will be able to continue to support myself financially."**

The mentor-student relationship

Students stated that the support offered by mentors is key to the success of their clinical learning outcomes. However, they reported a very mixed experience.

> **"My mentors have been great educators and had great respect for me, as I also did respect them."**

> **"When I raised my concern about lack of mentor support at placement, to the ward sisters, and reported this to the university, I received no support from staff on my placement, university nor my personal tutor. I was basically told to keep quiet or I would be 'failed' by my mentor. When I was placed with other nurses on one placement, they refused to sign off any of the skills I had practiced or shown as they "weren't my mentor."**

> **"Some mentors I have had during placements have been exceptional, other members of staff are willing to teach and have made me feel so welcome, as though I am truly part of the team."**

Insight into the stakeholders' experience

The demands on the clinical service

Students explained that they are very aware of the clinical service pressures, that morale can be low and the impact it has on their clinical learning opportunities.

Students reported that the culture in a clinical setting differs and is reflected in their clinical experience.

> **"The teams, in which we are placed, are in demand and this means that teaching students is not a priority."**

> **"It is very dependent on where you are placed, there is sometimes a culture out there, that students are there to do all the little jobs the staff don't want to do: 'This patient needs escorting. Where's the student? They can do it'."**

> **"Staff morale is low, which impacts on our learning experience."**

Insight into the stakeholders' experience

Support from the universities

The level of support, provided by HEI staff, for students while in clinical placement, ranges from consistent to non-existent.

> **"My lecturers at university are very supportive and are providing me with the right amount of knowledge that I can use whilst on clinical placement."**

> **"I am just about to finish my third placement, no one from the university has visited me at any of these placements. I was even punched in the face by a patient during my first placement, my mentor emailed both my link lecturers to let them know and neither of them acknowledged the email."**

Lack of standardisation of the practice assessment documentation is a problem for both students and mentors. The mentors struggle with multiple versions of practice assessment documentation, they urge the universities to work together to produce a standardised document.

> **"The curriculum is constantly changing as well as the practice documents, so we are having to explain to our mentors how to fill out the practice documents, which is not very reassuring."**

Students on the same year of a course may have had a very different clinical experience up to that point. It would help the mentors if the universities devised a simple system for identifying students' prior clinical experience. Mentors in clinical sites that host students from a number of HEIs can struggle to differentiate individual student's clinical learning needs.

Poor communication

Students commented on their perceived poor communication between staff in the university and staff in the clinical departments.

RePAIR
Insight into the stakeholders' experience

> **" The lack of communication between programme leaders, placement teams and the students has been very distressing at times. On some occasions information has only been disseminated to some students 'in the know', some pertinent information may not always be available."**

Top three reasons why students have considered leaving the course

1. **Personal Finances –**
   little or no opportunity to earn money.
2. **Academic concerns –**
   academically challenging, not knowing well in advance about practice placements and poor standard of lecturing.
3. **Placement –**
   not personally prepared for the clinical experience in year one.

Top three reasons why students have never considered leaving the course

1. **The end goal.**
2. **The personal ambition to be the chosen professional**
3. **Support from family and friends.**

Insight into the stakeholders' experience

Findings from the focus groups with students

Students sometimes enter a course with little or no clinical experience in that field. It is essential that prospective students are given every opportunity to explore the clinical side of their chosen career. This is particularly important for therapeutic radiography students.

> **"When you look at the university website it is all pretty and everything, but there is no information about what to expect. One of my fellow therapeutic radiography students left, early on in the course, because she was not expecting to see severely ill patients and patients who are likely to be dead in a few days."**
>
> **Therapeutic radiography student**

Keeping in touch with prospective students

If the universities have a 'keeping warm policy' it is not very evident to the majority of students.

Importance of the clinical training

The clinical component of the course is extremely important to the students; no other clinical skills development opportunities match that experience. The importance of the first clinical placement should not be underestimated, students have high expectations and put much pressure on themselves to achieve and some did not feel prepared for the experience.

> **"I feel that the clinical side is more important than the academic side. You learn to be a nurse through experience, by being in the clinical setting."**
>
> **Adult nursing student**

Insight into the stakeholders' experience

Second year 'wobble'

The step change in academic level and expectations in students' clinical ability from year one to year two, coupled with the assessment load can be really daunting.

> **"In the second year you really start to think, "actually I am a nurse". We do find a lot of students wobble in second year as they do not have the confidence to say yes I can do that. In addition we are put on a clinical rota and the academic assignments can be really difficult."**
>
> Adult nursing student

Buddy schemes

Very few universities operate a robust buddy scheme. A good example is in children's nursing.

Children's nursing buddy scheme

- **1st year students** are matched with 2nd year students in placement.
- **2nd year students** teach the 1st year students agreed basic clinical skills.
- **3rd year students** teach the 1st year students how to undertake a literature search.
- **3rd year students** are assessed on their 'buddying' skills.

> **"I still have my buddy, I really like her. We meet up four or five times a year and this is facilitated by the university."**
>
> Children's nursing student

Insight into the stakeholders' experience

Findings from the focus groups with newly qualified staff

Only 12 per cent reported a straightforward transition from being a final year student to a newly qualified practitioner.

Thinking about first post

The preferred time to start thinking about first posts is after the first clinical placement in year three. It is really good to hear from the trust that they will commit to employing students who have trained with them and successfully completed the course.

Confidence crossing the flaky bridge

The level of confidence, at the time of professional registration, is influenced by where the newly qualified practitioners trained and their clinical experience towards the end of the course.

> **"As a student, during the last placement, you know what you are doing, and then, you become a qualified nurse and think I have no idea what to do."**
>
> **Preceptee**

The importance of the preceptorship programme

The design of the preceptorship programme and the support offered is an important consideration when students are looking for their first post.

> **"When I started my job I was supported in every way. I really enjoy what I do. At the end of every month I look back and think whether I made a difference to these patients lives."**
>
> **Preceptee**

Optional rotation

For those newly qualified staff who do not know where they want to work a preceptorship programme that offers a rotation is very popular.

> **A model of a newly registered nurse's rotational preceptorship model**
>
> "The newly qualified nurse rotates every three months to a different clinical area. At the end of this 12 month period they can choose, in discussion with a department lead, where they have a substantive post, subject to availability."
>
> **Preceptor**

Perceived repetition of assessment of demonstrated competence

A constant criticism made by the preceptees is that they are asked to repeat skills assessments previously signed off when they were a student. They do recognise that newly qualified practitioners, who trained at another university, may need to assure the staff that they are competent to do a task, but that should not dictate that preceptees who trained at a partner university should have to demonstrate these skills for a second time.

Insight into the stakeholders' experience

Findings from discussions with academic staff

The university staff recognise that it is important to consider retention throughout the whole student journey and that avoidable attrition begins with a sensible recruitment and selection strategy. Managing potential students' expectations from the outset, is only achieved by involving 'current students' at open days.

With an expansion of student numbers, universities that have not previously recruited through clearing, have had to do so to recruit the required numbers of students. The staff advised that the students recruited through clearing do not have sufficient time to prepare properly.

A course tutor's view on the challenge of recruiting through clearing

"It is not the clearing process that is at fault, but the fact that the students do not have enough time to demonstrate and understand their level of commitment to their chosen programme. Similarly, the university doesn't have time to demonstrate to the student how important it is that they are clear about the chosen course and their career intentions."

A course leader

The partnership between the university and the healthcare provider

The educators agree that the partnership between the university staff and their clinical colleagues is central to the students' experience and recognise that it could and should be strengthened. Particularly the avoidance of uncertainty about allocation of clinical placements. Some universities address this issue by providing their students with an outline clinical rota for the duration of the course.

> **"After much thought I have arrived at the conclusion that we really need to look at the collaborative relationship between the HEI and the practice partners. I feel very strongly that the relationship between the university and their clinical partners is absolutely critical to the students' experience."**
>
> **A course leader**

Preparing the students for transition

Increasingly the university sector is running academic modules that support the students in preparing for the transition from being a final year student to a newly qualified practitioner.

Insight into the stakeholders' experience

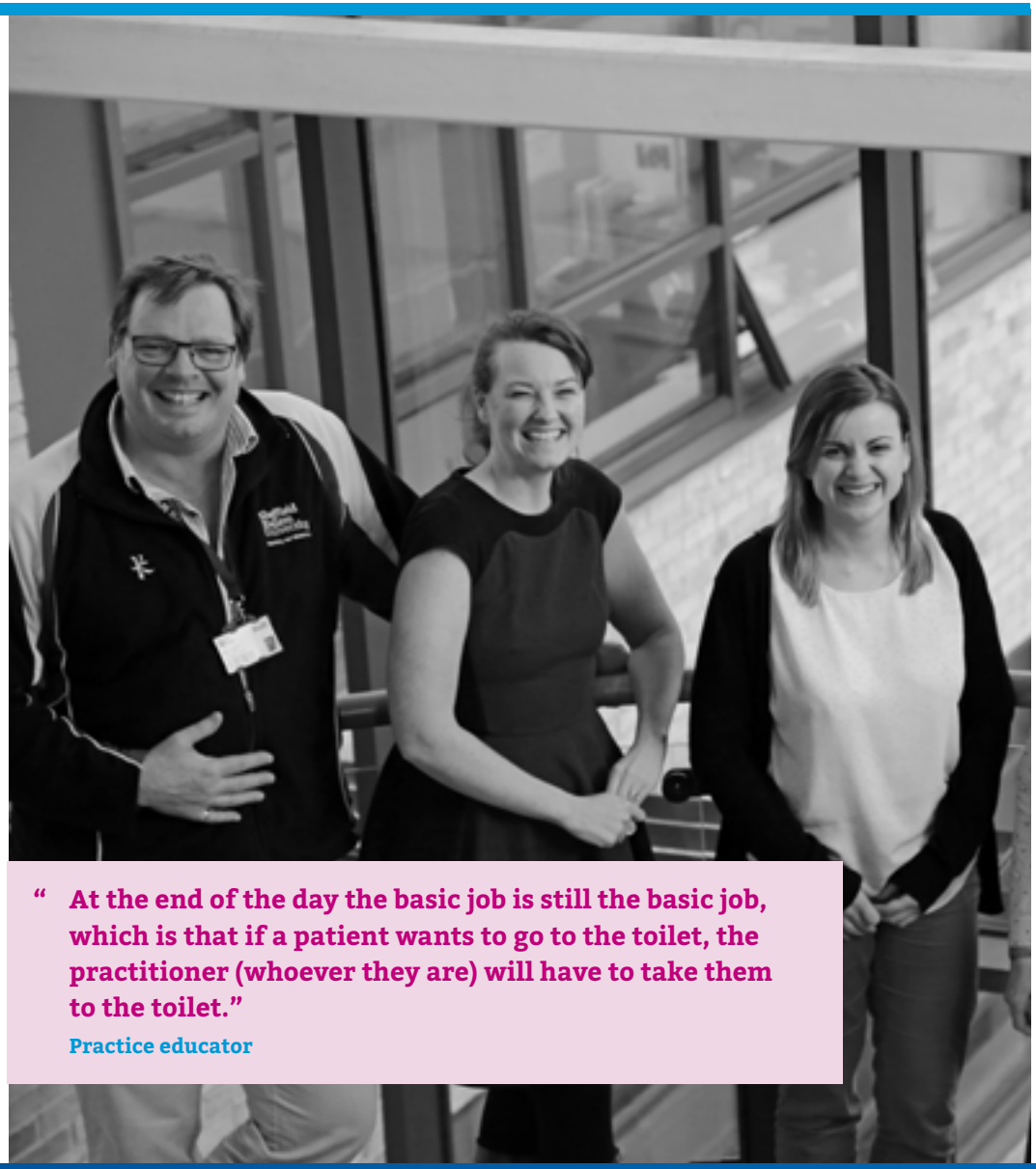
Early clinical career

Some educators commented on the behaviour of the Generation Y and Generation Z newly qualified practitioners. They explained that when these students qualify they want a very different early career experience to those from previous generations. In particular, students who start their course at 18 years old, once they qualify want to focus on their careers until they are about 30 years old. Unlike previous generations, these newly qualified staff do not want to go into just one environment and remain there, they want to build up their confidence and skills and then move on.

> **"How good are the universities at making sure the service knows what the new group of 21 year olds want in comparison to a group of 35 year olds, who will behave very differently?"**
>
> Course tutor

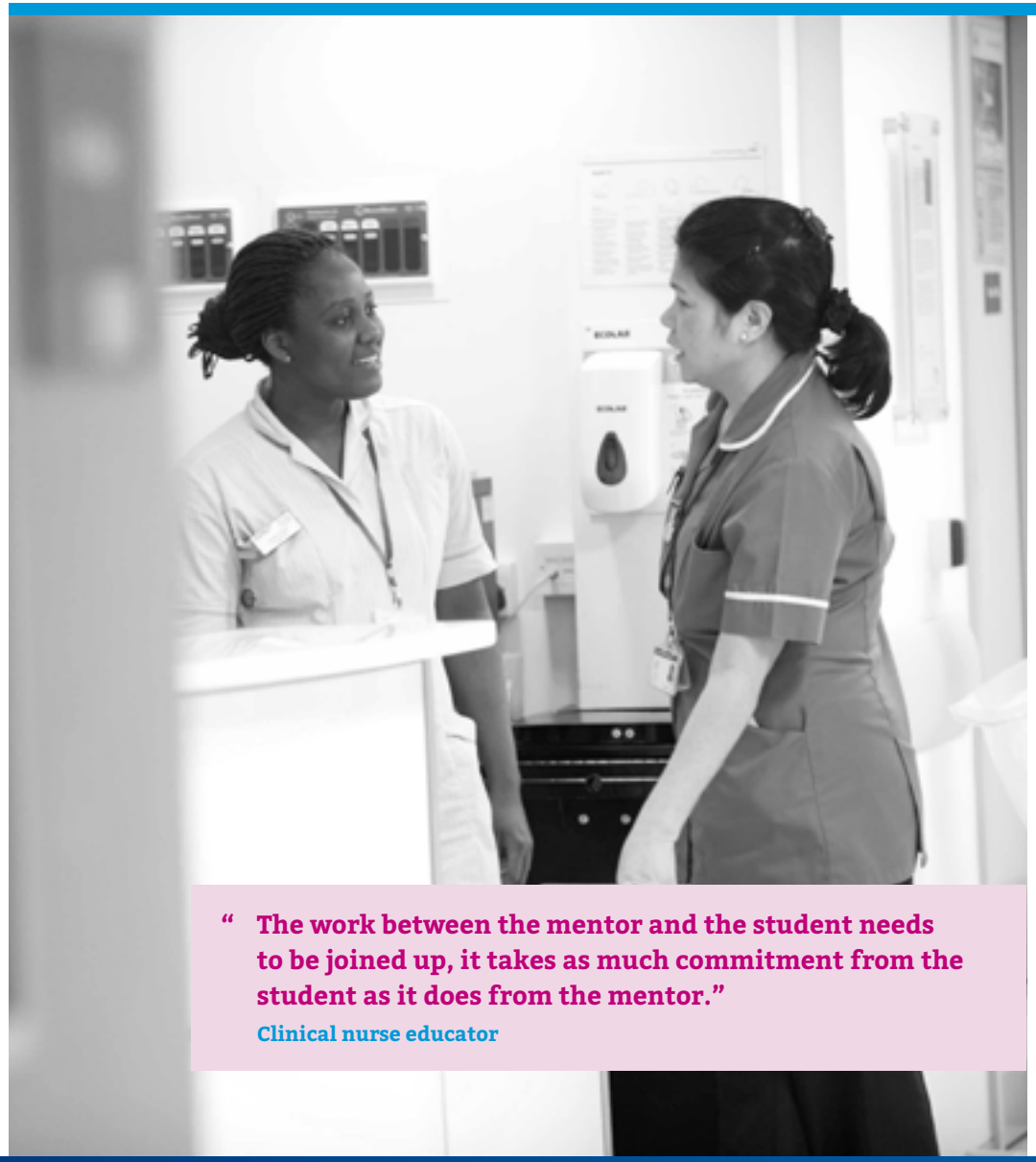
Findings from discussions with clinical educators

The clinical educators value the partnership between the service providers and the universities. Their view is that they should be more involved in recruitment and selection. Honest recruitment is essential if the system is to manage potential students' expectations. Expectations around where they are going to get their clinical placement; expectations that the modern health service is very technical and computer driven and expectations regarding how flexible and parent/carer friendly the course will be.



> **"At the end of the day the basic job is still the basic job, which is that if a patient wants to go to the toilet, the practitioner (whoever they are) will have to take them to the toilet."**
>
> Practice educator

Insight into the stakeholders' experience



> **"The work between the mentor and the student needs to be joined up, it takes as much commitment from the student as it does from the mentor."**
>
> Clinical nurse educator

Removal of support for student fees

The clinical educators are concerned, about whether the service can deliver against promises that the universities might make to potential self-funding students, who have different expectations from previous cohorts of students. The clinical educators working in the smaller professions: therapeutic radiography and learning disabilities nursing were particularly exercised by these changes and were calling for these groups to be made a special case.

Improving resilience

An important insight from discussions with the clinical educators, was the need to strengthen the resilience of the students while on the course.

> **"We see students at the beginning of the programme who demonstrate tremendous enthusiasm and have lots of new ideas. They have really strong values about how they would like to work and sadly we see that change as they progress through training."**
>
> Professional education and training lead

Role of the mentor

The role of the mentor to support and develop the student is not always fully understood nor appreciated by mentor or student. If the students turn up without having completed their part of the documentation it can be very frustrating for the mentor and it puts extra strain on the partnership between the student and their mentor.

Insight into the stakeholders' experience

Standardised practice assessment documentation

Repeatedly the clinical educators asked for a standardised approach to assessing students. It is very challenging for clinical educators who work in trusts where they have students from more than one university.

> **"I would bang the drum in support, if there was any chance we could have a standardised practice assessment document, as this would make our lives a lot easier."**
>
> **Lead clinical mentor**

The changing clinical service

The mentors reported that sometimes there is a mismatch, between what the students and some of the tutors think is happening in a particular clinical placement, and what is actually going on. For example lots of community based teams have moved to 100 per cent agile working. When the students 'turn up' on day one they are surprised to find there is nowhere for them to put their belongings and that they have to carry everything with them.

Placement allocation

The clinical educators commented on placement allocation and would like a system that ensures all stakeholders know which students are allocated to their trust, when they will arrive and in which clinical service they will be gaining their practice experience.

They would also like to know about students' previous clinical placement experience. A balance has to be found between giving the students a suitable range of clinical experience versus longer placements that enable the students to build their confidence in their ability.

Another pressure on the clinical workforce results from the decisions that the universities make about how they will run the pre-registration programmes. If a university decides to have just one intake, this results in larger numbers of students requiring mentoring and supervision at a particular time of the year, whereas with at least two intakes per year this spreads the supervision and assessment load.

Accountability

Clinical educators expressed concern about how little time the students get to consolidate their learning and that the final year students have that overwhelming feeling that once they are a newly qualified practitioner they will be solely accountable.

> **"For three years every decision the students have made has been discussed and countersigned, and suddenly they will be behind a closed door with the possibility of being left alone to get on with it. We currently hold the students' hands too tightly and then all of a sudden let them go."**
>
> **Lead midwifery educator**

Insight into the stakeholders' experience

Preceptorship programme

Clinical educators acknowledge that the preceptorship arena is very complex and a key influencing factor for those applying for their first post.

> **"Preceptorship is the golden nugget in your flaky bridge."**
> Education and training development lead

The clinical educators reported that increasingly trusts are recognising that they need to be more flexible and more responsive to the varying needs of the newly qualified practitioner, particularly in organisations that recruit from different parts of the country. They also suggested they need to focus on retention of this workforce.

Support for preceptors

Clinical educators recognised that the preceptors themselves do not always have the dedicated time nor the support to enable them, in turn, to help the preceptees, particularly if they have to mentor students as well. The lack of formal training to be a preceptor was an expressed concern. Organisations should aim to find a preceptorship model that works well for both preceptees and preceptors.

> **"We could do better, we could look to develop a formal preceptorship training programme."**
> Lead nurse for education

> **"We should also focus our attention on retention of the newly qualified practitioners and the level of support for them because the preceptees will leave if they don't get the support they need."**
> Clinical educator

RePAIR
Case study sites – interventions to improve retention

The 16 RePAIR case study sites engaged in an appreciative enquiry approach, to share their examples of approaches to reducing attrition and improving retention and to pilot new initiatives.

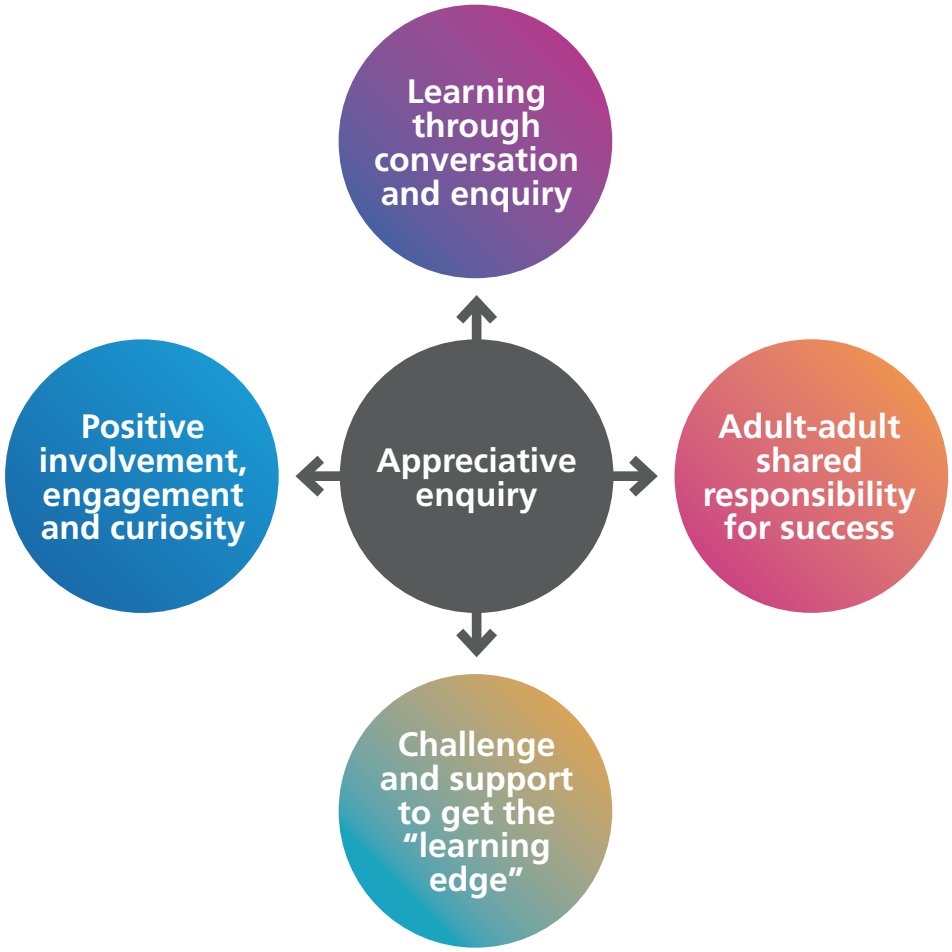
Examples of interventions to improve retention

Ten examples of case study sites' interventions to improve retention are available in the toolkit.

They can be accessed via the **Evidence of best practice tab or here:**

- **Scott Medical and Healthcare College**
- **Pre-degree work experience**
- **Recruitment of students to therapeutic radiography**
- **Collaborative learning in practice (CLiP)**
- **Support for year two therapeutic radiography students**
- **Preceptorship**
- **The Nightingale programme**
- **Impact of culture of care on the student learning environment**
- **North West Practice Education Facilitator (PEF) model**
- **Multiple models of education and training in therapeutic radiography**

A brief summary of a further 18 examples provided by the case study sites can be found in the RePAIR report.



Case study sites – interventions to improve retention

RePAIR Community workshops

During the study two workshops were held, a RePAIR Community workshop and a Therapeutic Radiography workshop. Output from these workshops has been incorporated in the **Evidence of best practice** and the **Resources** sections of the toolkit.

RePAIR Community Networks

RePAIR preceptorship network

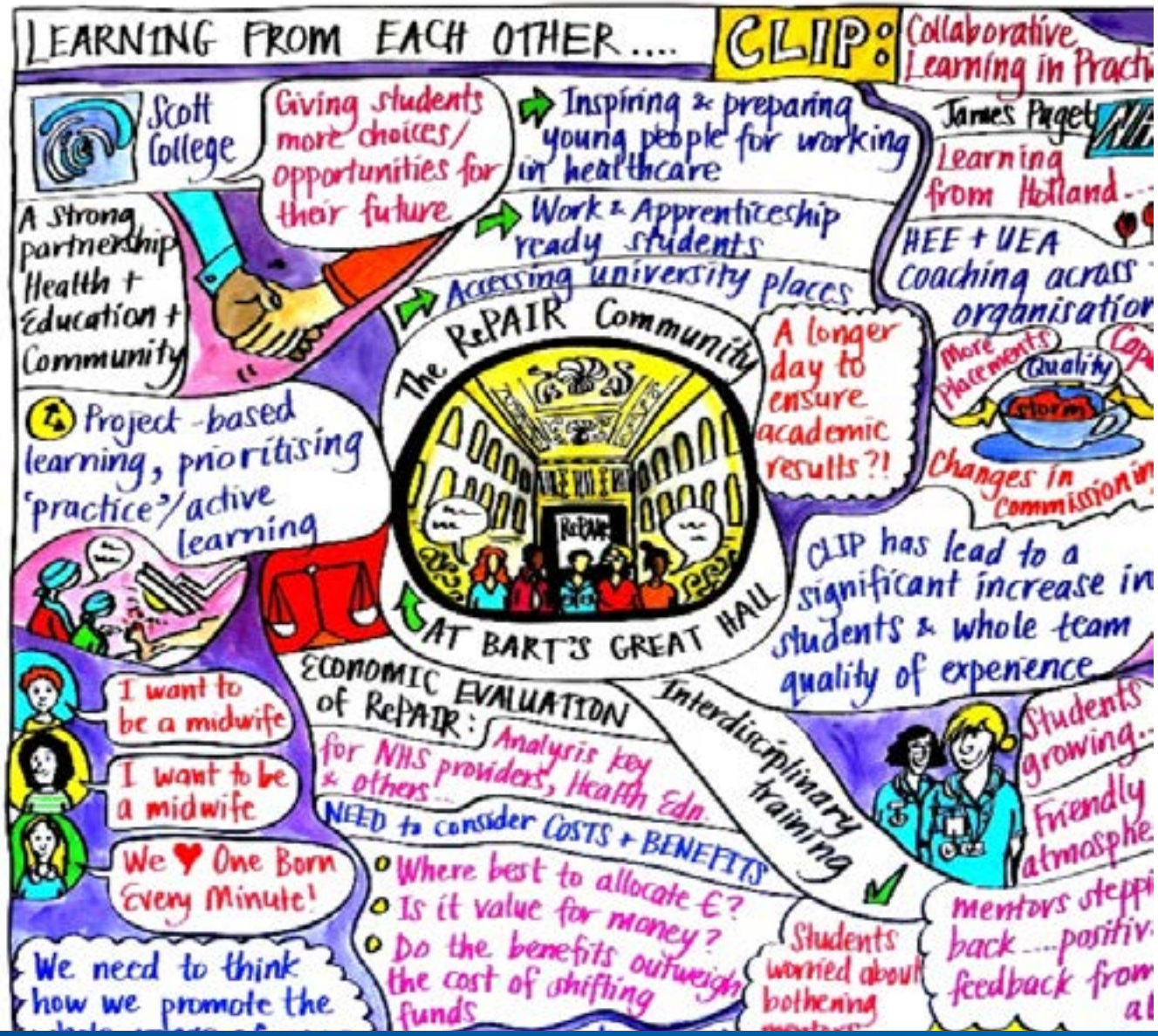
The preceptorship network shared these three different models that had been developed by staff at the case study sites:

- Derby Teaching Hospitals **preceptorship model**
- Capital Nurse preceptorship programme
- Oxford University Hospitals Foundation programme.

For further details please see **RePAIR report**

Therapeutic radiography network

The therapeutic radiography network discussion focussed on raising the profile of the profession, recruiting students and Year 2 students. An example of support for Year 2 students can be accessed **here** or via the **Evidence of best practice tab**.



RePAIR
Case study sites - interventions to improve retention

Harnessing Social Media to support clinical placement communication through the student lens.

Improving Communication between Stakeholders

When a group of learning disabilities nursing students were asked, 'how can we use social media to improve communication about all aspects of your clinical placements?', they suggested designing an App for this purpose. One of the Universities in the RePAIR Community is developing a proof of concept to test the feasibility of this approach. The initial design ideas are presented below and on page 35.

Placement scheduling

- Students can access the following placement information: schedule of their placement allocations; clinical services where they are placed, including key contact details; shifts and travel arrangements.

Knowledgebase and messaging

- Students can engage directly with more senior students and alumni who can answer their queries about clinical placements in general and with senior students, alumni and practitioners in the next clinical placement area.
- The students can communicate with alumni, peers and practitioners that they have directly interacted with during their placement.

Progress timeline

- An auto-generated timeline of activity that students can refer to and extend to create a useful repository of notes, feedback and achievements during their placement.

RePAIR
Case study sites - interventions to improve retention

Harnessing Social Media to support clinical placement communication through the clinical educators lens.

Clinical practice assessment

- Students and clinical practice educators can access the latest version of the practice assessment documentation and all associated guidance, including the learning outcomes for a particular placement.

Insight and retention

- Provide a window into student activity during placement that may inform more appropriate placement pedagogies or different support structure.
- Help students successfully complete their placements.

Improved networks

- Foster an accessible community of practice for clinical placements where students feel empowered to engage others more directly around their experience.

RePAIR

Evidence of Best Practice

Throughout the RePAIR project the team uncovered examples of best practice, many of them worthy of showcasing. The examples that can be accessed from this section of the toolkit have been collated from the RePAIR case study sites and permission has kindly been given to showcase this work.

View best practice examples →

Best Practice

Scott Medical and Healthcare College

A small specialist studio school in Plymouth established to prepare young people ready to work in the health and social care sectors.

Download here

Pre-Degree Work Experience

A model of recruiting people with little or no care experience into vacant healthcare assistant posts, with a guarantee that once they have successfully completed the six month Pre-Degree Work Experience they transfer onto an adult nursing degree course.

Download here

Recruitment of students to Therapeutic Radiography

The approach to student recruitment, taken by the UK's largest provider of therapeutic radiography education.

Download here

Collaborative Learning in Practice (CLiP)

This model of supporting learners in practice enhances the clinical learning environment, increases the capacity to support the learners and helps prepare them for their clinical role.

Download here

Support for Year 2 Therapeutic Radiography students

A bespoke academic programme to support Year 2 therapeutic radiography students.

Download here

Preceptorship

Two-phase accredited preceptorship programme resulting in improved retention of newly qualified staff.

Download here

RePAIR
Best Practice

Multiple models of education and training in Therapeutic Radiography

A service provider organisation's approach to managing multiple student training pathways that led to improved staff recruitment.

Download here

Impact of Culture of Care on the Student Learning Environment

A university-led approach to understanding the culture of care in the students' learning environment.

Download here

The Nightingale Programme

A trust nurse-led programme to improve recruitment, retention and staff well-being.

Download here

North West Practice Education Facilitator model

A model of supporting high quality learning environments and supporting continuing professional development of staff.

Download here

RePAIR

Economic Evaluation

The RePAIR economic evaluation sought to identify the costs of retention-improving interventions and to compare the costs of these interventions with the economic benefits that result from them.

The specific objectives of the economic evaluation were to:

1. Develop cost benefit analysis modelling to determine economic benefit from different interventions to reduce attrition and improve retention;

2. Conduct an analysis and summary of findings and assumptions to inform data analysis and economic modelling;

3. Develop an accessible and intuitive economic modelling tool for the RePAIR project with an accompanying comprehensive user guide.

Approach to developing the economic modelling tool →

Cost calculator →

Approach to developing the economic modelling tool

The approach taken to develop the economic model was pragmatic and iterative. The RePAIR case study sites were invited to support this development.

A combined data capture approach was designed, using excel spreadsheets which respondents were asked to complete. This was in two parts:

- Part A included activity data and was sent to all the RePAIR case study sites;
- Part B requested cost data on inputs to the programmes and benefits, or data which could be costed by York Health Economic Consortium (YHEC). This was sent to the four case study sites who agreed to participate in the economic evaluation.

The interventions that were used as the basis for data collection and economic modelling were:

- Buddying;
- Transition into practice;
- Preceptorship;
- Use of modern media.

RePAIR

Data used to develop the RePAIR cost calculator

Two types of data were collected: the cost data and the benefits or impact on attrition data.

The cost data collected from the sites included both start-up costs and running costs. Start-up costs are once only costs associated with the design and development of an intervention. Whereas, running costs are the costs incurred each year that an intervention is operational.

The costs for both start-up and running the intervention were broken down into:

- Capital expenditure, such as materials and equipment;
- Non-capital expenditure, such as training and room hire;
- Staff input, time in hours and pay band.

By far the largest element of costs is the staff input. Using the pay band and number of hours, the cost of this time can be calculated, using the rates published in the document 'Unit Costs of Health & Social Care' produced annually by the Personal Social Services Research Unit (PSSRU) (see Resources tab).

The overall cost per intervention per year and per participant was calculated. It was also assumed that an intervention might typically run for a number of years so the start-up costs were apportioned to give an annual cost.

Economic benefits from particular interventions, are much harder to calculate in the timeframe. Reasonable assumptions, based on a literature review, were applied to the data to provide comparable cost and benefit results.

The RePAIR cost calculator

The variables applied in this project have been used to develop the economic calculator (referred to below as the RePAIR cost calculator) that can be utilised by any interested sites.

The purpose of the RePAIR cost calculator is to allow HEIs and HCPs to enter data on their own interventions and see the costs or benefits arising from these. The RePAIR cost calculator can be used by organisations to make business cases to introduce retention-improving intervention programmes.

The calculator allows the user to vary cost and benefit inputs in order to develop different scenarios, such as the threshold of the value of benefits required to demonstrate cost-effectiveness of an intervention.

It is recommended that finance and human resources colleagues are engaged when using the calculator tool, to provide key information or more general support. The RePAIR cost calculator, including a guide on its use, **can be accessed here.**

Access to the the RePAIR cost calculator

The RePAIR cost calculator developed by YHEC specifically for this project can be accessed by clicking on the 'Download' link below.

Please note that this cost calculator is intended for use on a desktop computer using Microsoft office. It is not guaranteed that the calculator will function correctly using other platforms.

The cost calculator includes a worked example as well as the option for the user to enter data on their own local interventions.

Input

For each intervention the inputs include start-up costs, running costs and the effectiveness of the intervention.

Calculations

For each intervention the overall costs and the total benefit are displayed.

Results

The results of the intervention are available as a printable summary sheet and as an analysis of the scenario.

Download here

RePAIR

Conclusions and Recommendations

- This study has reminded the healthcare providers and the education providers that it is the responsibility of all stakeholders to seek ways to reduce attrition and improve retention. RePAIR has also enabled us to rekindle the discussion about attrition, and highlighted that we can, and should, do better to improve retention.
- Reducing attrition and improving retention continues to be a very complex subject. This study further evidences that solutions to improving retention are influenced by many factors and are mostly achievable, so long as there is the tripartite commitment to do so.
- The study has consistently captured evidence of how important the clinical component of the course is to students. The student experience, their desire to stay on the course, or indeed to consider applying to work in a service, is heavily influenced by the clinical supervisor (or mentor) and the culture in that clinical setting.

RePAIR
Conclusions from RePAIR

The findings from the RePAIR project were encouraging in that nearly all students intend to pursue a career in their chosen field and nine out of every ten students would recommend their degree to their friends and family. Organisations reviewing approaches to retention should build on these findings.

Despite these positive findings 33.4% of the pre-registration students included in RePAIR (four fields of nursing, midwifery and therapeutic radiography) did not complete on time. However, the evidence from the RePAIR case study sites, and feedback from members of the Council of Deans of Health, is that most students who experience an interruption, complete their studies within a further 24 months of the standard pathway.

In spite of the cost of attrition to the individual and to the system, there is no single national reliable approach to collecting the attrition data, for those leaving the programmes in scope of RePAIR or during their early clinical career (recommendation 1). Furthermore the study did not identify any existing economic models for assessing the cost effectiveness of interventions to improve retention (recommendation 2).

Although there has been an observed expected percentage change improvement of 50% attrition for years two and three of the 'RePAIR programmes', there are still some challenging findings which, if unaddressed, could affect the supply of the newly qualified practitioners in the scope of RePAIR.

Financial pressures continue to be a key challenge for students on these courses (recommendation 3) and (recommendation 7). Surprisingly, some students still report that they made the wrong career choice (recommendation 4).

Conclusions from RePAIR

Support for students at all stages of the course should be improved particularly for Year 2 students (recommendation 6). Where there are no buddy schemes or clinical practice education facilitator posts, these should be introduced (recommendation 5) and (recommendation 8), and where they exist they should be continued or enhanced.

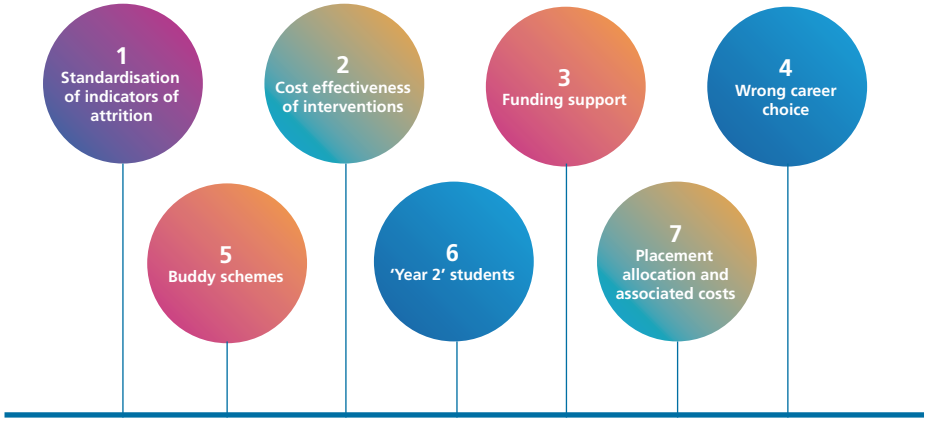
Two other areas to be addressed that will improve the student and supervisor experience are: the uncertainty about implementing supernumerary status, particularly for Year 3 students (recommendation 9), and local standardisation of clinical assessment documentation (recommendation 10).

The sector should develop tools to understand the students' levels of confidence at different stages of the course, particularly at the point of transition from student to practitioner (recommendation 11).

Preceptorship should be viewed as a recruitment and retention tool. Many students select their first post based on the healthcare provider's preceptorship model (recommendation 12).

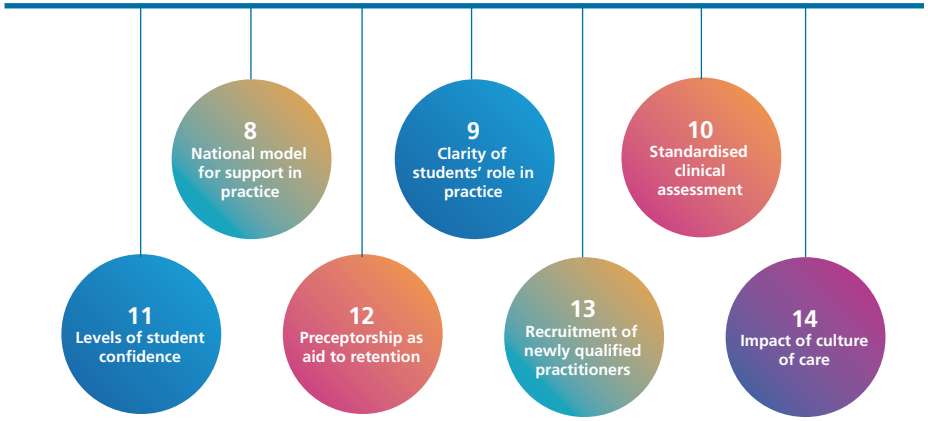
At a time when healthcare providers are encouraged to provide place-based care for their patients a collaborative approach should be taken to share a model of recruiting students (recommendation 13). Furthermore, healthcare providers should gather data about the culture of care in their service and the impact it has on students and their early career decisions (recommendation 14).

Recommendations from RePAIR



RePAIR has enabled us to rekindle the discussion

We can all do better



Recommendation 1

National bodies should work together to review the current range of definitions of attrition, and model(s) for measuring this metric, to ensure that the output data is meaningful to all parts of the sector, in particular the HCPs.

Recommendation 2

HEIs and HCPs should work in partnership to acquire a better understanding of the cost effectiveness of interventions that are designed to improve retention.

Recommendation 3

HEE should seek ways to make hardship funds available to encourage more prospective students, particularly mature students, to embark on a career in nursing, midwifery or therapeutic radiography.

Recommendation 4

HEIs should ensure clinical staff are actively involved in recruitment and that prospective students really do understand the career they have chosen to enter and the demands of the course.

Recommendation 5

HEIs should review, in partnership with their students, the institution's approach to buddy schemes for healthcare students.

Recommendation 6

HEIs and HCPs should work together to develop specific programmes of support for second year students.

Recommendations from RePAIR

Recommendation 7
HEIs should work more closely with their HCP partners and map out detailed placement allocations for all the students, throughout the duration of their course. They should also review processes relating to placement costs and ensure students are reimbursed in an efficient and timely way.

Recommendation 8
HEE should work with HCPs and HEIs to ensure that its' national strategy, to support students in clinical practice and their supervisors/mentors, is implemented.

Recommendation 9
HCPs and HEIs should work together to resolve the dissonance that exists concerning some students' understanding of their role in the service and the interpretation of students' supernumerary status, particularly for third year students.

Recommendation 10
HEIs should work together to agree a national standardised approach to assessing students' clinical competence, including a simple process of recording students' prior clinical experience.

Recommendation 11
HEIs should develop a clearer understanding of factors that affect student confidence levels, particularly at the point of progressing from student to newly qualified practitioner.

Recommendation 12
HCPs should review their preceptorship programmes to improve recruitment and retention of their newly qualified staff and ensure the preceptors are appropriately trained.

Recommendation 13
Neighbouring HCPs should work together, and with their local education providers, to agree a shared model of recruiting newly qualified practitioners.

Recommendation 14
HCPs should gather data about the culture of care in the clinical environments, in which the students are training, to understand the impact of that culture on students and their early career decisions.

Application of RePAIR to the new models of pre-registration education and training

The extent to which the findings from RePAIR can be read directly across to new models of education and training such as Nursing Associate and apprenticeship programmes was not in scope of RePAIR. However, throughout RePAIR consideration has been given to the wider application of the findings and recommendations of this large project.

Recommendation 15

HEE should seek to understand the relevance of the findings from RePAIR to the new models of pre-registration education and training that are being implemented in health and social care.

Next Steps

RePAIR is part of an ongoing journey. The support and engagement for RePAIR has been very good.

However, it is important that the RePAIR conversation continues nationally, regionally and locally. RePAIR is everyone's business and HEE wishes to encourage conversations across the system.

There are a number of ways that HEIs and HCPs can support the findings from RePAIR.

How organisations can support RePAIR

Organisations seeking to improve retention across the four Steps of RePAIR should consider the following:

- Getting RePAIR on the agenda
- Enhance their commitment to student learning
- Their approach to mentorship/student supervision
- Communicating expectations more clearly to students
- Standardising Practice Assessment Documentation
- Valuing Year 2 students
- Remembering that culture of care impacts on students and the choices they make as they embark on their professional career
- Supporting the collection of data in particular about RePAIR Steps 3 and 4 of the student journey.

How HEE is progressing the work of RePAIR

HEE is continuing to develop the work of RePAIR in a number of ways:

Regional workshops to share the findings of RePAIR.

A number of projects for nursing and midwifery that are a direct result of the RePAIR project. This work is known collectively as the 'RePAIR legacy projects':

- Valuing Year 2 students
- Impact of culture of care on the students' clinical experience
- Levels of confidence across the 'flaky bridge'
- Early career choices
- End of career choices

Final message from RePAIR

Stakeholders (students, higher education institutions and healthcare providers) must all do better to increase their commitment to each other in order to improve retention and own the individual contribution they can make to reduce attrition.

RePAIR

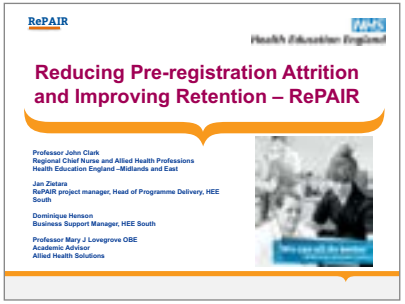
Resources

Supplementary information* to RePAIR can be accessed from the drop down menu below.

- RePAIR slide set →
- RePAIR key literature sources →
- RePAIR survey →
- RePAIR newsletters →
- Council of Deans of Health briefing on retention →
- RePAIR related videos →
- An Approach to Buddying Podcast →
- Innovative model of midwifery preceptorship supervision →

* Permission has been granted to include the information provided in this section

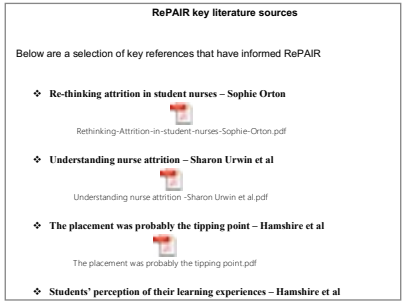
RePAIR
Resources



RePAIR slide set

A slide set, with notes, about the project and the project findings has been produced to assist organisations in disseminating this work.

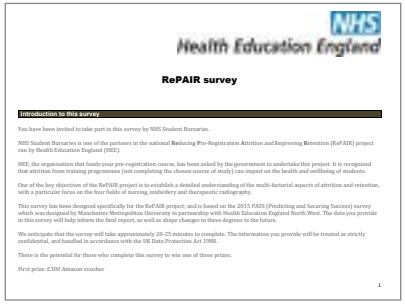
Download here



RePAIR key literature sources

A selection of key references

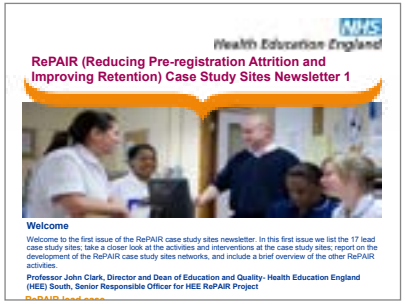
Download here



RePAIR survey

A copy of the questions asked in the student

Download here



RePAIR newsletters

The three RePAIR newsletters

Download newsletter 1

Download newsletter 2

Download newsletter 3

RePAIR
Resources


Council of Deans of Health

Retention

Note – August 2018

Non-continuation on pre-registration healthcare programmes is an issue not only for the individuals concerned, but also for universities and employers. Whilst it is an individual student's choice to decide whether to continue to study or not, it is also the responsibility of both higher education institutions (HEIs) and employers to ensure that healthcare students have a positive experience whilst training, meet the requirements of professional registration and go on to have successful careers in practice.

Rates of non-continuation vary across institutions and courses. The Council notes that initial findings from RePAIR indicate a baseline figure for 2013/14 and 2014/15 of 70 per cent of students completing their course within a standard pathway of three years. However, in one Health Education England (HEE) region less than 1 per cent of students interrupted their studies and 13 per cent transferred to different courses. Our member feedback supports the view that most students who experience an interruption complete their studies within a further 24 months of the standard pathway.

The factors behind non-continuation are complex and are personal to an individual student. Subjects such as nursing and midwifery have very high numbers of female applications and acceptances. For example, UCAS figures show that female applicants made up 94 per cent of applications in England for the March 2018 intake. Members report that care responsibilities and pregnancy are some of the major reasons that explain non-continuation. Gender inequality in care responsibilities is still unfortunately a major issue in our society.

Other factors such as mental health issues, including anxiety, stress and depression, and issues related to learning disabilities also account for non-continuation in some instances. Healthcare students may encounter traumatic experiences whilst on placement which are unique to their programmes. Universities are working hard to support students tackling mental health issues and working in collaboration with partners at a local level to develop better models of student care.[1]

Students' experiences on clinical placements also play an important, if not predominant, part in explaining retention. Regarding midwifery for instance, not all trusts have a designated post (a clinical placement facilitator, a practice educator or equivalent) with a focus on supporting midwifery students in practice. Trusts who do not have this role have higher student non-completion/dissatisfaction rates as students often feel that there is no one to support them with their concerns. Having someone based at the trust or care provider to whom students can turn for support is a vital aspect in reducing practice complaints and improving retention.

The Council believes that the development of new Nursing and Midwifery Council (NMC) standards of supervision and assessment and the changes to mentorship that will come in to effect from 2019 will provide

[1] Universities UK, 2018, Minding our future

1

Council of Deans of Health briefing on retention

The Council of Deans of Health has given permission for their briefing for RePAIR to be included in the resources

Download here

RePAIR related videos

The videos accessed here have been produced either by HEE or partners in RePAIR.

In addition to the examples of **best practice** the following are two sets of examples from the case study sites of interventions that support retention

Group A - The following videos have been made by members of the RePAIR Community and directly relate to RePAIR

What it is like to study nursing at Oxford Brookes University?

Student Children's Nurse story
(Password: dan)

Derby's preceptorship video

Group B - These five videos produced by Health Education England explain how important it is that both HEIs and HCPs understand the different characteristic of the four generations currently employed in healthcare.

HEE Mind the Gap 1 of 5 Introduction

HEE Mind the Gap 2 of 5 Babyboomers

HEE Mind the Gap 3 of 5 Generation X

HEE Mind the Gap 4 of 5 Generation Y

HEE Mind the Gap 5 of 5 Generation Z

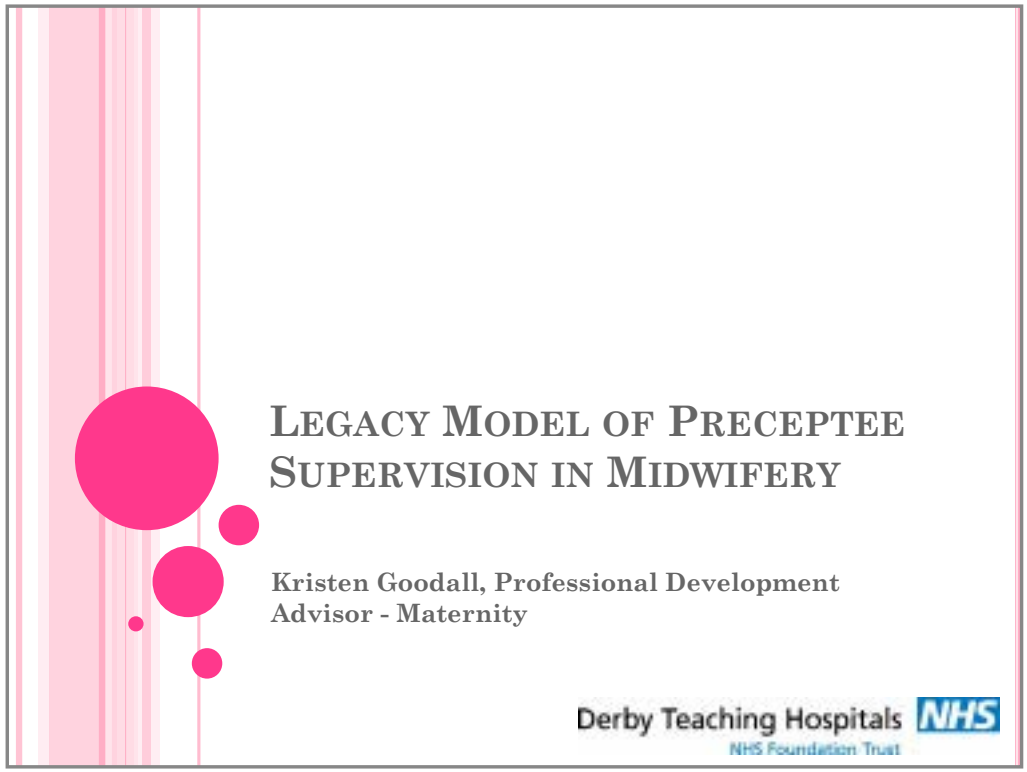
Resources

RePAIR buddying scheme

Dr Jim Turner and John Freeman

Sheffield Hallam University
March 2018

Listen here



Innovative model of midwifery preceptorship supervision

This slide set (access here) outlines an approach taken by a professional development advisor working in maternity services.

Download here

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