



# RePAIR

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## Executive Summary

**Reducing Pre-registration Attrition and Improving Retention**

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# Executive Summary

RePAIR (Reducing Pre-registration Attrition and Improving Retention)

## Background

The RePAIR (Reducing Pre-registration Attrition and Improving Retention) project commenced in the autumn of 2015 in response to the Department of Health's refreshed mandate 2015 -2016, paragraph 6.9: 'Unnecessary attrition from training programmes can result in significant cost and impact on the health and wellbeing of students. Health Education England's (HEE) objective is to reduce avoidable attrition from training programmes by 50% by 2017'.

Student attrition from pre-registration clinical education programmes is a long-standing challenge. It is well understood that the factors that affect attrition are complex and are influenced by institutional, political, professional and societal issues, as well as personal factors. At the beginning of the project 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.

The programmes in scope of RePAIR were the four fields of nursing, midwifery and therapeutic radiography. Currently the national picture is that there is a 35.1 per cent overall reduction in the number of applicants for nursing and 35 per cent reduction for midwifery. Furthermore, to deliver the National Cancer Workforce plan the number of therapeutic radiographers will need to increase by 18 per cent by 2021.

## Aims of RePAIR

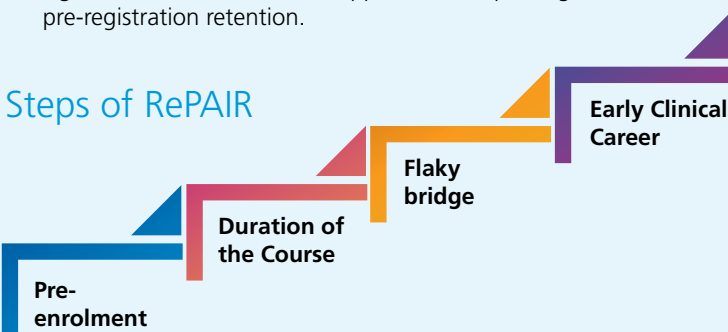
In order to better understand what the sector can do to reduce attrition across the four 'Steps' of RePAIR, from pre-enrolment to early clinical career, this project sought to address five overarching aims (figure 1).

Figure 1: RePAIR project aims, Steps and framework

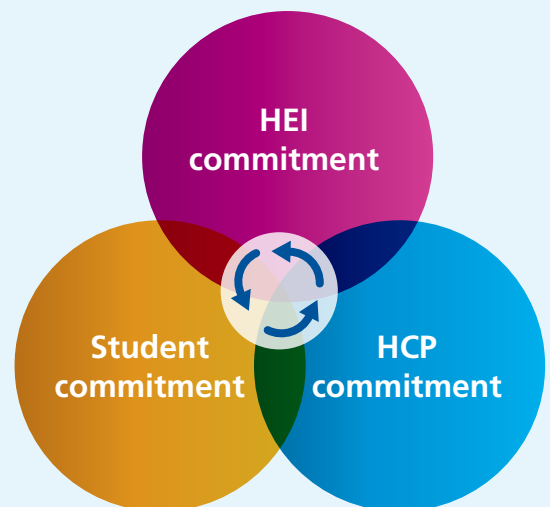
### Project aims

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

### Steps of RePAIR



### RePAIR commitment framework



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## Approach

Initially the RePAIR tripartite model of commitment (student, Higher Education Institutions (HEI) and Healthcare Providers (HCP)) (figure 1) was developed, to enable a clearer understanding of factors that affect retention for these six professional groups, across the four 'Steps' of RePAIR (figure 1).

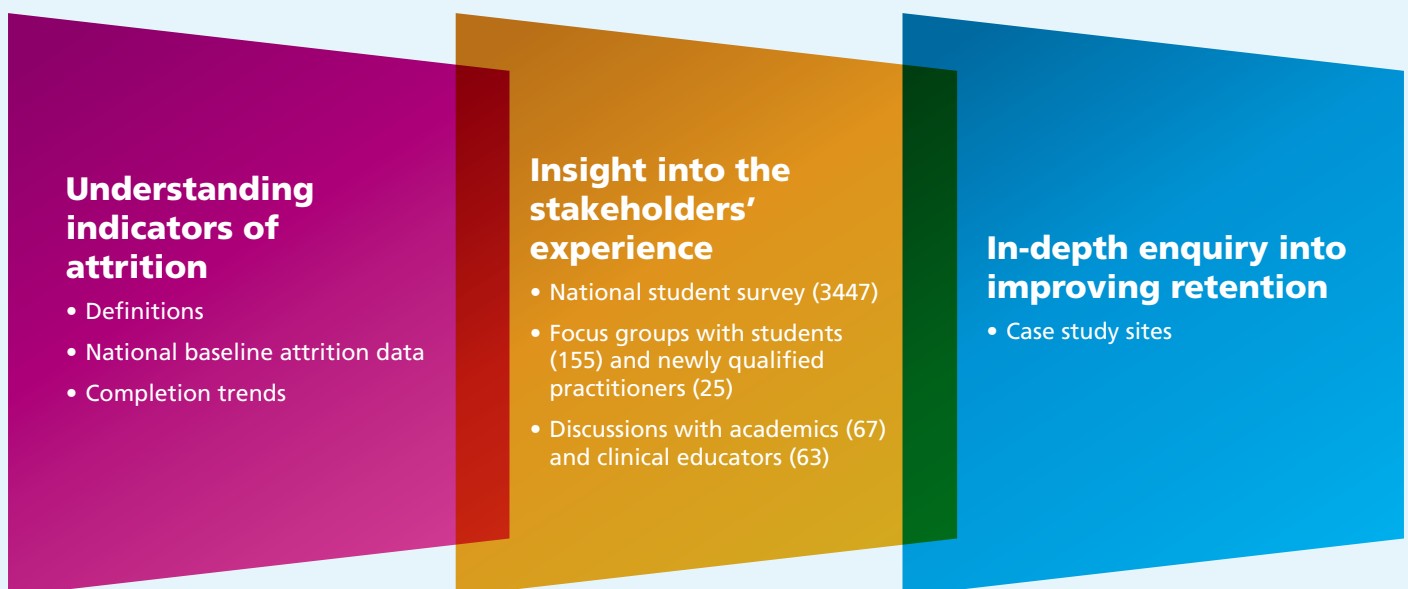
The approach to collecting the data was pragmatic and based on the premise that the findings would add to the existing knowledge base. Data was collected from three different sources (figure 2):

- data available from HEIs which provided the national baseline attrition data;
- data available from stakeholders including the student survey, focus groups and discussions;
- evidence from the 16 RePAIR case study sites formed from local partner organisations that agreed to work together to advise and inform the project.

## Key messages

- This large scale national project with a unique data set has reminded the HCPs and HEIs that it is the responsibility of all stakeholders to seek ways to reduce attrition and improve retention. It has also enabled them to rekindle the discussion about attrition, and highlighted that they can, and should, do better to improve retention.
- RePAIR further evidences that the solutions to improving retention are influenced by many factors and are mostly achievable, so long as there is the tripartite commitment to do so.
- RePAIR 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.

Figure 2: Data collection sources used in the project



## Key findings

### Understanding indicators of attrition

There is no single nationally agreed method of measuring attrition. 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 baseline.

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

Post the 2015 Spending Review and Autumn Statement, monitoring of programmes now sits with the Office for Students (formerly Higher Education Funding Council for England).

Given that HEE no longer has a formal remit to undertake follow-up national data collections for professions affected by this reform, it undertook analysis of student attrition data, held by HESA (Higher Education Statistics Agency), using the observed expected attrition metric. 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 per cent.

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.

### Insight into stakeholders' experience

- The findings from the student survey are mostly positive, in that the students advise they intend to pursue a career in their chosen profession and had made the correct decision to enrol on the course. However, financial pressures are a challenge, particularly the fear of getting into increasing amounts of debt. A high proportion, an average of 41 per cent, have considered leaving the course.
- It is important for the HEIs to understand and manage students' expectations about the course, from initial enquiry to successful completion.
- It is important that prospective students are afforded an opportunity to visit clinical services to help inform their career choice.
- Second year students receive relatively less support than either first or third year students.
- Students commented on service pressures, the difference in the culture of care, the staff's attitudes to them and the variation in supervisor/mentor support. However, they pointed out that the 'student-mentor' relationship is central to the success of their clinical learning outcomes.
- Students urged HEIs and HCPs to seek ways to improve: the communication between them; allocation of placements, and standardisation of practice assessment documentation.
- Students reported a rollercoaster experience, in their levels of confidence, as they prepare for transition from being a final year student to a newly qualified practitioner (RePAIR's flaky bridge). Consequently, they prefer to know where they are going to work before the middle of the last year of study.
- Many final year students select their first post based on the reputation of the preceptorship programme and the level of support they are going to receive.
- HCPs do not routinely record details of students who gain clinical experience in their organisations and then go on to work for them.
- Very few HCPs design their preceptorship programmes with their partner HEIs. This leads to a perception, by students, that they have to repeat evidence of competency.



**Financial pressures are a challenge, particularly the fear of getting into increasing amounts of debt.**

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## Recommendations from RePAIR

The following 14 recommendations are drawn from the data collected during RePAIR. The first two are general recommendations, the remainder are listed according to the four steps of RePAIR. The order of the recommendations does not indicate any relative significance.

### Standardisation of indicators of attrition

#### 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 HCPs.

### Costs of interventions to improve retention

#### 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.

## Step 1 - Pre-enrolment

### Financial pressures

#### 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.

### Wrong career choice

#### 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.



## Step 2 - Duration of the Course

### Buddy schemes

#### Recommendation 5

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

### 'Year 2' students

#### Recommendation 6

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

### Placement allocation and associated costs

#### 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.

### National model of support for students in the clinical department

#### 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.

### Students' role in the clinical department

#### 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.

### Standardised approach to clinical assessment

#### 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.

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## Step 3 - Flaky Bridge

### Levels of student confidence

#### 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.

## Step 4 - Early Clinical Career

### Preceptorship model as an aid to recruitment and retention

#### Recommendation 12

HCPs should review their preceptorship programmes, ideally in partnership with HEIs, to improve recruitment and retention of their newly qualified staff and ensure the preceptors are appropriately trained.

### Recruitment of newly qualified practitioners

#### Recommendation 13

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

### Impact of culture of care and early career choices

#### 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 the students and their early career decisions.



**HCPs should review their preceptorship programmes, ideally in partnership with HEIs, to improve recruitment and retention of their newly qualified staff.**

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

RePAIR is part of an ongoing journey and since the start of RePAIR there have been two very significant national initiatives concerning pre-registration health and social care education and training: the introduction of the Nursing Associate role and the development of pre-registration apprenticeship programmes in health and social care.

The extent to which the findings from RePAIR can be read directly across to these additional new models of education and training 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 of RePAIR to the new models of pre-registration education and training that are being implemented in health and social care.

## Next Steps

It is important that the RePAIR conversations continue nationally, regionally and locally, and organisations should consider how they address the recommendations.

## RePAIR outputs

In addition to this RePAIR Executive Summary there are a number of other RePAIR resources:

**RePAIR Report**

[access here >](#)

**RePAIR Toolkit**

[access here >](#)

**RePAIR examples  
of best practice**

[access here >](#)

**RePAIR Cost Calculator**

[access here >](#)