



Recruitment & Retention

Report of the 'Facing the Future' Sub-Group & Working Groups

**Incorporating
Mentor and Practice Learning
Responsibility/Code of Practice
Pre-course and Selection/ Pastoral Service**

**Scottish Government Health Directorates
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1 Introduction

In 2001 a range of recruitment and retention initiatives were brought forward under the banner of “Facing the Future”. This work also supported the development of a robust career framework for Nurses and Midwives in Scotland.

In 2005, as part of on-going work, four sub-groups were established to take forward: Modernising Nursing Careers; Healthcare Support Worker Development; Nursing and Midwifery Workload and Workforce Planning and Student Recruitment & Retention.

This report describes the work of the Student Recruitment & Retention Sub-Group whose remit was as follows:-

- ◆ To explore the evidence about student retention improvement.
- ◆ To ensure a common definition of attrition is in place throughout Scotland, and accords with the other 3 UK countries.
- ◆ To share best practice and evidence with all HEIs and NHS Scotland
- ◆ To consider need for additional research into student retention
- ◆ To assist in the development of tools to measure effectiveness of measures to improve retention.
- ◆ To oversee the interrogation of attrition data.
- ◆ To link with Student Nurse Intake Planning process
- ◆ To explore issues around mentoring.

(SEHD 2006).

Whilst the attrition rate for student nurses and midwives pre-registration Nursing and Midwifery is generally lower than on most other diploma and undergraduate programmes offered by Higher Education Institutions (HEI's), the work of the sub-group was set against a background of increasing attrition in this sector within Scotland.

There will always be some attrition from educational programmes and also variation between institutions. This may reflect factors outwith the control of HEIs and funders. However, the concern about nursing and midwifery attrition is to some extent based upon the key differences between the arrangements for commissioning education for nursing and midwifery students and those for other students; firstly, that the funding for nursing and midwifery students comes from the Scottish Government's Health budget. Secondly, that the NHS explicitly commissions the number of nursing and midwifery students using mechanisms calculated to meet the healthcare sector's workforce requirements for the future.

Because of this explicit link to future nursing and midwifery workforce requirements, there is an equally explicit duty on the NHS and the HEIs to achieve the best outcomes. A critical measure is that an optimum number of students successfully complete the programmes they embark upon, and subsequently enter the Nursing & Midwifery Council (NMC) Register and enter employment in the healthcare sector.

Both the NHS and HEIs have been working hard to reduce the levels of attrition for nursing and midwifery students, but there are still considerable variations in attrition rates around the country. It is equally clear that the reasons behind attrition rates are many and complex. This issue of inter-relation and complexity is conceptualised as a 'wicked problem' (DoH 2006).

2 Background

Since 1995/6, Nursing and Midwifery students in Scotland have been prepared through pre-registration programmes delivered by Higher Education Institutions (HEI). The nursing programmes, funded by SGHD, last three years, and consist of a one-year 'Common Foundation programme' followed by two years of 'Branch' preparation (Adult, Mental Health, Learning Disability or Children's Nursing). The programme is 50% theory and 50% supervised practice-based learning. The funded Midwifery programme is also three years in duration.

Students successfully completing will exit with either a Dip(HE) or Ordinary Degree and a professional registration with the NMC. Students who exit earlier in the programme will receive academic credit relative to the number of Scottish Credit and Qualification Framework (SCQF) credits attained, but will not be able to register with the NMC. All HEIs delivering programmes, must have the programmes validated for a period of five years by the NMC (through its agent HLSP) and monitored annually against structured standards.

Pre-registration nursing and midwifery education is one of the Scottish Funding Council's (SFC) controlled funding subject groups (FSGs) and SFC allocates funding according to a fixed price Unit of Teaching Resource (UTR) per funded student. In 2007-08, the UTR for nursing and midwifery is £6650 per student.

Students are also supported through the SGHD's Nursing and Midwifery Bursary Scheme (NMBS). The scheme, administered by the Student Awards Agency for Scotland (SAAS) is made up of the following elements;

- A non-income-assessed personal allowance (for 2007/8, the rate is £6,255 for students at the start of the course)
- An income-assessed Dependant's Allowance, where appropriate
- Other allowances, where appropriate

Thus the overall cost per student is between £13,000 and £15,000 per year.

Students currently apply for programme places through Centralised Applications to Nursing and Midwifery Training Clearing House (CATCH) (hosted by NES) which matches applicants against available places either at their first choice institution or at an alternative provider. The Scottish application process is currently being prepared for a managed transition from CATCH to UCAS for 2009/10.

The Nursing and Midwifery Council set minimum entry requirements for approved programmes and, unlike most other Higher Education students, nursing and midwifery students are subject to interview at an institutional level, in addition to satisfying the academic entry requirements, prior to selection.

2.1 Demand and Supply

There is continuing concern around the completion rates of Nursing and Midwifery students since this has a direct impact upon the future workforce. Attrition from pre-registration programmes incurs a personal cost to students and has financial and operational implications for commissioners of education and for providers. Unlike other health-related education programmes, the funding for pre-registration nursing and midwifery education comes from the Health Budget rather than the Education Budget. This leads to a higher level of scrutiny on the part of the SGHD into both the quality of the programmes and the student retention rate.

The intake of pre-registration nursing and midwifery students is determined annually by the Scottish Government and informed by the National Nursing and Midwifery Workforce Planning Process (formerly Student Nurse Intake Planning (SNIP) process). This annual process is embedded within arrangements for healthcare workforce planning across NHS Scotland. The process examines trends and future projections to support decision-making regarding Student Nurse and Midwife intake figures. Data is gathered through individual NHS Boards' workforce plans and information from non-NHS employers.

The workforce planning process comprises both computerised methodologies and professional judgement and is supported by partnership and other key stakeholders through a virtual network. The process does not drive agreed intakes, but helps to inform wider discussion regarding the future demand across the four branches of Nursing and Midwifery and to achieve agreed outcome targets. Intake numbers for 2007/8 were maintained at 3325, with a small number of additional nurses entering the system from alternative and non-commissioned routes at Scottish HEIs.

The continuing demand for additional nurses and midwives has greatly influenced the student intake numbers over recent years and numbers currently in training are at an all time high of 9909, representing a 1.8%

increase on the previous year and an increase of 20% since 2001 (37% since 1999).

	1999	2000	20001	2002	2003	2004	2005
Adult	4981	5385	5757	6187	6394	6715	7113
MH	1059	1184	1199	1205	1262	1280	1408
LD	202	184	150	157	139	152	138
Child	506	582	576	598	608	593	545
Midwifery	468	498	535	570	583	524	522
Total	7216	7833	8217	8717	8986	9264	9726

Table 1 – Nursing & Midwifery Students in Training

The annual target number takes account of the average attrition rate for the previous three years and provides some level of risk management for the NHS Scotland by calculating a recruitment target figure that allows for attrition. However, this approach sets an ‘intake demand’ pattern rather than an ‘output’ focus. Of additional concern, is an apparent drop in applicants to join the nursing and midwifery programmes, putting further pressure on HEIs to recruit to the target numbers.

This in turn may have the following impacts;

- The supply of applicants is unable to match ever-increasing demand without compromising quality.
- Failure to progress has an individual cost to students and their own expectations
- Practice placement and mentorship experience would be compromised by increasing student numbers
- NHS costs associated with training would be ‘wasted’ by such a profligate approach
- Negative perceptions of Nursing and Midwifery education may result

The Howat report (Scottish Government 2007) suggested that by focusing on reduced attrition rate (down to 15%), better post-registration retention and reducing demand for new graduate nurses and midwives each year, significant savings could be achieved for NHS Scotland. We are challenged therefore to manage both total recruitment and recruitment quality and to reduce wastage through attrition. Achieving target output is crucial for service sustainability, but would ideally be achieved through reduced numbers of students who are well supported and retained throughout their programme.

2.2 Attrition

Analysis suggests that mass recruitment and less competition for places has drawn into the system students who are less likely to progress/complete. It is also believed that this high number of students in the system is causing increasing pressure on both the HEIs and clinical placements which may, in turn, have a detrimental effect on students' overall learning experience and consequently impact upon retention.

Preliminary work supported by SGHD suggests a statistical association between an increased number of students and the increasing attrition rate in Scotland, proposing that for every increase of 100 students into the system since 1999, there has been a deterioration of 0.95% in retention rates (Tilley and Lauder - Unpublished).

NHS Education for Scotland provide data to Information Services Division (ISD) annually on the numbers of students in training and the student completion rates. This data is provided at a national level and allows comparison between years. Some attrition is normal and in 2005 we set a target for Higher Education Institutions to reduce student nurse attrition to 15%.

Despite all the strategies being put in place by the HEIs, the continuing increase in attrition is disappointing. There is clearly still a long way to go to reach the 15% target although a few of the Higher Education Institutes at different times have almost reached that level.

The most recent published data shows that for all categories of nursing and midwifery the attrition rate has ranged from 23.4% for the 1999/2000 cohort of students to 28.9% for the 2002/3 cohort.

**Table 2. Attrition Rates
NHS Scotland Workforce Statistics**

Percentage attrition rates for students on nursing and midwifery diploma courses¹²

	1992/93	1993/94	1994/95	1995/96	1996/97	1997/98	1998/99	1999/00	2000/01	2001/02	2002/03 ³
All Categories	27.7	24.4	23.6	21.3	21.1	21.7	21.8	23.4	23.7	26.1	28.9
Adult	25.5	22.8	22.7	17.8	18.2	20.4	21.0	23.2	23.2	27.3	29.7
Mental Health	32.1	25.8	29.9	31.9	26.0	25.1	22.7	24.7	29.4	27.0	26.8
Learning Disability	39.0	33.0	12.0	29.0	29.2	32.0	29.8	35.4	21.0	21.3	23.6
Children	37.4	35.9	26.6	25.2	29.2	30.0	24.9	20.2	20.9	22.8	33.5
Midwifery	25.1	24.1	24.9	26.8	31.6	22.2	29.1	24.6	23.8	22.7	28.3

Notes:

1.Data on the number of students entering training, movements while on courses and completions for each cohort is provided by NHS Education for Scotland.

The attrition rates are calculated as follows:

$$\frac{\text{Number starting course} + \text{transfers in} - \text{transfers out} - \text{number completing course}}{\text{Number starting course}}$$

2. The years given are academic years, starting with the Autumn cohort (August, September and October of each year).

3. Attrition rates for 1992/93 to 2001/02 are for complete years. **Rates for 2002/03 are incomplete due to a proportion of students at the snapshot date who are still completing the course and should therefore be treated with caution.**

Source: NHS
Education for
Scotland
ISD Scotland

January 2007

2.3 Analysis of existing data

Across the University sector generally, the published average attrition rate is around 27% but varies across University and course. In other health related education programmes, the attrition rate also varies although the data is not published. Information from Universities about 2006 Allied Health Professional courses suggests that, for example, the average attrition rate for physiotherapy is 3.5% and for dietetics, 3.2%. However, the numbers of students are not comparable to those on the nursing programmes and the courses are all degree level so demand a higher qualification entry level.

One perception around the completion rates of Nursing and Midwifery students is that there is a lack of a consistent definition of attrition across the UK. This makes it difficult to assess, across the UK, the extent to which completion rates are changing over time, geographical areas or educational providers. In Scotland, a consistent definition, as outlined below, does exist, is used by the SGHD and informs the data presented in this report.

Starters(a) + Transfers In(b) – Transfers Out(c) – Numbers Completing(d) **Starters(a)**

In Scotland, there is a centralised system of data collection (CATCH) which records individual level data on students. CATCH routinely records information on the year and intake of each student, their qualifications upon entry, their age, sex, branch of nursing they were initially accepted into and the HEI they attended. Analysis of these data revealed that:

- Mean 5 year completion rates range between 71.2% and 80.7%
- In the 2000 cohort, 25% of students are over 30 at the start of their course and 5% are over 40
- Male students accounted for between 10% and 17% of students at each Higher Education Institution (HEI)
- There is variation in the type of the branch programmes offered by Higher Education Institutions across Scotland
- There is substantial variation in the entry qualifications of Nursing and Midwifery students both within and between HEIs

The analysis of these data also examined the net impact of each of these factors on 5 year completion rates and found that:

- The age of students upon entry is a significant determinant of completion. For a given set of other characteristics,¹ female students who are 17 upon entry have a completion probability of just over 0.5. In contrast, female students who are 26 upon entry have a completion probability of almost 0.7.
- Male students are 10% less likely to complete than female students.
- Students embarking on an Adult or Children's Nursing course are about 6% more likely to complete than students embarking on a course in Learning Disability Nursing.
- Students who hold 2 or more Highers are the most likely to complete their course and are about 8% more likely to complete than students with vocational qualifications.
- After controlling for the composition of students and courses within HEIs, there is still significant variation in the completion rates between HEIs. The HEI with the highest completion rate is almost 6% higher than the HEI with the lowest.

Moreover, while these factors are all significant determinants of the completion rates of students, they do not account for very much of the variation in completion rates. In fact, less than 3% of the variation is accounted for by the combination of these factors. This suggests that there is great scope for including additional factors to try and explain this residual variation.

While the reasons that students leave programmes are often multi-factorial, a number of key areas have been highlighted as impacting on student retention including:- effective marketing, recruitment and selection processes (DOH 2006, Taylor 2005, McCallum et al 2006, McCarey et al 2006); factors linked to academic and clinical skills failure and those which impact on effective student support in education and practice settings (DOH 2006).

A national student conference (SEHD 2005) also identified factors which may impact on attrition. These included the quality of support and learning experiences in university and practice settings and the importance of

¹ The estimated probability of completion is conditional upon the following characteristics unless otherwise stated: average age of students (25); a female student; the 1998 intake; a student with vocational modules as their highest academic qualification; a student on a Learning Disabilities Nursing course; a student in the Autumn intake; and a student at the HEI with the lowest completion rates.

mentorship, partnership working and communication to improving the practice learning experience.

2.4 Retention

A mapping exercise, prepared by Scotland's Heads of Academic Nursing and Health Professions (March 2006), highlighted those strategies that are in place across the sector to try to improve retention and reduce attrition. Measures employed focused on recruitment, selection, induction and student support including mentorship. This process was augmented by further benchmarking of retention support by HEIs, in 2007 as part of the Chief Nursing Officer's annual review process (Appendix 3).

National studies support these approaches, with Butler & Felts (2006) suggesting that adequate preparation for mentorship and support could impact on retention; Leners *et al* (2006) saw student retention linked to the professional socialisation aspects of the mentorship relationship while Shelton (2003) suggested that support needs were both psychological and functional.

It is acknowledged, however, that the effectiveness of these strategies is variable across institutions and that whilst retention reduction activity is very evident across the sector, further effort should focus on measures which consistently demonstrate improved retention. In particular, it has been suggested that the particular characteristics of student cohorts (age, socio-economic status, academic background, gender etc) and of groups of students within cohorts may influence the relative effectiveness of different strategies.

In order to explore some of the key issues, the Student Retention Sub-group instituted four short life working groups covering the areas of **Pre-course and Selection; Mentor and Practice Learning; Responsibility/Code of Practice** and **Pastoral Service**. This paper identifies recommendations and a plan for action based on the findings of the working groups. These will ultimately contribute to the remit and outcomes of the SGHD Recruitment and Retention Delivery Group.

2.5 Linked National initiatives

2.5.1 Practice Education Facilitators

As part of the *Facing the Future* agenda and the drive to promote recruitment and retention, NHS Scotland agreed to support the introduction of new learning and assessment support roles to improve practice education in service settings. A partnership involving the Scottish Executive Health Department (SEHD), NHS Education for Scotland (NES), Higher Education Institutions (HEIs) and NHS Scotland organisations was set up in 2003 to take the initiative forward.

The partnership was backed by a Ministerial commitment to fund 100 WTE practice education posts at G grade (now Agenda for Change Band 6 & 7), involving a range of full and part-time opportunities and secondments. Most of the new role opportunities have been developed as Practice Education Facilitator (PEF) posts, with a small number of Practice Educator posts as defined by the Nursing and Midwifery Council (NMC, 2001). The aim of the PEF post is to provide co-ordination, facilitation and support for work-based mentors, students (at both pre-and post-registration levels) and nursing and midwifery staff involved in continuing professional development (CPD) activity.

The role of the PEF is undertaken within a whole-systems approach to strengthening practice education in NHS Scotland. It aims to support mentors, enhance the learning environment and facilitate learning in practice situations. Central to the role is the development and maintenance of a learning environment in which education and CPD are seen as integral to clinical practice. It is anticipated that the achievement of this will have beneficial effects on efforts to retain nursing and midwifery staff.

An evaluation of impact is essential for a national project such as this, which has involved the investment of significant resource, time and energy from the project partnership members. NES has commissioned and funded a

collaborative team led by the University of Manchester to conduct the evaluation, and their report will be available in 2008.

2.5.2 Review of Scottish Pre-registration Programmes

In December 2005, NHS Education for Scotland commissioned and funded a collaborative team, led by the University of Dundee, to conduct an evaluative study to explore the strengths and weakness of pre-registration nursing and midwifery 'fitness for practice' programmes and the impact on skills and competencies of the newly registered practitioners graduating from them

The purpose of the evaluation is to further develop an evidence base on which to build and develop appropriate nurse and midwife education programmes that reflect and meet modern health care needs. The final report of this evaluation will be available in 2008.

The Nursing and Midwifery Council (NMC) are currently consulting on the future shape of pre-registration nursing education (as part of the Modernising Nursing Careers initiative). The Scottish perspectives on this consultation on pre-registration nursing education will also impact upon the future configuration of programmes.

2.5.3 New routes of entry

The introduction of initiatives which provide alternative routes into pre-registration nursing such as Health Care Students undertaking an enhanced HNC and the provision of the Diploma of Higher Education offered by the Open University, have increased the accessibility of a career in nursing to a wider cohort. Students who undertake these programmes are often highly motivated to succeed and generally have higher retention rates than those entering by the more established route.

2.5.4 New ways of working: implications of new roles

The current demand numbers are based on an 'existing staff' model, where vacant 'nursing' posts are filled with new nurses. Given the unprecedented level of service change within NHS Scotland, the current approach may result

in a mismatch between skills held by staff and actual service need. This, in turn, is perpetuated by translating such 'perceived demand' into expected output from nursing and midwifery programmes. Thus, the numbers of new registered staff actually required may be different from current targets.

Recent role development work, supported by the NHS Career Framework model suggests that the creation and utilisation of Senior Healthcare Support worker (Level 3) and Associate Practitioner (level 4) roles may have a significant role to play in modern healthcare delivery.

It has been argued that, once established, these roles would provide an opportunity for both alternative entry points for healthcare staff who did not yet match the profile for nursing students, and alternative exit points from Pre-registration programmes - if students were struggling or needed to step-off from the programme for a period. Crucially, this could count as recruitment to healthcare rather than be considered as 'attrition'.

2.6 Initiatives in other countries

In England, pre-registration nursing and midwifery programmes are commissioned by Strategic Health Authorities rather than directly by the Department of Health. However, as in Scotland, the funding comes directly from the Health budget rather than from education, and there is therefore pressure on both the NHS and HEIs to achieve best value for money and meet workforce requirements. In 2006 the Department of Health in England produced *Managing Attrition Rates for Student Nurses and Midwives: A Guide to Good Practice for Strategic Health Authorities and Higher Education Institutions*.

The DoH report splits the analysis into two key issues:

- Data and information issues – important sub themes around definition and data set clarity
- Managing attrition – synopsis of risk factors, their interaction and actions to support retention supported by case study examples.

It is acknowledged that in England both the NHS and HEIs have been working hard to reduce the levels of attrition for healthcare students, but that there are still considerable variations in attrition rates around the country.

In Northern Ireland where pre-registration education is commissioned by the Health and Social Services Department there is increasing interest in measuring and managing student attrition. In 2005 a report was produced by The Star Project (Student Transition and Retention) called *Guidelines for the Management of Student Transition*. This document focuses on 4 main themes which are helpful in looking at ways to improve student recruitment and selection. There are guidelines on:

- Prior to Entry
- Induction and Beyond
- Curriculum Development
- Staff Development

The Recruitment and Retention group recognise the importance of learning from the wider UK project work, and are committed to sharing the findings of our specific Scottish projects with the widest possible audience.

3 The Working Groups

Against this background, the Scottish working groups were tasked with exploring current strategies and approaches to recruitment and retention support. The range of membership across the working groups facilitated input from a wide range of relevant stakeholders: Managers and Practitioners from the NHS; Academics and Students from HEIs; Practice Education Facilitators; the Scottish College Sector; SGHD; NHS Education for Scotland; and Careers Scotland. (Appendix 2)

3.1 Process

Most of the working groups met face to face on at least two occasions with communication maintained through mediums such as an electronic shared space and telephone conferencing. Identified objectives were explored and achieved through a variety of processes, including individual members undertaking specific activities and actions, accessing available national and local evidence, seeking out examples of existing good practice and holding a half day workshop on recruitment issues.

Each of the working groups considered a range of specific aims and produced recommendations which were presented back to the Sub-Group and incorporated into this report.

4 Findings of the Working Groups

4.1 Pre-course and Selection Working Group

The aims of the group were:

- To review current strategies for selection of students
- To look at marketing and pre-course preparation of potential students
- To establish links with NMC work stream on student selection
- To consider best HR practice in recruitment and selection

The following issues were identified:

4.1.1 In order that a realistic and consistent approach is taken to recruitment, there should be appropriate liaison between SGHD, HEIs, NES, Partnership organisations and practitioners in the development of materials to attract students to the nursing and midwifery professions. The “infoscotland.com” website was recognised as a useful existing tool. The potential to develop ‘virtual worlds’ within this website was suggested as a way of embracing the variety of real life nursing and midwifery experiences. A more centralised (SGHD) approach could be taken to promoting the healthcare professions, in general, as a career, but with a particular focus on Nursing and Midwifery.

4.1.2 There is a need to critically evaluate the ways in which Careers Scotland and FE/HEIs work together to support recruitment to the professions in order to determine whether there are more appropriate ways of partnership working.

4.1.3 In order that prospective nursing and midwifery students have a more realistic understanding of clinical practice, it was suggested that there should be further development of ‘virtual work experiences’ to address the lack of available opportunities. It was acknowledged that some work has already taken place relating to virtual work. The possibility of increasing the availability of actual work experience should also be determined.

4.1.4 This group held a workshop event which demonstrated a fairly common broad approach to recruitment and selection across the HEIs. Some variations however, do exist in the selection process, which lacks a strong evidence base to support the approaches used. It was felt that the establishment of a

network of practitioners, who are responsible for nursing and midwifery recruitment and selection, would facilitate the sharing of good practice.

4.1.5 Good HR practice should be identified in relation to recruitment of other professional groups which could inform the work of the Retention Sub-Group. Relevant professions could include teachers, social work and the police.

4.1.6 The collation of statistics relating to retention/attrition should be collected in a consistent manner to provide a Scottish perspective on retention/attrition. This information should be provided to HEIs in order that areas of strength could be identified as well as those requiring improvement. There is a significant amount of statistical information already gathered by a variety of different organisations, including CATCH and Higher Education Statistics Agency (HESA) data, and it was recommended that this could be collated in a more focused manner. The difficulty of “tracking” students who leave at an early point in the programme was acknowledged. The potential to determine whether these students remained in some capacity in the health care sector should be explored.

4.1.7 Consideration should also be given to the numbers of students commissioned by SGHD so that the focus is clearly upon the quality of applicant, rather than quantity.

4.2 Code of Conduct Working Group

The aims of the group were:

- To identify present use of the NMC guide for students
- To identify other sources of guidance
- To identify codes of conduct/discipline in use in HEIs and College sectors
- To examine guidance on student conduct across the health professions.

Flowing from the work of this group, the following key issues were raised:

4.2.1 The need to raise awareness, of the revised NMC guidance for students registrants and HEIs on Good health and good character. The consistent

approach to implementation of this guidance across Scotland will be important in terms of student recruitment and retention.

4.2.2 The need to explore the potential conflicts between generic and professional student codes within the College and HEI settings. The group identified specific areas of conflict with the College/HEI student code and the NMC Code of Professional Conduct: standards for conduct, performance and ethics. Raising awareness of potential conflict is required, and action taken to reduce or eliminate these clashes.

4.2.3 The need to take a consistent approach should be taken to the implementation of the recently revised NMC guidance to HEIs on Good Health and Good Character and on the development and review of HEI 'Fitness to Practice' Panels.

4.2.4 The need to strengthen preparation of mentors to facilitate the student's developing knowledge and clinical competence including acting in accordance with the NMC Codes.

4.3 Pastoral Service Working Group

The aims of the group were:

- To gather information on current provision in pastoral support in both further and higher education
- To identify the diverse complex needs of the student nurse population and develop strategies to support and respond to these needs.

4.3.1. This group concluded that additional independent pastoral support may assist students to complete the pre-registration programme when they are facing difficulties. Based on a model from the University of Glamorgan which was established initially to address attrition rates, three posts have now been funded by SGHD in Scottish HEIs to pilot the role of a Pastoral Support Advisor. These posts will supplement existing student support arrangements and provide a unique service within the schools.

The post holders will provide a one stop, drop in/appointment, pastoral support service to all pre-registration nursing and midwifery students that is easily accessible. It is important to note that the University of Glamorgan did note a subsequent fall in attrition however other supportive interventions were also introduced which could also have impacted on retention. The efficacy of these posts will be evaluated.

4.4 Mentor and Practice Learning Working Group

The aims of the group were:

- To capture and explore the available evidence on the impact of mentoring and the practice learning environment on the retention of pre-registration nursing and midwifery students.
- To ascertain what strategies could be utilized to improve student retention through mentoring and practice learning support
- To identify and share areas of effective practice within mentoring and practice learning in relation to the retention of student nurses and midwives.

4.4.1 The need to work towards establishing protected time for mentor and practice learning for all nurses supporting learning in the clinical practice setting was considered important; this should be integrated into work associated with workforce planning and workload analysis. While the NMC has specified time for “sign-off mentors” it was felt that the challenge was to ensure sufficient time is available to all mentors to support students effectively. It was suggested that this could link in with the national work of the Nursing and Midwifery Workload and Workforce Planning Project.

4.4.2 Good practice guides should be produced relating to the effective use of time used in mentor and practice learning activities. Additionally effective and timely use of feedback involving students, mentors, ward managers and lecturers was considered vital to developing mentorship and the practice learning environment and ultimately to the retention of students.

4.4.3 A range of development opportunities for mentors and others who support learning in practice which links with the proposed educational career pathway should be established. It was suggested that the value of good

mentorship could be acknowledged in some way by introducing a range of incentives including providing development opportunities.

4.4.4 A searchable database of current practice in mentorship and practice learning should be developed to promote sharing of effective strategies for enhanced retention. This would provide a rich resource that could enhance existing practice.

4.4.5 A small number of focused projects should be established to enhance mentor and practice learning where NHS boards and their partner education institutions work collaboratively to develop a specific area of good practice. While there are examples of good practice in partnership working, difficulties can occur in sharing information with other areas. A regional approach could be taken to the sharing of good practice across Scotland.

5 Recommendations for Action

The following recommendations are drawn from findings across the four working groups and are presented in relation to the following areas:

- Marketing Strategies
- Recruitment and Selection Processes
- Retention/Attrition
- Mentoring/Practice Learning

5.1 Marketing Strategies

5.1.1 Put in place ways of providing potential candidates with a more realistic understanding of clinical practice including “virtual work” experience.

5.1.2 Adopt a centralised, cohesive and realistic approach to the marketing of nursing and midwifery professions which involves all partners in the process

5.2 Recruitment and Selection Processes

5.2.1 Strengthen the evidence base relating to the selection and recruitment process by:-

- commissioning a systematic literature review

- identifying approaches used by other professional groups such as the Police, Social Work and Teaching which could inform best practice in recruitment and the development of benchmark statements for recruitment and retention.
- bringing together practitioners who have responsibility for Nursing and Midwifery recruitment on an annual basis, to identify, share and disseminate good practice. The e-library's "shared space" facility should be utilised as a means of facilitating on-going communication between those involved in this process.

5.3 Retention/Attrition

5.3.1 Utilise findings from analysis of CATCH statistical data to inform future decisions around targeting retention strategies for those at risk of failing

5.3.2 Adopt a consistent and focused approach across all HEI's to the collection of statistics relating to attrition which will enable the SGHD and HEIs to focus on areas of strength or those which require improvement through this evidence base.

5.3.3 The difficulty of "tracking" students who leave at an early point in the programme was acknowledged however the potential to determine whether these students remained working in the health care sector should be explored.

5.3.4 Respond to the findings of the evaluation of the pastoral support role which is to be piloted in three HEI sites and explore the potential to apply this model more widely.

5.3.5 Raise awareness, of the NMC revised publication relating to guidance for good character and good health within the College and HE sector. The consistent approach to implementation of this guidance across Scotland is important in terms of student retention.

5.4 Mentoring/Practice Learning

5.4.1 Develop a range of strategies aimed at enhancing mentorship and practice learning activity by facilitating the production and dissemination of a good practice guide that address the quality of mentoring activities. This includes the effective and timely use of feedback involving students, mentors, ward managers and lecturers.

5.4.2 Identify and progress a small number of collaborative, focused projects, to develop specific areas of good practice in relationship to mentor and practice learning activities, which would enhance the quality of the student's learning experience. Examples of these may include establishing and evaluating team approaches to support practice learning and sessional opportunities for mentors to contribute to simulated practice.

5.4.3 Support the implementation of the national approach to the preparation of mentors in Scotland which also meets the NMC Standards to Support Learning and Assessment in Practice (NMC 2006).

5.4.4 Incorporate mentorship and practice learning as part of the workforce analysis and planning activities recognising that protected time for "signing off" preparation of new mentors and mentor updates is required as well as additional time for mentoring where there are specific student support needs.

An action plan (Appendix 4) has been formulated to identify the outputs and responsibilities arising from each of these recommendations.

6 Conclusions`

This report has focused on the findings of the four working groups established by the 'Facing the Future' Student Recruitment & Retention Sub-Group: Pre-course and Selection; Mentor and Practice Learning; Responsibility/Code of Practice and Pre-Course/Pastoral Service.

The work of the recruitment and retention sub-group acknowledges the significant progress already achieved in this area with the development of the National Approach to Mentor Preparation and the implementation of the practice education infrastructure and imbedding of the Practice Education Facilitator posts across Scotland. However, there is still much we can do to support the enhancement of the student learning experience and to support students into the beginning of their clinical careers.

The workforce planning process for nursing and midwifery has indicated that the student intake target numbers for 2008/9 should reduce overall. The Scottish Government will therefore provide additional investment, beyond that required to 'fund' student places, to support further improvement in the student learning experience and the recruitment process.

The recommendations from each of the working groups and the action plan to take these forward will form the basis for this investment. Evaluation of these actions will aid the further identification of best practice to improve student retention.

A 'Nursing and Midwifery Student Recruitment and Retention Delivery Group' will be established, with representation from NHS Scotland, HEIs, NHS Education for Scotland, Partnership bodies and other key stakeholders, to oversee the achievement of these objectives. The group will be jointly led by service and education leads.

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Appendix 1

Membership of the Recruitment and Retention Sub Group

Roslyn Crocket, Nurse Director, NHS Greater Glasgow and Clyde (Chair)
Barbara Hutchison, Practice Education Co-Ordinator, NHS Orkney
Colin Tilley, Health Economist, ISD/NES
Collette Ferguson, Programme Director, NHS Education for Scotland
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Garry Collins, Practice Education Facilitator, NHS Dumfries & Galloway
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Appendix 2 - Membership of the working groups

Mentorship and Practice Learning Working Group

Colette Ferguson, NHS Education for Scotland
Garry Collins PEF, Dumfries and Galloway
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Geoff Wogan, Student Nurse, Napier University

Pre-Course and Selection/ Pastoral Support Working Group

Ruth Taylor, Associate Head of School, The Robert Gordon University (chair)
Neil Wilson, Scottish Executive
Prof William Lauder, University of Dundee
Liz Jamieson, NHS Education for Scotland
Gerry Cavanagh, Reputation and Attraction Unit, SGHD
Margaret Caldwell, Practice Education Facilitator
Jacqui White, Lecturer, University of West of Scotland
Ron Mooney, Careers Scotland
Iain Kightley, Student Nurse,
Chris Hutchison, Lecturer, James Watt College
Professor John Atkinson, University of West of Scotland

Code of Conduct Working Group

Michael Amos, Year 2 Student, University of Stirling
David Patterson, Year 2 Student, University of Stirling
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Susan Watt, Student Advisor, Royal College of Nursing
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Gill Smith, Practice education facilitator, NHS Tayside
Liz Jamieson, Project Leader, NHS Education for Scotland

Appendix 3. Benchmarking Of Student Recruitment & Retention Initiatives

Initiative	Do you use this initiative?	Any evidence of success or otherwise?
1. Recruitment		
1.1. Dedicated recruitment team		
1.2. Collaborative work with career advisers		
1.3. Collaborative work with Guidance Teachers in local schools		
1.4. Open Days		
1.5. Visits to local schools		
1.6. Work experience		
1.7. Visit to clinical skills labs, simulated patients		
1.8. Opportunity for prospective students to meet with existing students		
2. Selection		
2.1. Scoring system		
2.2. Joint interviewing with NHS colleagues		
2.3. Increasing entry qualifications		
3. Induction		
3.1. Peer support from other students		
3.2. Integral/compulsory study skills programme		
3.3. Social integration encouraged		
4. Student support		
4.1. Same personal tutor for entire 3 year programme		
4.2. Frequent personal tutor meetings in 1 st year when students may be more vulnerable		
4.3. Link lecturer meetings with students on placements		
4.4. Personal tutor has responsibility for pastoral, practice and general academic issues for each student		
4.5. Money support service/Financial advisory service		
4.6. Counseling service available for students		
4.7. Access to hardship loan scheme		
4.8. Personal development plans for students		

4.9. Support for students with special learning needs		
4.10. Early detection and action for poorly performing students		
5. Follow-up strategies		
5.1. Exit interviews for students who leave		
5.2. Students offered time-out if struggling		
5.3. Keep in touch with students on time out		
5.4. Support strategies for students on time out		
5.6. Ensure students leave with qualification of some description		
5.7. Provide careers advice to students exiting early re NHS jobs		
6. General issues		
6.1. Joint strategy for recruitment & retention of students with NHS and other colleagues		
6.2. School recruitment & retention policy		
6.3. Absence reporting		
6.4. Absence Management strategy		
6.5. Flexible programme offering school holidays		
6.6. Flexible programme over longer period		
6.7. Student led curriculum e.g. PBL, EBL		
6.8. Formal placement support protocol or algorithm		
6.9. Consideration of assessment load		
6.10. On-line information about practice placements		
6.11. Three year placement pathway supplied at beginning of programme		
6.12. Analysis of data on students who leave		
6.13. Analysis of data on students who stay		

Appendix 4 - Action plan to take forward the recommendations of the Student Retention Sub-Group

Theme	Recommendation	Related Actions	Outputs	Area of Responsibility	Timescale by end of
Marketing Strategies	Put in place ways of providing potential candidates with a realistic understanding of clinical practice.	Explore the potential to develop further exemplars within InfoScotland.com to better reflect the realities of nursing and midwifery.	SGHD to explore the potential to develop a national approach to further enhance awareness of nursing and midwifery as a career.	SGHD, in collaboration with HEIs, NHS Scotland and NES	Summer 2008
Recruitment and Selection Processes	Strengthen the evidence base relating to the selection and recruitment of nursing and midwifery students by:-				
	<ul style="list-style-type: none"> undertaking a systematic literature review 	Commission review	Evidence based review of recruitment and retention initiatives and impact on retention	SGHD	Spring 2008
	<ul style="list-style-type: none"> identifying approaches used by other professional groups outside of healthcare 	Commission review of approaches to recruitment and selection in other professional groups – e.g. Social Work and Teaching	Identify good practice from other professional groups which could inform nursing and midwifery recruitment.	SGHD	Spring 2008
Recruitment and Selection Processes	<ul style="list-style-type: none"> development of benchmark statements for recruitment and selection 	Establishment of a short life working group to develop benchmark statements informed by an evidence base and good practice.	Production of benchmark statements	SGHD, NES, HEIs and NHS Scotland	Autumn 2008

Theme	Recommendation	Related Actions	Outputs	Area of Responsibility	Timescale by end of
Recruitment and Selection Processes	<ul style="list-style-type: none"> bring together practitioners who have responsibility for Nursing and Midwifery recruitment on an annual basis, to identify, share and disseminate good practice. 	Annual event	Identification and dissemination of good practice which will enhance recruitment practices	Scottish Heads of Academic Nursing (funded by CNO Directorate)	Autumn 2008
	<ul style="list-style-type: none"> The NHS Scotland e-library's "shared space" facility should be utilised as a means of facilitating on-going communication between those involved in this process. 	Establishment of a shared space on the e-library for recruitment	Sharing of good practice	NHS Education for Scotland	Spring 2008
Retention/ Attrition	<ul style="list-style-type: none"> Utilise findings from analysis of CATCH statistical data on recruitment and retention to inform future decisions around targeting retention strategies for those at risk of failing. 	<p>Produce an evidence based tool for early identification of individuals "at risk" of attrition</p> <p>Piloting of the tool</p>	Triggering of a series of interventions aimed at reducing attrition in "at risk" individuals.	SGHD, HEIs, NES	Autumn 2008

Theme	Recommendation	Related Actions	Outputs	Area of Responsibility	Timescale by end of
Retention/ Attrition	Ensure a consistent focused approach across all HEI's to the collection of statistics relating to the reporting of attrition to enable a focus on areas of strength or areas requiring improvement.	On-going engagement between SGHD and HEIs to support data submission, interpretation and application.	Consistent approach to collection of data.	SGHD, NHS Education for Scotland and HEIs	On-going
Mentoring/ Practice Learning	Explore methodologies for "tracking" students who leave at an early point in the programme to determine whether these students remained in employment in the health care sector.	On-going engagement between SGHD and HEIs to support data submission, interpretation and application. Establish short-life working group	System for tracking students and newly qualified nurses and midwives into employment in NHS Scotland.	SGHD, NES, HEIs and Information Services Division (ISD)	Autumn 2008
	Respond to the findings of the evaluation of the pastoral support role which is being piloted in three HEI sites and explore the potential to apply this model more widely.	Establishment of a steering group Commission Project evaluation	Evaluation of effectiveness in reducing attrition	SGHD, HEIs	Spring 2009

Theme	Recommendation	Related Actions	Outputs	Area of Responsibility	Timescale by end of
Mentoring/ Practice Learning	Ensure a consistent approach to implementation of the revised NMC guidance for good character and good health within the College and HE sector across Scotland	HEIs and College Sector supported to establish systems and processes to ensure compliance with NMC guidelines	A consistent approach to implementation of guidance Guidance disseminated to students.	SGHD, HEIs & College Sector, NHS Scotland. HEIs, Scottish Colleges, RCN, RCM & UNISON	Spring 2008
	Develop a range of strategies aimed at enhancing mentorship and practice learning activity by facilitating the production and dissemination of a good practice guide that address the quality of time spent on mentoring activities.	Establish working group Produce Guide	Disseminate Good Practice Guide	SGHD, NHS Education for Scotland in collaboration with HEIs, NHS Scotland and partnership organisations.	Autumn 2008
	Identify and progress small number of collaborative, focused projects, to develop specific areas of good practice for mentor and practice learning activities.	Consider small scale awards for innovation in practice.	Enhancement of the student's learning experience and raising the profile of mentorship	NHS Education for Scotland working with HEIs and NHS Scotland.	Spring 2008

Theme	Recommendation	Related Actions	Outputs	Area of Responsibility	Timescale by end of
Mentoring/ Practice Learning	Implement the national approach to the preparation of mentors which also meets the NMC standards to Support Learning and assessment in practice (NMC 2006).	National framework developed – Autumn 2007 Development of a template of responsibilities for ongoing implementation of framework.	A national programme which is transferable across HEIs and placement areas and improves the quality of mentor preparation to support students in practice.	SGHD, NES, Higher Education Institutions and NHS Scotland.	Spring 2008
	Incorporate mentorship and practice learning as part of the workforce analysis and planning activities by; (a) Recognising that protected time for “signing off” preparation of new mentors and mentor updates is required (b) Ensuring additional time for mentoring where there are specific student support needs.	Incorporate into workload analysis/project tools	Recognised time for mentor and student support	SGHD Nursing and Midwifery workload and Workforce Planning Project (NMWWPP), and NHS Scotland	Autumn 2008