

Agenda Item 8

Enclosure 5

Paper ETC84/02

Education and Training Committee

**Minimising Attrition from NHS Funded Pre-Registration
Healthcare Courses (in England)**

From the Executive

FOR DISCUSSION AND RESPONSE

Executive Summary

This consultation paper is a follow-up from issues raised by the National Audit Office's study of NHS funded pre-registration healthcare courses in autumn 2001. It deals with the student drop-out rate from NHS funded courses, called " attrition ". It applies only to England.

The consultation is about methodology rather than policy or principles and as such HPC as an organisation may not have relevant expertise to offer, but a number of members as individuals may well wish to comment.

This said the paper is an important part of the context for HPC's work for two reasons. These are the implications of any requirements HPC makes around good health and good character at entry to approved courses (para 6) and the design and delivery of approved courses to minimise attrition (para 9).

It is noteworthy that the target for the maximum attrition rate from Allied Health Professions is suggested as 10 % while nursing and midwifery will be allowed 13 %.

There are five questions. Questions (i) – (iv) are technical about definitions, collection, and interpretation of data. Question (vi) asks if there should be further research, and HPC might wish strongly to support this. This recommendation is made in the light of the discussion held by members of the Education and Training Committee on 4 September 2002 where concerns were raised about how attrition was being defined and dealt with in the parallel consultation paper on Funding for Learning and Development.

The two responses should be seen together, and particularly that a sustainable definition of attrition needs to be devised and that issues around attrition cannot be seen in isolation from recruitment / admissions to courses and graduates' first destinations from them. These points could be picked up in any further research.

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Minimising Attrition from NHS Funded Pre-Registration Healthcare Courses

Introduction

1. This document has been produced as part of the joint review between the Higher Education and Health Sectors considering Contract Benchmarking and Attrition for NHS Funded Education and Training. One of the terms of reference of the review was "To consider and make recommendations on a single and consistent definition of attrition from NHS funded courses" (1).

2. The document responds to the issues raised by the National Audit Office Report, *Educating and Training the Future Health Professional Workforce in England*, which found that: -

"There are wide variations in student attrition between Institutions and limited understanding as to the reasons for variation. On average, our survey found that 20% of nursing students... and between 7 and 18% of allied health professional students failed to complete the programme. Whilst these average attrition rates are comparable to attrition from other higher education programmes they represent wasted resources."

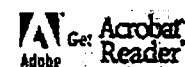
3. The NAO report recommended that the NHS and Higher Education Institutions:

- *agree a set of guidance to facilitate the collection of consistent information on attrition, including a definition of attrition that recognises the scope for stepping on and off programmes; and*
- *improve attrition rates through evaluating and disseminating the lessons from national research on the reasons why NHS students join, dropout or transfer from programmes, adopting good practice developments from this and work being done in individual consortia and Higher Education Institutions."*

4. The report also recommended that the NHS work with Higher Education Institutions to provide support for students to ensure that they meet quality standards, agreeing differential targets for attrition for HEIs where necessary, and ensuring information is collected in a way that is consistent with the national definition.

5. This report recommends a common definition of, and consistent method of collecting data and calculating attrition from, NHS funded courses. It also highlights earlier research by Pay & Workforce Research (PWR) on behalf of the Department of Health, which identifies key drivers to attrition of non-medical healthcare

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students, and existing good practice.

(1) The conclusions of the Benchmarking and Attrition Group on the pricing of NHS Education and Training Contracts were published in the joint Department of Health and Universities UK Report: Funding Learning and Development for the Healthcare Workforce, Department of Health July 2002. www.doh.gov.uk/fundingconsultation. The Group recognised that the distinct nature of the Attrition issue made it appropriate to publish its conclusions in a separate document.

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RECRUITMENT & PROGRESSION – MINIMISING ATTRITION FROM NHS FUNDED PRE-REGISTRATION HEALTHCARE COURSES

Introduction

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Background

6. Good student selection is fundamental to the successful completion of courses by the maximum number of healthcare students, and the delivery of a future workforce fit for purpose, fit for practice and fit for award. But however good the initial selection is, some attrition from NHS funded pre-registration education programmes is unavoidable. HEIs will always want to treat students fairly and to offer them pastoral support if they are in difficulty, but it is in no one's interest for people who have chosen courses and careers for which they

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are not suited to continue in training. And genuinely unforeseen changes of individual circumstances will also always be a factor. However, any loss of a student from a programme involves a waste of learning resources, a loss of output from education and training, and the denial of places to other potential students. It is important, therefore, that attrition is minimised. Improved retention of students will help to ensure that we have the right people with the right skills in the right numbers training for the healthcare workforce, will reduce waste of resources and will maximise the effectiveness of local and national workforce planning.

7. The reasons why students fail to complete programmes are complex and often difficult to quantify, not least because what is said at an exit interview may not always reflect the full reasons. These difficulties are accentuated by problems of definition, in part because NHS funded students are encouraged to step on and off training programmes and to defer their studies.
8. The key to minimising attrition is a high degree of cooperation between individual Workforce Development Confederations, NHS organisations and Higher Education Institutions – where learning and development contracts are negotiated and managed. These local partners are already working together closely to reduce wastage from healthcare courses. More fundamentally they are seeking to embrace the entire process from promoting the NHS as a career, to student recruitment, selection and support, ensuring value for money and maximising the number of fit for practice entrants, to the workforce.
9. National action cannot replace local initiatives. Rather it should aim to support the work of local organisations in delivering the maximum number of qualified people from courses. A number of steps have been taken at national level to minimise attrition. For example:
 - New models of nurse and Allied Health Professional education provide students with flexible pathways through the programme, supporting existing staff to undertake professional training, better tailoring education and training to individual needs/lifestyles and providing stepping off and stepping on points;
 - Continued development and implementation of rigorous and comprehensive selection procedures, involving both the NHS and education providers. Previous guidance, issued jointly with Universities UK, sets out good practice in respect of recruitment and selection;
 - The Government's election commitment announced childcare support for all health professional students with children in the 0-5 years age group by 2004.
 - Bursaries for NHS-supported students reflecting, as far as possible, their varying needs and circumstances, and taking account of the varied combinations and sequences of learning and practice placement which students increasingly experience.
 - Ministers agreed to an increase in the basic NHS Bursaries by 10.4% with effect from September 2001, coupled with a 2.4% increase in the rates for additional allowances and other elements of the Bursary Scheme.

An agreed definition

10. An agreed definition of, and performance management system for, attrition are vital for assessing the effectiveness of action to reduce attrition.
11. The Higher Education Statistics Agency (HESA), as the official agency for the collection, analysis and dissemination of quantitative information about higher education, publishes student data. However, it does not currently disaggregate NHS-funded student data in its publications. The former English National Board for Nursing, Midwifery and Health Visiting (ENB) collected some data in respect of nursing and midwifery students, but not for Allied Health Professions (AHP) programmes. Nationally consistent attrition data about these student groups is therefore hard to obtain, making direct comparisons difficult.
12. The NHS Human Resource Performance Framework (HRPF), issued in October 2000, set a number of minimum targets in respect of attrition for training intakes from 2000/01 which have been integrated within the local performance management process:-

For training intakes from 2000/01

- *Attrition rates should not exceed 13% in pre-registration nursing and midwifery training*
 - *Attrition rates should not exceed 10% in pre-registration AHP training*
13. Without consistent data collection and calculation of attrition, accurate reports against these national targets will be difficult to substantiate and measure. Reliable and consistent attrition data should be the cornerstone of good management practice and must form an integral part of the local and national performance management framework.

Attrition Data

14. Annex 1 outlines proposed information requirements and data collection processes to meet the NAO recommendation highlighted at paragraph 3 above.
15. Although much of the information proposed for collection at Annex 1 is not currently collected by all HEIs and / or WDCs, discussions with a number of stakeholders have indicated that it is accessible and could be supplied in the future.

Links to Workforce Minimum Dataset

16. An agreed definition of attrition and the information required to monitor it will be an essential aspect of the Workforce Minimum Dataset (WMD). The WMD will define a common set of data items and definitions to underpin the new workforce development structures. It will describe the workforce information which will need to be shared between the major stakeholders to support the workforce planning and development process.
17. DH plan to consult further with the service on the content of the WMD Data Dictionary in early 2003.

Consultation Questions

- i. *Will the proposed definition / calculation of attrition at Annex 1, Part A, meet the NAO recommendations?*
- ii. *Are the data definitions outlined in Annex 1, part B, clear and unambiguous? If not, how can they be improved?*
- iii. *Are the data collection proposals outlined at Annex 1, Part C, feasible?*
- iv. *What form of dissemination of attrition information, at what level of detail, and to which stakeholders, is necessary?*

Performance Indicators

18. To complement headline attrition data, we recommend that additional Performance Indicators be developed locally to underpin minimum performance standards, and used by WDCs and partner HEIs. Performance Indicators will give a more comprehensive picture in terms of student recruitment and retention and provide appropriate local benchmarking information to improve performance and potentially agree differential local targets. Examples might include:

- The ratio of students stepping-off to those stepping-on during the past 12 months;
- The ratio of student starters to commissions during the past twelve months;
- Analysis of the headline attrition rate between leavers of their own volition and students who fail academically or clinically;
- Analysis of the headline attrition rates by, for example, branches of nursing, age bandings on entry, entry route (eg. school leaver, HCA);
- Analysis to show retention rates within the NHS and / or health sector in the period immediately following qualification.

Consultation Question

- u. *Do you believe these indicators are suitable? If not, what others would you like to adopt?*

Evidence-based practice to support student retention

19. In 2001, Pay & Workforce Research (PWR) undertook a project on behalf of the Department of Health to identify the drivers of attrition of non-medical students undertaking health related courses (diplomas and degrees). The research project captured good practices used to minimise keep student attrition and identified and assessed common factors which appear to have prevented attrition. A copy of the full report, including a summary and recommendations can be found at:

www.udconfeds.org/mud/pwr_final_report.pdf

20. The PWR report has proved invaluable in highlighting a range of potential actions that may minimise attrition from NHS funded programmes. However, many of these initiatives are in

their early stages, and further work might identify the impact of these and other initiatives in the medium / longer term.

Consultation Questions

- vi. *In the longer term, should a further research project should be undertaken in order to track the implementation of initiatives against actual changes in attrition rates.*

Conclusion

21. We would welcome comments on the proposals and recommendations in this consultation document. These should be sent by 25 October 2002, preferably by Email to:-

**Jan Parkin
Quarry House
Quarry Hill
Leeds LS2 7UE
MPET@doh.gsi.gov.uk**

Responses to this consultation document will normally be made available unless they are confidential. Please tell us if you want your responses to be confidential. The outcome of the consultation will be published and followed by an action plan.

Annex 1

A. Calculation of Attrition

The following proposals have been drawn up following consultation with Confederations and HEIs.

The terminology has been defined in order to ensure consistency of data collection.

Definition to apply to “completed” cohorts

$$\text{Starters(1) + Transfers In (2) - Transfers Out (3) - Numbers Completing}$$

Starters

Note (1) – Starters to include: **New Entrants and Advanced Standing Entrants**

Note (2) – **Transfers In** to include: internal and external transfers in and resumptions

Note (3) – **Transfers Out** to include external and internal transfers out

Definition to apply to cohorts not yet completed

The only suggested change to the above, is that for monitoring of cohorts which are still currently in training, “number completing” is replaced by “number of students still on programme”.

$$\text{Starters(1) + Transfers In (2) - Transfers Out (3) - Numbers in training (4)}$$

Starters

Note (4) – Numbers in training = Starters (1) + Transfers in (2) – Transfers out (3) - Discontinued

B. Definitions

New Entrants – Students who have not studied on this cohort previously and who start at the commencement of the cohort. This category includes students who commence after the first day of the programme, i.e. due to annual leave, sickness, late decision to join etc. It excludes students who attend only on the first day of a course and leave immediately.

Advanced Standing Entrant – Students who have not studied on this cohort previously and who are eligible to join at a point past the commencement of the cohort, i.e. joining from a cadet scheme, FE College or AP(EL) and whose claim for advanced standing has been agreed by the HEI and the Confederation

Transfer In (Internal) – Students who have transferred into this cohort from another cohort within the same HEI, normally due to an interrupt, or from another branch of training i.e. from Adult to Child

Transfer In (External) – Students who have transferred into the cohort from another HEI, where they have been studying the same programme

Rejoining the programme (resumptions) – Students who have resumed study on the same programme following an agreed period of absence. The students would be rejoining a different cohort to the one they originally commenced on. This category is for students who have had a break in study from the programme at an agreed appropriate time (i.e. having taken a year out, ‘stepping on’)

Transfers Out (Internal) - Students who have transferred onto another cohort within the same HEI, normally due to an interrupt or due to a transfer to another branch of training i.e. from Adult to Child

Transfers Out (External) – Students who have transferred onto the same programme at another HEI.

Numbers completing/Qualifiers – Those students who have successfully completed the programme and are eligible to enter the professional register, where applicable

Numbers in Training = Starters + Transfers In (1) – Transfers Out (3) – Discontinued.
This is the number of students who remain on the programme, this is based on the number who can still qualify from the programme, and therefore includes anybody still on interrupt or taking a study break. (Interrupt means those students who are absent from the HEI, i.e. due to sickness, maternity leave, compassionate leave or unexplained failure to attend. Break in Study means those students who are taking a break in study from the programme, at an agreed appropriate time, and plan to return to another cohort subsequent from the one they started originally (i.e. taking a year out, ‘stepping off’).

Discontinued – Those students who have notified the HEI they have left the programme voluntarily (excluding those who leave on the very first day) or those who the HEI have decided cannot continue to study on the programme, i.e. due to academic failure. This category will also include those who have transferred out to another HEI

C. Data collection

Six Monthly Returns

It is proposed that:

- i. Data collected by WDCs will be centrally collated by the Department of Health, Human Resources Directorate (HRD).
- ii. Data should be sent by e-mail in excel table format in order to allow aggregation on a national basis.
- iii. Data for both nursing and midwifery programmes and AHP programmes is required.
- iv. Data should be collected to take account of all movements throughout the year, with all movements in the 6 months leading up to the report date counted. Report dates are:

31 March (1 October to 31 March)

30 September (1 April to 30 September)

- v. Returns should be made on Table A by HEI and programme. A separate return should be made for nursing and midwifery programmes and AHP programmes.

Annual Return

In addition to the above six monthly returns, more detailed information will be required on an annual basis in order to produce a comprehensive report regarding attrition from NHS funded programmes. The data collected will enable Higher Education Institutions, Workforce Development Confederations and the DH to:

- build a profile of the student population;
- track the various cohorts through to qualification;
- build a clearer picture about why students leave their course;
- track students who decide to take a break from their studies and step off;
- track students by age, gender and ethnicity;
- obtain data on students undertaking AHP courses

It is proposed that:

- i. WDCs provide a full report using the categories listed in Table B on an annual basis as follows:
 - As at 31 March each year for Nursing and Midwifery. This information, based on 1 April to 31 March, would enable a comparison to be made with existing ENB data.
 - As at 31 July each year for Allied Health Professionals (AHPs). This information, based on 1 August to 31 July, would enable a complete cohort to be tracked as the intake start date for most AHP courses is September or October.
- ii. The data within the report should be presented as a series of raw rows to enable HRD to aggregate totals and prepare reports.
- iii. Only rows holding positive values will be present, i.e. rows where all cell values are zero are excluded. No total rows should be provided.
- iv. HRD will provide a national analysis to WDCs using this data.

Table A

Nursing and Midwifery

Data									
HEI	Programme	Start date	Starters	Transfers in	Transfers out	Active	Interruptions	Discontinued	Numbers completing/qualifiers

AHPs

Data									
HEI	Programme	Start date	Starters	Transfers in	Transfers out	Active	Interruptions	Discontinued	Numbers completing/qualifiers

Table B

Data codes to be used will be:

- Institutions: HESA codes
- Pre-registration N&M Programmes: NMAS codes
- AHP programmes: JACS codes
- Post registration N&M programmes: JACS codes
- Ethnicity codes: NMAS codes
- Age codes: NMAS codes

Data collection categories

General Information

Institution Code
 Course Code
 Course start date
 Gender
 Ethnicity
 Age band
 NHS secondee (i.e. HCA, AHP helper)

Starters

New entrants
 Advanced standing entrants

Joiners

Transfers in from another course (internal)
 Transfers in from another course (external)
 Resumption following short term sick leave <6 months
 Resumption following maternity leave
 Resumption following long term sick leave >6 months
 Resumption following compassionate leave/personal reasons
 Resumption following break in study

Transfers out

Transfer to another course (internal)
 Transfer to another course (external)

Discontinued - Reason for leaving

Academic failure (either/both academic or clinical component)
 Personal circumstances (including financial pressures)
 Took up employment
 Wrong career choice
 Transfer to other non-MPET funded course
 Illness
 Dissatisfaction with the course
 Reason not specified
 Not known

Interruptions

Short term sick leave <6 months

Long term sick leave >6 months
Maternity leave
Compassionate leave/ personal reasons
Break in study

Qualifiers

Students eligible to join the professional register