



Final report of the evaluation of the  
national nursing and midwifery student  
Recruitment and Retention Delivery  
Group and Short Life Working Groups –  
Executive Summary

NHS Education for Scotland

## Executive summary

### Summary of the research

In 2008, the Scottish Government set aside £5 million (released from a reduction in student numbers) “*To support further improvement in the student learning experience and the recruitment process*”<sup>1</sup> and to reduce the relatively high attrition in pre-registration nursing and midwifery programmes in Scotland. The Recruitment and Retention Delivery Group (RRDG or Delivery Group) was formed to deliver this brief by developing an enhanced understanding and model of student support. Other drivers behind the formation of the RRDG included: the high financial cost of attrition, the fact that the health department, rather than the education department, funds the training, and the requirement that the numbers of trainee nurses and midwives align with labour market need.

GHK was commissioned to evaluate the Delivery Group and the Short Life Working Groups which were linked to it. The study began in February 2011 and aimed to provide a summative assessment of the outcomes and impacts of the RRDG to date, reporting in March 2012. It also contained a formative component which meant GHK sat on the Delivery Group as participant observers, feeding back findings throughout the course of the study, while also observing the RRDG’s methods of working.

The methodology for this evaluation involved extensive consultation with key members of the RRDG and individuals and organisations who have delivered various initiatives. There was an ongoing consultation with external stakeholders from organisations which are closely related to the issue of retention and student support, but had not been directly involved in the RRDG, including interviews with several Executive Nurse Directors. There was also an ongoing document review as new research and documentation became available.

The main fieldwork involved hosting focus groups with students, academic and support staff in Higher Education Institutions (HEIs) and staff in Health Boards (primarily, Practice Education Facilitators, mentors and nurse managers) across Scotland. In total, this involved fieldwork with six Health Boards, eight HEIs, as well as an additional focus group with staff specifically supporting students in community-based placements. In addition, GHK facilitated workshops at a national conference on the issue of student retention and support, and disseminated a survey to attendees which had thirty four responses.

Each fieldwork group approached the issue differently, but broadly speaking we discussed the following topics with each: what the key causes of attrition amongst pre-registration nursing and midwifery students are; whether the sorts of activities that the RRDG has carried out are appropriate solutions to this issue; perceptions on how effectively the RRDG has worked (with particular focus on whether national solutions are appropriate in this area), and how the work should move forward, considering future challenges to be faced.

### Key findings

The Delivery Group has commissioned and directly carried out a wide range of research, evaluations, and initiatives. Key activities have taken place in the following areas:

- developing a more trusted measure of attrition, and a robust dataset which can be used to examine retrospectively the factors which may have caused attrition;
- several initiatives to improve the support provided by HEIs to their students;
- research projects into recruitment and selection processes;
- developing a set of digital resources under the ‘Extraordinary Everyday’ concept which will be the basis of a national approach to marketing. These were based on research into the perceptions that the public and potential applicants hold about nursing and midwifery as careers;
- improving support for mentors and students while on practice placement, including working towards a national approach to practice placement assessments (NAPA), testing new hub and spoke models (and supporting their evaluation), piloting the extension of the Practice Education

<sup>1</sup> Scottish Government Health Directorates (2007), *Recruitment & Retention Report of the ‘Facing the Future’ Sub-Group & Working Groups*, p. 24

Facilitator role into the care home sector to enhance placements in these settings, and instituting a national strategic group to review issues around practice placements.

- there have also been associated pieces of work to develop a model for engaging with students in future, and to test new models for the provision of learning disability nursing training.

Five Short Life Working Groups (SLWGs) were responsible for the detailed work in each area. Despite the varied nature of the work, there were several common factors. These were: a commitment to collecting evidence of best practice (through reviews of the academic literature and / or benchmarking exercises of existing practice); identifying existing examples of good practice in Scotland, and providing support, particularly around evaluation; and, developing national approaches to particular policy challenges.

The context in which the Delivery Group was formed changed significantly fairly early on its existence. This was a result of a sharp increase in applications to pre-registration nursing and midwifery programmes, and a reduction in the number of places available. This meant that the challenge changed from one of recruiting sufficient students to selecting the most appropriate applicants. This has impacted upon the areas of work pursued by the Delivery Group. Relative to the strategic intent set out by Scottish Government in 'Facing the Future', there has been a greater focus on building the evidence base around selection procedures, and less of a focus on improving workforce planning to protect mentors' time.

Several key characteristics have defined the way in which the Delivery Group has worked. Of particular importance has been its focus on ensuring joint ownership of all initiatives and activities across both the health and Higher Education sectors (other important organisations, such as the Royal Colleges, have been closely involved as well). The Delivery Group has also had senior level support ensuring it is able to implement the decisions it makes. However there is evidence that the commissioning and management of contractors is a little over-bureaucratic which may limit the number of future bidders for work.

There is evidence (which would not have been available without the Delivery Group) that attrition rates have reduced during each year of the Delivery Group's existence. While attribution of this reduction is complex (just as the reasons for attrition are), it is likely that the Delivery Group has contributed to this reduction. The fieldwork shows that the existence of the RRDG and its national focus on the issue of attrition has led to organisations in the Higher Education and health sectors focussing independently on their own recruitment, selection and support processes. There is also evidence of the broad stakeholder engagement leading to exchanges in good practice, and an improved understanding between the two sectors in question. Moreover, the range of tools, good practice guides and initiatives developed by the Delivery Group have had their own impacts on enhancing the student experience. This is particularly clear of the Care Home Education Facilitator role. Other ambitious projects, such as developing a national approach to marketing the career, and NAPA, are too early in their development to have had their full impact at this stage, although fieldwork with participants from both HEIs and Health Boards suggests these projects are likely to have positive impacts on students and mentors.

The evaluation also examined how the Delivery Group should evolve going forward, recognising that it is at a vital stage of its development having recently begun a wider scale dissemination process. It is clear that many of the achievements so far are likely to be sustained, either through organisations continuing to develop their own approaches to this issue, or by building on the successes achieved to date (such as the much improved links between HEIs and the independent health sector).

Evidence from the fieldwork suggests that the Delivery Group retains a strong mandate for action, in a variety of areas, but particularly in enhancing support for students and mentors in practice placements. As a result of the strong reputation that the Delivery Group has developed through its broad stakeholder engagement, there is also a case for it moving onto new issues related to the training and employment of nurses and midwives. Suggested issues include examining attrition amongst newly qualified practitioners (an increasingly important question given the lack of jobs available in NHS Scotland for such staff), and more formally examining the provision of practice placements in the independent sector and how these can be developed further.

## Recommendations

1. **Consider re-examining the strategic goals of the Delivery Group.** After the completion of this evaluation, the recent dissemination conference, the recent publication of encouraging attrition data and the completion of a number of important pieces of work, it is a relevant point for the Delivery Group to consider reviewing its strategic goals and how it should go forward. There is still work to be done in reducing attrition and enhancing student experience, but there would also be support for an altered or more focused set of goals.
2. **Build on perceived successes.** Any strategy review should focus on how the Delivery Group can build on successes to date. In particular, there is scope to extend the CHEF pilot to improve placements in more independent sector providers and to continue to develop and disseminate the evidence base around selection to key staff in the health and HE sectors.
3. **Develop an evaluation framework to guide future data collection on impact.** Several activities are still at a relatively early stage in their development (for example, the work of the Careers and Image sub-group). The Delivery Group needs to consider how it will collect robust evidence on the impact of these activities and the contribution they are making to an enhanced student experience. Such an evaluation strategy should sit alongside the dissemination strategy that is already in place.
4. **Ensure that the wealth of information gathered by the data group reaches the widest possible audience.** This strand of work is the least well understood, but has huge potential for development. The Delivery Group should focus on publicising what the data enhancement group has achieved to analysts, workforce planners and nursing managers across NHS Scotland. The data provides the effective evidence base for universities to reflect in a much more sophisticated way on what they are doing well and areas for improvement in terms recruitment, selection and support. This requires the data to be effectively analysed, contextualised and presented in an accessible way that a wide cross-section of recipients can use.
5. **Examine new ways of embedding the workforce planning infrastructure in the Delivery Group.** Several of the existing and future challenges being addressed have a workforce planning component (for example, protecting mentors' time better, and ensuring practice placements are accounted for in Health Boards' workforce plans). Moreover, there is scope for the improved data on attrition to be more formally linked to Health Board and Scottish government workforce planning mechanisms. Therefore, more robustly including workforce planning in the Delivery Group should be considered.
6. **Conduct scoping work into feasible options for better supporting mentors.** The Delivery Group should examine the options around improving support for mentors. Potential avenues for investigation include, more robustly accounting for mentoring duties within workforce planning; further exploring options around mentor skills development and updating; and examining ways of saving mentors time to focus on their pedagogical role. This work should be conducted in an open manner with all possible solutions considered. Mentors and students should be consulted as part of this.
7. **Reconsider the role of the Careers and Image sub-group.** After the launch of the Extraordinary Everyday campaign, this sub-group's main role going forward is one of monitoring the impact of this initiative. However the Group's original rationale – to address the low public perception of nursing as a career – has not been targeted by the activities to date. Therefore, a reconsideration of the goals of this Group is timely.
8. **Consider appointing an external peer reviewer of all Delivery Group activities and commissions.** The Delivery Group should examine the feasibility of appointing an individual from a similar professional context (for example a teacher educator) to peer review all work. This would provide a fresh perspective on all activities and processes in place and to be carried out in future.
9. **Investigate streamlining commissioning and project management processes.** While recognising that the Delivery Group activities now sit within NES, all efforts should be made to investigate a more streamlined commissioning process for smaller activities and ensuring that management of contractors is light touch.