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Student Recruitment and Retention Guide for Diagnostic and Therapeutic Radiography



**South West London
Strategic Health Authority
February 2006**

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1. INTRODUCTION

- 1.1 The purpose of this student recruitment and retention initiatives guide is to share the many different initiatives that have been pursued by Universities, NHS service managers and Strategic Health Authorities.
- 1.2 This guide is based on a series of face-to-face and telephone semi-structured interviews and a workshop with university heads of department and some of their staff, NHS service managers, Strategic Health Authority Radiography leads. Acknowledgements are to be found in Appendix 1.
- 1.3 The proposed initiatives were presented to a national workshop where delegates were asked for their own suggestions. These additional initiatives were added to the ones identified previously and delegates were asked to evaluate them as follows:
 - High priority (3 points)
 - Medium priority (2 points)
 - Low priority (1 point)
 - Done it already
 - Not applicable
- 1.4 The evaluation of initiatives was completed by 29 respondents of whom 15 were NHS Trust staff, eight SHA staff, two were in education and four were anonymous (see Appendix 1 for attendees). Each initiative is described along with its various scores, such as its rank out of 39, the number of people who selected it as a high priority and its average score. The average scores ranged from 1.3 (least popular) to 2.4 (most popular). Where two initiatives receive the same score they are ranked together, which is indicated by an equal sign after the rank, for example 3=. A more detailed analysis is provided in Appendices 2 and 3.
- 1.5 Organisations are invited to review the initiatives to see which ones would suit their circumstances. It is not implied that they are all universally applicable. Some initiatives may be excellent solutions to specific, local problems but lack wider relevance. Consequently, it was decided not to call this a good practice guide, as this might imply negative connotations for organisations that may have good reasons not to implement them.
- 1.6 This document follows the student journey from recruitment to the completion of their university course (or their decision to leave). The final section consists of initiatives that cut across the journey.
- 1.7 A second report is being produced as a companion to this Guide. The second report presents comprehensive information on attrition rates. It is based on a survey of current diagnostic and therapeutic radiography students exploring whether they considered dropping out of their course, the reason or reasons why

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and what prevented them from doing so. Furthermore, the survey covers students who actually dropped out, why they did so and what might have prevented them from doing so. This is supported by an analysis of past data on student attrition by gender, age and ethnicity. Information on attrition rates indicates that radiotherapy radiography rates tend to be in excess of a third of their intake, while those of diagnostic students tend to be around a quarter.

2. RECRUITMENT

Introduction

2.1 This section covers different ways to promote the profession, through national campaigns, through DVDs and on the web. An important objective is to ensure that applicants have a realistic appreciation of the profession, so that their first clinical placement does not come as an unwelcome surprise. This is why first hand experience of the profession through visiting hospital departments and extended experience through cadetships is important. Further initiatives include school liaison schemes.

Using Campaigns, the Internet and DVDs

Promotional CDs/DVDs

2.2 Promotional CDs are offered by a University to potential applicants to give them a taste of the various courses and the profession. London SHAs have developed a DVD for the same purpose.

<p>1. Idea: Improve recruitment. Means: use a recruitment video/CD Rank: 36=; High priority: 6; average score: 1.50</p>

National campaigns

2.3 A national campaign similar to the one undertaken for nursing several years ago should be introduced for diagnostic and therapeutic radiography

<p>2. Idea: Improve recruitment. Launch a national recruitment campaign Rank: 21=; High priority: 11; average score: 1.87</p>

Realistic promotion of careers on the web

2.4 Research shows that students who have an unrealistic view of their future career are more likely to drop out of their course¹. This work, although, conducted on student nurses is likely to be relevant to other professions. The approach used was for potential students to complete a self-assessment questionnaire designed to assist applicants in making an informed choice before entering the course. Applicants who scored poorly on “the tasks of a nurse” would be advised to find out more about that topic before committing themselves to the course.

2.5 For example, with therapeutic radiography, potential students say they want to help people. As the profession is much more ‘high-tech’, it is important that applicants appreciate that scientific knowledge and skills, including physics, are an important element of the course. One provider of a radiotherapy course felt that “maybe 90% of school-leavers wouldn’t know what radiotherapy and oncology

¹ Wells, Jane. *Screen nurse! Improving the retention of trainee nurses through self-assessment.*
1 February 2006

mean” and that a lack of understanding of the difference between therapeutic radiography and diagnostic radiography was common.

- 2.6 On the other hand, diagnostic students may not understand that a great deal of the day may be spent calming patients who are upset or helping elderly patients to get changed. They may have the mistaken notion that the job is all exciting ‘high-tech.’”
- 2.7 This approach could be developed further by integrating the questions into a web-based game, *how much do you know about NHS careers?* This is being taken up with NHS Careers who are revising their website.

3. Idea: Reduce attrition by obtaining a closer match between student expectations and the profession. Means: an enhanced, interactive NHS careers website with a quiz
Rank: 30=; High priority 3 votes; average score: 1.70

Visits and first hand experience

Student selection

- 2.8 Most universities interview prospective students, often with an NHS service manager on the recruitment panel. However, at least one university does not interview students because this process can be subjective and can result in the successful candidates mirroring aspects of the panel that are not strictly relevant to studying to become a member of the profession. This open approach is seen as an important way to widen access to the profession for under-represented groups.
- 2.9 Candidates become proficient at appearing more committed at interview than may always be the case. “Students are able to shine and convince the panel of their enthusiasm and commitment, which isn’t always the reality.”
- 2.10 On the other hand, at least one HE provider has not interviewed prospective students for the last 5 years as a matter of policy, except where particular UCAS forms reveal significant issues. This provider now requests an exit course completion statement from tutors of candidates on Access courses, with an additional request to comment specifically about a student’s perceived suitability for a career in radiography.

Pre-Interview clinical visits

- 2.11 Many universities require applicants to visit a radiography or radiotherapy department before they will progress their application. Prospective students shadow different members of staff so that each of the modalities is covered in one particular hospital department. Some universities require students to write up their impressions and also ask interview questions on what they learnt from the visits. There are two options with regard to pre-interview clinical visits: to introduce this on a local basis (Idea 4) or to make this a national scheme in which that everyone would need to participate (Idea 5).

4. Idea: Reduce attrition by obtaining a closer match between student expectations and the profession. Means: a well structured day long (longer if possible) visit to a hospital department including shadowing staff in the modalities provided at that hospital

Rank: 5; High priority: 18; average score: 2.20

2.12 NHS staff comment on the suitability of applicants, as gleaned from how much interest they show and how they present themselves, in a few universities with local catchment areas. Some HE providers request 2-5 day placements, while recognising this isn't always possible. Another approach would be to make the day long visit a national requirement with a common assessment framework. This would mean that a potential student could go to a local hospital, regardless of the location of the course they attend. However, applicants can obtain a misleading impression when they see the very latest technology. Interview questions usually make reference to what the applicants learned from their visits. One HE provider sets up peer group reflective discussion amongst candidates at interview.

2.13 Planned facilitation of peer group discussion at interview could indicate which candidates may be more reflective or critical in their thinking, while measured intervention by interviewer could perhaps simultaneously correct misconceptions about aspects of the work, including those erroneously perceived as 'glamorous'.

5. Idea: Reduce attrition by obtaining a closer match between student expectations and the profession. Means: set up a national scheme of a well structured day long (longer if possible) visit to a local hospital department including shadowing staff in the modalities that are provided at that hospital.

Rank: 10=; High priority: 15; average score: 2.10

Cadetship programme

2.14 A cadetship is offered by one Trust where students spend a fortnight in a hospital department before they start their course. This is to enable them to have a much more complete understanding of what the work actually entails.

6. Idea: Reduce attrition by providing a cadetship programme that gives potential students a much better feel for what work in an NHS radiography department entails

Rank: 33; High priority: 5; average score 1.67

School liaison

2.15 It is difficult for school children to get to know about careers in diagnostic and therapeutic radiography. These professions hardly ever appear in television hospital soaps and many school children have not actually been patients who have been treated in those departments. Therefore, an investment in school liaison would raise the profile of the profession, which should in turn improve recruitment.

2.16 There is a dedicated post to visit schools and make presentations to children in Cornwall. This started with "A" level students and later visits will include primary schools, as children can develop career aspirations at quite an early stage.

- 2.17 One SHA funds a part-time recruitment co-ordinator post which is filled by someone who spends the rest of her time as radiographer. She organises recruitment fairs, places advertisements in local newspapers and takes telephone enquiries.
- 2.18 One university has a team of three who visit local schools to interest pupils in the profession and to arrange open days.

7. Idea: Improve recruitment by raising the profile of the profession through school liaison
Rank: 16=; High priority: 14; average score: 1.93.

Assessment

Clinical staff assessing students during visit

8. Idea: Improve recruitment in terms of quality of applicant. Means: potential students are assessed by NHS staff on their clinical experience visit before their interview
Rank: 25=; High priority: 11; average score: 1.80

Testing

- 2.19 Some students perform far worse in mathematics and English at university than would be suggested by their grades. One university shows students a mathematics test paper, so that they can see whether they are comfortable with the standard that will be expected of them. However, this university does not actually test applicants, as the test paper is only to inform the student. On the other hand, another university considers that it is necessary to use literacy and numeracy admission tests. Students who are poor at mathematics are at greater risk of failing the course – an issue addressed under Retention. However, tests should not unfairly disadvantage students with disabilities, such as dyslexia.

9. Idea: Improve the quality of recruits. Means: literacy and numeracy admission tests
Rank: 30=; High priority: 9; average score: 1.70.

3. RETENTION

Introduction

3.1 This section covers student induction programmes and various means of supporting students for whom English is not their first language and those who have problems with written work. In addition, a variety of techniques around small group work to increase student engagement are explored.

Induction programmes

3.2 One HE providers' student induction programme used to begin with the Dean giving a presentation. However, now the first person the students meet is their personal tutor. Students are then given progressively more and more information about the course and then the university. This is called spiral induction, as it starts with the more straightforward and immediate aspects of student life and gradually broadens to encompass the total picture.

3.3 Apart from initial study skills courses, general induction courses, introducing students to the library, ICT provision and to former students were considered helpful.

10. Idea: Reduce attrition by welcoming students and providing practical information through an intensive induction programme
Rank: 18=; High priority: 13; average score: 1.90

Supporting student learning

3.4 Students can require support for a variety of reasons such as:

- Dyslexia
- Study skills
- English
- Maths
- ICT

Students with dyslexia

3.5 At least one HE provider applies a dyslexia screening programme to all students at the start of the course. Students with dyslexia have in-depth assistance.

11. Idea: Reduce attrition of student with dyslexia. Means: support students by maximising on-site specialist provision, at the start of the course.
Rank: 30=; High priority: 11; average score: 1.70

Students with problems in mathematics, English and ICT

3.6 A significant number of students who dropped out or were thinking of doing so mentioned that they had problems with the physics and mathematics elements of

the course. It is crucial that such students are identified as soon as possible and that remedial support is given.

- 3.7 One University undertakes formative assessment of students' key skills (Maths, English, ICT) at the beginning of the first year. Some of this may be in the form of student self-assessment. Other forms of monitoring of students early on was also considered important, and some universities require two 500 word assignments of a reflective nature by the end of the first semester. These assignments are designed to demonstrate relevant skills such as database research, academic and referencing conventions and literature searches.

12. Idea: reduce attrition by early identification of areas requiring support. Means: obtain academic work early in course and provide prompt tutor feedback with specific manageable targets. Rank: 3=; High priority: 17; average score: 2.23

Students who lack study skills

"They need highly developed study skills before arriving on to the programme."

- 3.8 One University is piloting tests at recruitment, not for selection but to acquire information as to which students are more likely to need support. This initial formative assessment enables the HE provider to offer appropriate study skills right at the start of the course, when its use can be most helpful. Early provision of such support was considered of critical importance. Modular systems often meant that students' academic difficulties might not be detected until too late.

13. Idea: reduce attrition due to students falling behind. Means: provide early Study Skills courses (possibly pre-sessional). Rank: 12=; High priority: 14; average score: 2.07

On-line interactive lectures

- 3.9 Study skills courses are on offer, particularly in those universities that have widened access to their courses significantly. These are similar to, or are offered in conjunction with, induction courses or Learning to Learn courses provided at the start of the year. One HE provider is a centre of excellence for on-line lectures and provides genuinely interactive software (MOODLE) with tests to monitor student's progress before allowing them to progress. This enables students to work at their own pace.

14. Idea: reduce attrition due to students falling behind. Means: use interactive, on-line lectures that enable students to review a lecture as well as releasing staff time to support slow learners Rank: 16=; High priority: 12; average score: 1.93

Students unaccustomed to academic writing

- 3.10 A few of the questionnaires showed that some respondents had real difficulty in writing simple sentences that could be readily understood. Where students have such difficulties, it is crucial that they are addressed early on in their course. It is

worthy of note that one particular university insists that students with this need accept the language support offered on-site.

15. Idea: reduce attrition of students unaccustomed to academic writing. Means: engage and integrate services of university departments of academic literacy course and provide prompt tutor feedback with specific manageable targets.
Rank: 16=; High priority: 12; average score: 1.93

Engaging students in the running of courses

3.11 Students elect representatives to review the course and they evaluate each module, which gives them a greater sense of control, at one university.

16. Idea: reduce attrition by giving students a sense of control within their university faculty. Means: elect students to review course modules.
Rank: 36=; High priority: 5; average score: 1.50

Generating peer support

3.12 It is harder for students to build up social networks, as student intakes have increased substantially. One way used to generate peer support between students is to set them group projects. This is particularly useful early in the course. Articulating points and answers between peers before submitting to a large group or as written assignment allows students to feel less “exposed” and permits reflection in a safe environment. This should increase confidence as well as knowledge. The following three ways to build up networks are slightly different, but essentially offer the same outcome. Therefore, it is a matter of deciding which of the three best suits a particular university

Action Learning Sets

3.13 Divide students into smaller groups or action learning sets that remain together for the whole programme.

17. Idea: Improve student support networks. Means: implementing Action Learning Sets that consist of small groups of students that remain together for the length of the whole course programme.
Rank: 23=; High priority: 9; average score: 1.83

Syndicate Groups

3.14 This might entail small groups working together on a joint project and presentation.

18. Idea: Improve student support networks. Means: use syndicate groups as appropriate to educational aim and context, on an ad hoc basis
Rank: 34=; High priority: 6; average score: 1.60

Experiential Learning Groups

- 3.15 This technique is used to gain peer feedback on individual projects in the NHS and other professional cultures. An individual in a group of 3 - 6 might briefly present an ongoing project and state ways in which it is intended to continue. The remaining peers each give considered critical feedback. To guard against “the pooling of ignorance” (Schon, D A²) a tutor or suitable person makes a measured, timely intervention in order to move learning forward.

19. Idea: Enhance student support network to support learning. Means: incorporate experiential learning techniques as appropriate to educational aim and context that enable students to offer critical feedback to their peers.

Rank: 25=; High priority: 9; average score: 1.80

Personal tutors

- 3.16 There were some very positive comments from the student survey regarding tutors, even from some of the students who failed. However, this needs to be balanced with negative comments, which included their lack of availability or that they were changed during the course. Also students may be embarrassed to ask for a meeting to discuss personal issues where tutors share an office and clearly some way around this problem needs to be found. Therefore, there is scope to improve the support students receive from tutors, in some cases.
- 3.17 One HE provider has elevated their role and students keep the same tutor throughout their university career. Students have two in-depth sessions of half an hour to an hour with their personal tutors every term. As a result, tutors have a better understanding of student needs and students feel closer to staff.

20. Idea: reduce attrition. Means: review effectiveness of tutors in supporting students.

Rank: 2; High priority: 16; average score: 2.30

Flexible pathways for those with childcare

- 3.18 One of the ideas generated at the workshop was the need to create more flexible pathways that can accommodate those with childcare responsibilities. Although, it is acknowledged that this is not easy given the full academic timetable and the clinical placement requirements.

21. Idea: Reduce attrition for those with childcare responsibilities through flexible pathways

Rank: 9=; High priority 16; Average score: 2.13.

² Schon DA (1987) *Educating the Reflective practitioner* Jossey-Bass San Francisco
1 February 2006

Preceptorship year

- 3.19 It was pointed out at the workshop that students would benefit from time to consolidate their practice on qualification. This is an approach used by some other professions, such as Pharmacists.

<p>22. <i>Idea: Reduce attrition on qualification through a preceptorship year</i> Rank: 12=; High priority 14; average score 2.07</p>
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4. CLINICAL PLACEMENTS

Introduction

- 4.1 This section includes a range of practical suggestions on improving retention. In addition, it identifies a couple of fundamental issues that are much harder to resolve and that require far wider debate in the profession. First, how should the tension between some of the course content and what is perceived to be required by some NHS managers be resolved, particularly with regard to therapeutic radiography? This is an important question as therapeutic radiography student attrition is significantly greater than that of diagnostic radiography and possible reasons for this need to be explored further. Second, what should be done about bullying in clinical settings? In addition, the role of mentor and supporting students on placements is explored.
- 4.2 Clinical placements are most successful where the partnership between Higher Education and the NHS is seen as a very important collective responsibility.

Tensions between course content and working in the NHS

- 4.2 Some academic staff and students reported a mismatch between a holistic model of education that includes psychology and sociology on the one hand and being told on placement that these subjects were a waste of time, as it is a matter of processing patients quickly, so it is best not to talk to them. This was particularly the case in therapeutic radiography where one student spoke of clinical practice being a “sausage factory”. The educationalists’ hands are somewhat tied. They cannot argue the point too strongly with NHS staff, as they are dependent on them for placements. Interestingly, this is not a universal problem and in one part of the country it was said that the frequent patient surveys, etc. reinforced a caring, holistic approach to patients.

What should be done to reduce the gap between a holistic view of radiotherapy radiography taught to students and the “sausage factory” experience of some placements?

Bullying

- 4.3 While quite a few students found clinical placements good or acceptable, a significant minority did not. Bullying was a serious issue for some, as illustrated by some of the answers to the question “What stopped you from dropping out”, such as:

“Because most of the staff are helpful and you can't allow people like that make you give up. It has made me more determined not to behave like that when I am qualified.”

“Out of spite. And why should I let some bullies bully me out of my chosen degree. Leaving would mean that they'd won. I know that others have left the course because of them and I am determined to show them that they can't intimidate me.”

“The staff there, save for a few wonderful people. I have [never] met such a bunch of dissatisfied, mean-hearted, miserable bullies in my whole life. As a student you are treated like dirt.”

In answer to a question as to why they had negative clinical experience, one respondent commented:

“Some radiographers are not willing to help and make it clear they do not like teaching students, I expected everyone to be helpful and aid our learning.”

- 4.4 Bullying is quite a prevalent NHS problem and according to the Health Commission's 2004 staff survey 10 per cent of staff reported bullying, abuse or harassment by colleagues. NHS Employers consider this to be a major problem and has brought forward the development of an NHS anti-bullying strategy.³ Given the adverse impact of bullying on a significant minority of students, it is worthwhile posing the question:

What can be done to address bullying within diagnostic and therapeutic radiography in advance of NHS or Trust wide initiatives?

- 4.5 A wide range of issues were explored by the workshop group. Some NHS staff felt that students are treated less well as there are now many more students in placements, so that staff have less time to devote to an individual student. In addition, some staff feel less of a sense of ownership compared to when students were recruited to a hospital where they were trained. It was noted that there were similar problems in Midwifery that were addressed by training staff in leadership development. This supports the successful, newly introduced leadership development course in London for diagnostic and therapeutic radiographers. This programme involves staff receiving 360 degree feedback and it was thought that this could be used for all staff. This is supported by an NHS 360 degree feedback tool.

Video on bullying

- 4.6 It was suggested at the workshop that a video should be produced on bullying to enable staff to understand the dynamics behind it and to suggest strategies to address such behaviour. This could possibly be a national project across the whole of the NHS, if NHS Employers could be convinced that this would be a useful initiative.

23. *Idea: Reduce attrition by addressing bullying through a video on the topic that could be aimed at all NHS staff*
Rank: 10=; High priority: 15; average score: 2.10

³ Health Service Journal, 20 October 2005, pp 14 and 15
1 February 2006

Assertiveness training

4.7 Workshop delegates felt that some students would benefit from assertiveness and interpersonal skills training before they went on clinical placement. This would enable them to discuss any problems that arose with clinical staff in a more productive way.

24. Idea: Reduce attrition by enabling students to handle problems on clinical placements more effectively by training them in assertiveness and interpersonal skills beforehand.

Rank: 6=; High priority: 11; average score: 2.17

Clinical placements

Timing of placements

4.8 A critical time for students to decide whether to stay or not is when they enter the clinical environment, according to research undertaken by one particular university⁴. In order to find out whether students feel that the profession is really for them, some universities provide clinical placements early in the course. If students want an alternative career, they could transfer onto another course without too much difficulty. For instance, one HE provider sends their students on their first, three to four week placement after six weeks.

25. Idea: reduce the number of students who drop out of education when they decide they do not want to continue with radiography. Means: provide their first clinical placement early in their career.

Rank: 6=; High priority: 19; average score: 2.17

How many different locations should be used?

4.9 This is a difficult question to answer. On the one hand, in order to experience a full range of equipment and modalities, it might be necessary to arrange placement for individual students on a number of sites. This can be disruptive for students, particularly where hospitals are far apart due to low population densities. However, there are drawbacks as well to students obtaining their experience from the one site, if the student does not like that hospital or is not appreciated there. One university uses three hospitals to give the students and employers more choice, while still being few enough for students to develop a sense of attachment. Mature pupils with families particularly appreciate being given a local placement in the first year or so while not being denied the opportunity of going elsewhere in the third year. In addition some, parts of the country with low population densities have a limited choice of clinical placements without incurring substantial penalties in terms of travelling time and costs.

26. Idea: give students more choice of employers and employers more choice of students. Means: provide placements in two or more separate hospitals, perhaps giving mature students with families first option on a local placement in the first year.

Rank: 21=; High priority: 13; average score: 1.87

⁴ Canning, Gay (2005) *Factors Contributing to Students Remaining in Education*, City University.
1 February 2006

Funding of placement accommodation

4.10 Where placements require students to find alternative accommodation in addition to their university, this can cause financial problems. This is illustrated in the following answer to the question why students considered dropping out:

“Finances - I was told I could claim back all expenses for hospital placement which was not true. At one point I was £1800+ out of pocket.”

“Funding - having to pay for accommodation on placement (whilst paying for accommodation at college) and it not being returned/returned in time for second placement. I was at the point where I wouldn't have been able to afford accommodation for second placement. This is likely to continue and severely frustrates me”

Clearly, there is a funding problem that needs to be addressed.

27. Idea: students should receive funding for a second accommodation needed for clinical practice much more speedily than is currently the case.

Rank: 18=; High priority: 13; average score: 1.90

Reviewing Clinical Placements

4.11 Relieving pressure on staff in departments is an increasing challenge. Looking creatively at rota management and possible patterns of shift work for students, and carefully examining placement capacity is very important. A review of placement activity to establish the exact nature of the value of each, within the allocated time would allow placement effectiveness to be monitored. This is different from a placement audit that assesses suitability.

28. Idea: Reduce attrition by enhancing quality clinical placements. Means: reviewing placements to maximise potential use.

Rank: 3=; High priority: 20; average score: 2.23

Simulating clinical experience

Skills laboratories

4.12 This document can only touch on some of the key issues with regard to skills laboratories. A much more detailed work evaluating their costs and benefits is required. Some universities with large intakes would like to have skills laboratories. Their tutor productivity could increase because they could work with larger groups of students, as there would be more space for them to get around the equipment. Skills laboratories would only be viable in large cities where they could be shared by several universities, due to their high cost.

“Not a substitute for, but can complement and enhance, placement experience.”

4.13 However, other universities do not see the need for skills laboratories, as they tend to be close to well equipped hospitals. In addition, they argue that the education sector avoids the cost of updating equipment. This cost falls on the NHS. One

university sends students to 'take over' real cancer centres which are effectively used as skills laboratories' for a whole weekend just before their first clinical placement.

29. Idea: Reduce attrition following clinical experience by considering alternative 'practice' environments. Means: use facilities such as local cancer centres, as skills laboratories.

Rank: 25=; High priority: 9; average score: 1.80

4.14 One SHA has an imaging academy that provides local training for assistant, advanced practitioners and medical students. It is a virtual academy of networked PCs and big screens, ideal for reading films. Students can access computer-based tutorials that are about to go on-line. The training manager also has responsibility for training the whole of the department. Topics are also selected to meet local needs, such as cardiac radiography. There is a particular emphasis on developing new roles and a local university provides accreditation. This initiative is funded by the SHA.

4.15 While replacement of the hospital radiography department entirely as a placement is clearly undesirable, an effective skills laboratory could provide one of the placements on a course. A clear advantage of this as a placement is the commonality/standardisation of access to equipment, learning skills and assessment in such a controlled environment. It also provides a good environment for teaching and learning at students' own pace where something proves particularly challenging. However, it is clearly no substitute for experience with patients in a hospital department. It would offer essential experience, especially before a first placement, possibly through small group teaching and learning. Another advantage is that making mistakes in this environment would be perfectly acceptable and something from which students should learn.

30. Idea: increase staff productivity and reduce the demand for NHS clinical placements. Means: evaluate the cost effectiveness of providing skills laboratories, shared between universities, in a few major population centres

Rank: 29=; High priority: 9; average score: 1.77

Use of actors

4.16 There was interest in using actors to role play different types of patients, which is a technique applied with considerable success in medical education. This approach should be actively pursued.

31. Idea: reduce the demand for NHS clinical placements. Means: use actors to role play different types of patients

Rank: 39; High priority: 2; average score: 1.30

Mentors and supporting students on placements

4.17 This was considered to be crucial and there is a range of approaches in use. For instance, academic staff from one university spend a week with students on placements. This assists in integrating theory and practice; enables small group

work, tutorials and remedial work to be undertaken; it extends pastoral care for the students; students can be assessed on a consistent basis. Other universities have joint appointments to integrate the university/placement experience.

- 4.18 Each student is mentored by a qualified member of staff who acts as confidential buddy in one placement. However, it can sometimes be difficult to ensure continuity due to shift patterns. There are breakfast and lunchtime meetings and students are treated as part of the team.
- 4.19 One university described yet another model with a joint Trust-University post of Practice Educator. This person focuses on clinical training in a role which spends half the time involved in the education of the undergraduates and half the time looking after the education of staff in the department, with a clear CPD brief.

Named Clinical Mentor

4.20 A further refinement involves using named mentors amongst clinical staff in addition to the radiographer to whom a student will have been allocated; this can enhance the experience, since the clinician will act as a link with the university,

**32. Idea: reduce attrition following clinical placement. Means: effective use of named clinical mentor in liaison with university.
Rank: 12=; High priority: 18; average score: 2.07**

Off-Site Networks for Mentors

- 4.21 Training days for mentors are designed to clarify their role and provide an opportunity for mentors from different hospitals to consider future possible strategies. These include discussions on the appraisal system and ensuring that both the educational and emotional experience is a good one. In one case, this occurs four times a year. Mentors have formal input into Staff-Student Liaison and Course Management Committees. This clearly enhances 'ownership'. Well-developed networks are seen as a major initiative by some universities.
- 4.22 Another HE provider explained the Radiography Mentor had responsibility for the students, in a 1:1 relationship. Any issues not resolved in this relationship are referred by the Mentor to a Clinical Liaison Radiographer who oversees about twenty students. A Link Tutor from the University makes fortnightly visits. Recently, a Clinical Placement Manager has been introduced, who liaises directly with the Trust, the Link Tutor and the pupils, and deals with all placement concerns which are regularly reviewed. Biannual meetings occur between all parties, including student representatives are well-received.

**33. Idea: Reduce attrition by enhancing University/hospital partnerships. Means: motivate mentors through promoting off-site networks, encouraging ownership of their role in partnership and the sharing of good practice with clinical mentors from other hospitals.
Rank: 15; High priority: 14; average score: 2.03**

Accreditation of Clinical Mentor role in CPD

4.23 Perceptions as to whether rewards and remuneration are conducive to clinical staff involvement in student training differ. It would seem imperative to find ways to highlight the importance of training and supporting students in the working environment. One way to achieve this is to contribute to the Continuous Professional Development of clinical mentors.

**34. Idea: Reduce attrition by enhancing quality of support on clinical placements. Means: Work towards accreditation of clinical mentor role in CPD.
Rank: 1; High priority: 18; average score: 2.40**

NHS Staff Morale

4.24 It was felt that some NHS staff who have been “stuck” in the same job for a long while demoralise students by stressing that they are unhappy with their careers in the profession.

**35. Idea: Reduce attrition by addressing poor morale of “stuck” staff through development programmes
Rank: 6=; High priority: 16; average score: 2.17**

5. OTHER INITIATIVES

- 5.1 This section covers other initiatives which cut across the student journey or are slightly outside the terms of reference and they did not lend themselves to being included in earlier sections.

Stakeholder workshops

- 5.2 One university that had a high attrition rate ran a very successful workshop to examine why this might be the case and what ameliorative action they should take. The workshop examined the support that students received, such as social, clinical, academic and emotional and involved all the main stakeholders such as students, university, and hospital staff.

**36. Idea: identify ways to reduce attrition by running a stakeholder event involving all interested parties.
Rank: 23=; High priority: 8; average score: 1.83**

Shared teaching resources

- 5.3 Where universities are relatively close to each other, in London and the South East, there is scope to have some joint teaching sessions for students from other universities.

**37. Idea: economic and educational rationalisation of resources. Means: joint teaching sessions by universities in same region.
Rank: 34=; High priority: 3; average score: 1.60**

24/7 learning

- 5.4 With a steady growth of out-of-hours services in wider society, it is not surprising that in some parts of the world this is applied to education. One interviewee had visited Chicago where all technology was available 24 hours. This enabled one group of students to have access to the Skills Laboratory 7.00 am – 1.00 pm; another group in the afternoon, and yet another group at night. Partial replication of similar practice may mean universities could be more selective over students. Course would be spread throughout the whole day, and not restricted to the usual '9-5 bottleneck'.

**38. Idea: increase appeal to courses to students who work flexible hours or part-time students. Means: greater maximisation of time through offering course elements at less conventional times throughout 24 hours.
Rank: 28=; High priority: 8; average score: 1.77**

Additional routes into the profession

- 5.5 Although, this report is about attrition from degree courses, several SHAs proposed that the Assistant Practitioner course could be used to widen access by providing an additional route into the profession. One SHA has recruited locally to this programme, which is then followed up by a two year, BSc top-up course. The programme attracted a strong field of applicants and there has been very little

attrition during the first two years of its existence. This programme should be followed through its later phases and its evaluation should be shared widely. .

***39. Idea: The Assistant Practitioner plus top-up route to BSc should be evaluated and this evaluation should be shared widely
Rank: 18=; High priority: 13; average score: 1.90***

ACKNOWLEDGEMENTS

The author wishes to thank the following, who kindly agreed to be interviewed, for their contributions to this Guide.

Derek Adrian-Harris, Head of Centre, Centre for Radiography Education, Portsmouth University

Portsmouth University

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Lisa Booth, Senior Lecturer, St Martins, Lancaster University

Kathy Burgess, Head of the Division of Medical Imaging and Radiotherapy, Liverpool

Jennifer Edie, Head of Department of Radiography, City University

Alison Eyden, Pathways Director Radiography, University of Canterbury Christ Church

Ann Gilford, Health Development Manager, Birmingham and The Black Country SHA

Geoff Glover, Subject Manager for Radiography Informatics, Osteoporosis subject area in Faculty of Education, Health and Sciences, University of Derby

Stuart Grange, Programme Leader Diagnostic Imaging, University of the West of England

Phil Harris, Director of Studies, St Martin's, Lancaster

Kerry Hemsworth, Contacts and Operations Manager, Cumbria and Lancashire SHA

Pippa Hodgson, Allied and Health Professional and Healthcare Scientist Lead, Leicestershire, Northamptonshire and Rutland SHA

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Student Recruitment and Retention Guide for Diagnostic and Therapeutic Radiography

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Charles Sloane, Senior Lecturer, St Martins, Lancaster University

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Caroline Waterworth, Clinical and Education Development Manager, Cumbria and Lancashire SHA

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In addition the following attended the Moving Forward Workshop on 7th November 2005 and contributed to the work groups and were invited to participate in “voting” for initiatives.

Moving Forward Workshop Attendees

Amanda Cranston, South West London SHA

Anant Patel, Homerton Hospital

Angela Francis, Royal Surrey County Hospital

Anne-Marie Archard, South East London SHA

Audrey Paterson, Society of Radiographers

Barry Cotton Homerton Hospital

Brenda Boyer, Portsmouth & St Mary's

Claire Howarth, North Central London SHA

Elizabeth Beckingham, Guys & St Thomas

Elizabeth Hunt, Addenbrookes

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Jennifer Edie, City University

Jenny Pulling, University of Hertfordshire

Joan Battley, North East London SHA

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Student Recruitment and Retention Guide for Diagnostic and Therapeutic Radiography

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Katharine Walker, Addenbrooke's
Kerry Hemsworth, Cumbria and Lancashire SHA
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Kim Sanderson, St Mary's Hospital, Portsmouth
Louise Sanderson, West Yorkshire SHA
Marie Hinds, UCLH
Moira Tomlinson, Weston Park Hospital
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Noelle Skivington, South West London SHA
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Pat Shields, Royal Sussex County Hospital
Phil Hassman, Worthing Hospital
Priti Desai, Royal Free
Rachel Picton, NCL WDC
Rebecca Steele, Guy's Hospital
Sarah Helyer, The Royal Marsden Hospital
Sean McCloy, Northwick Park Hospital
Sharron Gordon, South West London SHA
Stephen Griffiths, Medway NHS Trust
Suzanne Hilton, Thames Valley SHA
Val Fone, Royal Brompton Hospital

APPENDIX 2

Please evaluate the following initiatives for your organisation
Table of Initiatives in the order they appear in the text

Initiative	Response							Implementer		
	Rank	Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
Recruitment										
1. Improve recruitment. Means: use a recruitment video/CD	36=	1.50	6	10	7	3	1			✓
2. Improve recruitment through national campaigns	21=	1.87	11	8	7	2	0			✓
3. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: an enhanced, interactive NHS careers website with a quiz	30=	1.70	3	17	8	0	1			✓
4. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: a well structured day long (longer if possible) visit to a hospital department including shadowing staff in those modalities provided	5	2.20	18	5	2	3	1		✓	
5. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: set up a national scheme of a well structured day long (longer if possible) visit to a local hospital department including shadowing staff in each modality	10=	2.10	15	7	4	2	0		✓	✓
6. Reduce attrition by giving students experience of the profession through a cadet scheme before they start their university course.	33	1.67	5	13	9	1	1		✓	✓
6. Improve recruitment by raising the profile of the profession through schools liaison	16=	1.93	14	8	0	5	1	✓	✓	✓
7. Improve recruitment in terms of quality of applicant. Means: potential students are assessed by NHS staff on their clinical experience visit before their interview	25=	1.80	11	9	3	7	0		✓	
8. Improve the quality of recruits. Means: literacy and numeracy admission tests	30=	1.70	9	10	4	4	1	✓		
Retention										
9. Reduce attrition by welcoming students and providing practical information through an intensive induction programme	18=	1.90	13	8	2	5	0	✓		
10. Reduce attrition of students with dyslexia. Means: support students by maximising on-site specialist provision, at the start of the course.	30=	1.70	11	4	10	2	0	✓		
11. Reduce attrition by early identification of areas requiring support. Means: obtain academic work early in course and provide prompt tutor feedback with specific manageable targets.	3=	2.23	17	7	2	3	0	✓		
12. Reduce attrition due to students falling behind. Means: provide early Study Skills courses (possibly pre-sessional).	12=	2.07	14	9	2	4	0	✓		

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Initiative	Response							Implementer		
	Rank	Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
13. Reduce attrition due to students falling behind. Means: use interactive, on-line lectures that enable students to review a lecture as well as releasing staff time to support slow learners	16=	1.93	12	9	4	3	0	✓		
14. Reduce attrition of students unaccustomed to academic writing. Means: engage and integrate services of university departments of academic literacy course and provide prompt tutor feedback with specific manageable targets.	16=	1.93	12	9	4	2	2	✓		
15. Reduce attrition by giving students a sense of control within their university faculty. Means: elect students to review course modules.	36=	1.50	5	10	10	4	0	✓		
16. Improve student support networks. Means: implementing Action Learning Sets that consist of small groups of students that remain together for the length of the whole course programme.	23=	1.83	9	11	6	3	0	✓		
17. Improve student support networks. Means: use syndicate groups as appropriate to educational aim and context, on an ad hoc basis	34=	1.60	6	10	10	1	2	✓		
18. Enhance student support network to support learning. Means: incorporate experiential learning techniques as appropriate to educational aim and context that enable students to offer critical feedback to their peers.	25=	1.80	9	11	5	2	1	✓		
19. Reduce attrition. Means: review performance of personal tutors.	2	2.30	16	10	1	0	1	✓		
20. Reduce attrition for those with childcare responsibilities through flexible pathways	9=	2.13	16	6	4	3	0	✓	✓	✓
21. Reduce attrition on qualification through a preceptorship year	12=	2.07	14	9	2	4	0	✓	✓	✓
Clinical Placements										
22. Address bullying by developing a video to be shared by staff and students	10=	2.10	15	6	6	1	1	✓	✓	✓
23. Improve student assertiveness and interpersonal skills through training	6=	2.17	11	15	2	0	0	✓		
24. Reduce the number of students who drop out of education due to not liking their clinical placement experience. Means: provide their first clinical placement early in their career, so that they can transfer to another course.	6=	2.17	19	3	2	5	0	✓	✓	
25. Give students more choice of employers and employers more choice of students. Means: provide placements in two or more separate hospitals, perhaps giving mature students with families first option on a local placement in	21=	1.87	13	8	1	6	1	✓	✓	

Student Recruitment and Retention Guide for Diagnostic and Therapeutic Radiography

Initiative	Response							Implementer		
	Rank	Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
the first year.										
26. Students should receive funding for a second accommodation needed for clinical practice much more speedily than is currently the case.	18=	1.90	13	8	2	0	3			✓
27. Reduce attrition by enhancing quality clinical placements. Means: review placements to maximise potential use.	3=	2.23	20	3	1	4	1	✓		
28. Reduce attrition following clinical experience by considering alternative 'practice' environments. Means: use facilities such as local cancer centres, as skills laboratories.	25=	1.80	9	9	9	0	1	✓		✓
29. Increase staff productivity and reduce the demand for NHS clinical placements. Means: evaluate the cost effectiveness of providing skills laboratories, shared between universities, in a few major population centres.	29=	1.77	9	7	12	0	0	✓		✓
30. Reduce the demand for NHS clinical placements. Means: use actors to role play different types of patients	39	1.30	2	8	17	0	1	✓		
31. Reduce attrition following clinical placement. Means: effective use of named clinical mentor/practitioner in liaison with university.	12=	2.07	18	4	0	7	0	✓		
32. Reduce attrition by enhancing University/hospital partnerships. Means: motivate mentors through promoting off-site networks, encouraging ownership of their role in partnership and the sharing of good practice with clinical mentors from other hospitals.	15	2.03	14	8	3	3	1	✓	✓	
33. Reduce attrition by enhancing quality of support on clinical placements. Means: Work towards accreditation of clinical mentor role in CPD.	1	2.40	18	9	0	1	0	✓		
34. Reduce attrition by improving morale in department for staff who are "stuck" at a particular level so that they don't put off students	6=	2.17	16	7	3	2	1		✓	
Other Initiatives										
35. Identify ways to reduce attrition by running a stakeholder event involving all interested parties.	23=	1.83	8	14	3	1	1	✓	✓	✓
36. Economic and educational rationalisation of resources. Means: joint teaching sessions by universities in same region.	34=	1.60	3	14	11	0	0	✓		
37. Increase appeal to courses to students who work flexible hours or part-time students. Means: greater maximisation of time through offering course elements at less conventional times throughout 24 hours.	28=	1.77	8	11	0	0	0	✓		
38. Improve retention in the locality. Means: recruit locally to Assistant Practitioner places followed by a BSc top up.	18=	1.90	13	7	4	3	1			✓

APPENDIX 3

Table of Initiatives Ranked by Score

Rank	Initiative	Response						Implementation		
		Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
1	34. Reduce attrition by enhancing quality of support on clinical placements. Means: Work towards accreditation of clinical mentor role in CPD.	2.40	18	9	0	1	0	✓		
2	20. Reduce attrition. Means: review performance of personal tutors.	2.30	16	10	1	0	1	✓		
3=	12. Reduce attrition by early identification of areas requiring support. Means: obtain academic work early in course and provide prompt tutor feedback with specific manageable targets.	2.23	17	7	2	3	0	✓		
3=	28. Reduce attrition by enhancing quality clinical placements. Means: review placements to maximise potential use.	2.23	20	3	1	4	1	✓		
5	4. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: a well structured day long (longer if possible) visit to a hospital department including shadowing staff in those modalities provided	2.20	18	5	2	3	1		✓	✓
6=	24. Improve student assertiveness and interpersonal skills through training	2.17	11	15	2	0	0	✓		
6=	25. Reduce the number of students who drop out of education due to not liking their clinical placement experience. Means: provide their first clinical placement early in their career, so that they can transfer to another course.	2.17	19	3	2	5	0	✓	✓	
6=	35. Reduce attrition by improving morale in department for staff who are "stuck" at a particular level so that they don't put off students	2.17	16	7	3	2	1		✓	
9=	21. Reduce attrition for those with childcare responsibilities through flexible pathways	2.13	16	6	4	3	0	✓	✓	✓
10=	5. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: set up a national scheme of a well structured day long (longer if possible) visit to a local hospital department including shadowing staff in each modality	2.10	15	7	4	2	0		✓	✓
10=	23. Addressing bullying by developing a video to be shared by staff and students	2.10	15	6	6	1	1	✓	✓	✓
12=	22. Reduce attrition on qualification through a preceptorship year	2.07	14	9	2	4	0	✓	✓	✓
12=	13. Reduce attrition due to students falling behind. Means: provide early Study Skills courses (possibly pre-sessional).	2.07	14	9	2	4	0	✓		
12=	32. Reduce attrition following clinical placement. Means: effective use of named clinical mentor/practitioner in liaison	2.07	18	4	0	7	0	✓		

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Rank	Initiative	Response					Implementer			
		Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
	with university.									
15	33. Reduce attrition by enhancing University/hospital partnerships. Means: motivate mentors through promoting off-site networks, encouraging ownership of their role in partnership and the sharing of good practice with clinical mentors from other hospitals.	2.03	14	8	3	3	1	✓	✓	
16=	14. Reduce attrition due to students falling behind. Means: use interactive, on-line lectures that enable students to review a lecture as well as releasing staff time to support slow learners	1.93	12	9	4	3	0	✓		
16=	15. Reduce attrition of students unaccustomed to academic writing. Means: engage and integrate services of university departments of academic literacy course and provide prompt tutor feedback with specific manageable targets.	1.93	12	9	4	2	2	✓		
16=	7. Improve recruitment by raising the profile of the profession through schools liaison	1.93	14	8	0	5	1	✓	✓	✓
18=	27. Students should receive funding for a second accommodation needed for clinical practice much more speedily than is currently the case.	1.90	13	8	2	0	3			✓
18=	39. Improve retention in the locality. Means: recruit locally to Assistant Practitioner places followed by a BSc top up.	1.90	13	7	4	3	1			✓
18=	10. Reduce attrition by welcoming students and providing practical information through an intensive induction programme	1.90	13	8	2	5	0	✓		
21=	2. Improve recruitment through national campaigns	1.87	11	8	7	2	0			✓
21=	26. Give students more choice of employers and employers more choice of students. Means: provide placements in three separate hospitals, perhaps giving mature students with families first option on a local placement in the first year.	1.87	13	8	1	6	1	✓	✓	
23=	17. Improve student support networks. Means: implementing Action Learning Sets that consist of small groups of students that remain together for the length of the whole course programme.	1.83	9	11	6	3	0	✓		
23=	36. Identify ways to reduce attrition by running a stakeholder event involving all interested parties.	1.83	8	14	3	1	1	✓	✓	✓
25=	29. Reduce attrition following clinical experience by considering alternative 'practice' environments. Means: use facilities such as local cancer centres, as skills laboratories.	1.80	9	9	9	0	1	✓		✓
25=	8. Improve recruitment in terms of quality of applicant. Means: potential students are assessed by NHS staff on their clinical experience visit before their interview	1.80	11	9	3	7	0		✓	
25=	19. Enhance student support network to support learning. Means: incorporate experiential learning techniques as appropriate to educational aim and context that enable	1.80	9	11	5	2	1	✓		

Student Recruitment and Retention Guide for Diagnostic and Therapeutic Radiography

Rank	Initiative	Response					Implementer			
		Average Score	High priority	Medium priority	Low priority	Done it already	Not applicable	HEI	Hospitals	SHAs & above
			1	2	3	4	5			
	students to offer critical feedback to their peers.									
28=	30. Increase staff productivity and reduce the demand for NHS clinical placements. Means: evaluate the cost effectiveness of providing skills laboratories, shared between universities, in a few major population centres.	1.77	9	7	12	0	0	✓		✓
28=	38. Increase appeal to courses to students who work flexible hours or part-time students. Means: greater maximisation of time through offering course elements at less conventional times throughout 24 hours.	1.77	8	11	0	0	0	✓		
30=	11. Reduce attrition of students with dyslexia. Means: support students by maximising on-site specialist provision, at the start of the course.	1.70	11	4	10	2	0	✓		
30=	3. Reduce attrition by obtaining a closer match between student expectations and the profession. Means: an enhanced, interactive NHS careers website with a quiz	1.70	3	17	8	0	1			✓
30=	9. Improve the quality of recruits. Means: literacy and numeracy admission tests	1.70	9	10	4	4	1	✓		
33	6. Reduce attrition by giving students experience of the profession through a cadet scheme before they start their university course.	1.67	5	13	9	1	1	✓	✓	
34=	37. Economic and educational rationalisation of resources. Means: joint teaching sessions by universities in same region.	1.60	3	14	11	0	0	✓		
34=	18. Improve student support networks. Means: use syndicate groups as appropriate to educational aim and context, on an ad hoc basis	1.60	6	10	10	1	2	✓		
36=	16. Reduce attrition by giving students a sense of control within their university faculty. Means: elect students to review course modules.	1.50	5	10	10	4	0	✓		
36=	1. Improve recruitment. Means: use a recruitment video/CD	1.50	6	10	7	3	1			✓
39	7. Improve recruitment. Means: use recruitment coordinators and school liaison.	1.43	5	10	8	4	0			✓
39	31. Reduce the demand for NHS clinical placements. Means: use actors to role play different types of patients	1.30	2	8	17	0	1	✓		

Document background

Role	Name
Client project lead	Noelle Skivington, Radiography Workforce Development Lead - England
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