ATTRACTING THE FUTURE WORKFORCE

SUPPORTING WORK EXPERIENCE SURVEY

Report of the NHS Work Experience Capacity and Capability Survey

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1. Introduction

This report shares the findings of a survey undertaken to identify the current capacity and capability of the NHS in supporting work experience opportunities, as a mechanism for attracting and supporting the development of the healthcare workforce. The survey was undertaken as one of the key activities to inform and support the development of Health Education England’s Widening Participation Strategy.

2. Background

Undertaking work experience has been identified as a key mechanism in helping young people and others to guide and decide their career choices. Effective work experience or work-related learning can help raise awareness and ambition, provide insights into the reality of work, support the development of key employment skills, and address some of the stereotyping and misconception of roles. Frequently, it is an important element for those seeking to make an application to undertake an education and training programme leading to registration as a healthcare professional.

The value of work experience for those interested in healthcare careers has been recognised (Smith et al. 2013, Pearce 2008, Kamali et al. 2005). It can be a helpful way to support people seeking to return to practice or back into work, and it can also introduce awareness of other, non-clinical roles and entry level jobs available within the NHS, and potential career progression opportunities.

Many NHS organisations provide work experience opportunities, as a way to engage the local community and help attract and support the development of their local workforce. For many organisations, providing work experience programmes will be a tangible commitment of the organisation in meeting its

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corporate social responsibilities, given that frequently NHS organisations will be one of the largest employers within a local community and can be a key engine in supporting skill development and employment opportunities (NHS Employers 2014).

Some NHS organisations have extensive work experience developments, with some of these linked to particular initiatives. For example, in a recent call for best practice in relation to widening participation developments, several NHS organisations reported that they provided scheduled work experience opportunities as part of pre-employment programmes, or programmes to support work experience for those participants with disabilities, while others cited work experience opportunities for disadvantaged participants as part of promoting aspiration for local access to medical training programmes. Other healthcare organisations have committed to providing work experience opportunities as part of their interaction with young people such as Shropshire Community Health NHS Trust and Wirral Community Healthcare Trust.

Recognising that many NHS and other healthcare organisations support work experience opportunities, the NHS Careers Service has developed and published a best practice toolkit on work experience, setting out useful guidelines to inform the design, delivery and evaluation of work experience opportunities. Similarly, NHS Employers have also established guidelines for supporting work experience, recognising that NHS organisations have an important role in raising young’s awareness people of the careers available within the NHS.

However, getting access to work experience opportunities has been judged ‘a lottery’ with the concern that opportunities are most likely to be taken by those with wider social networks and links. This gives rise to potential

4 North Bristol Hospital NHS Trust, Pennine Acute Hospitals NHS Trust, Salford Royal Hospitals NHS Foundation Trust
5 Plymouth Hospitals NHS Trust, Gloucester Hospitals NHS Trust
6 South Tees Hospitals NHS Trust, Lancashire Hospitals NHS Foundation Trust, Liverpool Heart and Chest Hospital Foundation Trust
8 NHS Employers (20104) Work Experience Available at www.nhsemployers.org/your-workforce
disadvantage for those who might not have access to such networks, or the confidence or motivation to make an application for work experience opportunities. Furthermore, it can be difficult for participants to discover where, when and how to make applications to organisations for work experience opportunities.

Given the importance of work experience as an enabler for engaging a wide range of participants from diverse backgrounds, and so increasing the diversity of the potential workforce, there is a call for more transparent approaches to supporting work experience and for employers to review their practice.

In some sectors, this has resulted in formal work experience initiatives being established to target disadvantaged and underrepresented groups and widen the diversity of potential applicants. For example, the legal sector has established its Prime Commitment, which seeks the commitment of legal firms in collaborating to offer at least 2500 work experience opportunities for underrepresented groups. The Prime Commitment sets out targeting criteria and principles that employers in the legal sector should commit to in enabling work experience opportunities and the indications are that a significant number of legal organisations are supporting the Prime Commitment.

Similarly, there are a range of organisations that seek to provide structured work experience opportunities, engaging with employers to provide opportunities as a means of raising aspiration for participants from a wide range of diverse backgrounds in a range of education sectors.\(^{10,11}\) This suggests that the articulation of an employer commitment and the provision of structured work experience scheme could focus and increase activity in engaging underrepresented groups, Consequently, the development of a formal supported work experience commitment merits wider application to other sectors.

Health Education England has been asked as part of its mandate to develop a widening participation strategy,\(^{12}\) with the aim of increasing interest and

\(^{10}\) [www.socialmobility.org.uk](http://www.socialmobility.org.uk)

\(^{11}\) [www.suttontrust.com](http://www.suttontrust.com)

\(^{12}\) Department of Health. (2014). *Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values*, London: Department of Health.
participation in healthcare careers and access to healthcare professions by underrepresented groups. Recognising the important link with providing work experience opportunities and supporting widening participation developments, it was considered that a survey exploring the current capacity and experience of NHS organisations in supporting work experience opportunities was essential to inform the widening participation strategy.

3. Aims of the work experience capacity and capability Survey

The work experience survey was undertaken to:

- gain an understanding of current approaches used by NHS organisations to support work experience opportunities
- gain a sense of the current capacity, and barriers faced by healthcare organisations in supporting work experience developments
- identify any developments that might be proposed as part of a widening participation strategy to support and encourage wider adoption.

4. Methodology

An electronic survey with qualitative and quantitative questions was developed to collect key data, such as the number of work experience requests received by an organisation, how they supported and structured work experience opportunities, and benefits and barriers seen in supporting such developments.

Invitations to participate were sent directly to NHS organisations via their local education and training boards (LETBs). Survey information and a call for best practice related to any widening participation developments that organisations might be supporting was sent at the same time to maximise interest. The survey was open for six weeks. During the period before the survey was open, further reminder communications were issued to encourage the best response.
4.1 Data analysis

Following closure of the survey, a data cleansing exercise was undertaken to remove any duplicate entries, entries lacking organisation information or partially completed responses.

Analysis using descriptive techniques was undertaken for the quantitative questions, while open question responses were analysed using thematic qualitative approaches.

5. Findings

5.1 Profile of responses

Following data cleansing, 116 responses were deemed sufficiently complete to use. The completed survey responses were from a wide range of organisations, predominately acute hospital trusts. Based on the number of NHS organisations in England, this gave a response rate of 45%.

Each LETB region had at least one responding organisation. Chart 1 highlights the geographical spread of organisation by LETB, with the South West region providing most responses at 22%.
5.2 Formal work experience provision

Most organisations responding indicated that they supported a ‘formal’ work experience programme (79%) with the remaining organisations (21%) indicating that no formal work experience programme existed. However, 95% of those organisations indicating that they did not have a formal work experience programme did indicate they supported work experience informally. On this basis, 99% of organisations responding to the survey supported work experience activities in some way.

5.3 Source and pattern of work experience requests

The majority of organisations recorded the number of work experience requests they received each year (73%). The number of requests ranged from 0-9 to greater than 500 per year, with some reporting over 800 requests. The most common number of requests received (25%) was between 100-250 per year (Chart 2).
Chart 2: Number of individual work experience requests received by programme

Just over 23% of organisations responding were unable to indicate the number of work experience requests they received; notably these were predominantly from organisations with informal mechanisms for supporting work experience.

Requests for work experience came from five main routes. The majority of organisations (88%) reported requests being made by individual applicants, with requests coordinated through schools and colleges being the next highest. Requests for work experience support were made by a range of ‘other’ organisations which included Job Centre Plus, the Princes Trust, Welfare to Work Schemes and voluntary organisations.

Table 1: The number of organisations receiving work experience requests by source type

<table>
<thead>
<tr>
<th>Source of Request</th>
<th>% of Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual work experience applicants</td>
<td>88%</td>
</tr>
<tr>
<td>Schools/colleges directly</td>
<td>78%</td>
</tr>
<tr>
<td>Internal staff</td>
<td>68%</td>
</tr>
<tr>
<td>Local education-business link organisations</td>
<td>39%</td>
</tr>
<tr>
<td>Other education linked agencies</td>
<td>35%</td>
</tr>
<tr>
<td>Other</td>
<td>22%</td>
</tr>
</tbody>
</table>
The majority of organisations (69%) received work experience requests from three or more sources.

5.4 Prioritisation of work experience requests

The majority of organisations did not prioritise work experience requests from either source or locality. Only 42% of organisations indicated that they prioritised requests from local education providers. Local community organisations fared worse with only 28% of organisations reporting that they would prioritise applicants from these organisations. In considering whether organisations used their work experience offer to engage specific groups supporting work placement programmes, 46% indicated that they would support work experience requests for young people who were not in education, employment or training (NEETs), with a similar number indicating that they would support requests from those with disabilities or learning difficulties. Other identified target groups were the long-term unemployed, looked-after young people, and those from underrepresented ethnic backgrounds.

Comments related to the number of requests seen and related management followed a common theme, that the number of requests received exceeded capacity to support:

“*We normally receive requests for double the amount we can support. Due to capacity we cannot support all of them.*” (Organisation 40)

and

“*The number of requests processed are far in excess of those that become a placement that is supported.*” (Organisation 21)

In some organisations, work experience requests for school-aged children, and those from applicants up to the age of 18, were managed differently. Some organisations included these requests in their numbers while others did not:

“*On average we receive over 250 work experience requests a month from all ages and across all health care disciplines.*” (Organisation 37)
“The Trust also receives requests for work experience from schools which is not included in these numbers.” (Organisation 60)

5.5 Coordination of work experience programmes

Responsibility for the coordination and management of work experience programmes differed across respondents. Coordination by the organisation’s Learning and Development directorate was higher (44%), with 20% of organisations indicating that Human Resource departments took overall management. However, for 33% of organisations there could be combined arrangements across several departments, while in 3% of organisations coordination was managed by those with responsibility for volunteering services. Just 19% of organisations reported that they had a dedicated work experience coordinator.

5.6 Type of work experience opportunities supported

Respondents indicated that they supported a wide variety of work experience opportunities. Table 2 below shows the different types of work experience offered. The most common types of opportunities provided were one week work placements (76%) and work shadowing (61%).
Table 2: Type of work experience opportunities provided by organisations

<table>
<thead>
<tr>
<th>Type of Work Experience</th>
<th>% of Organisations Supporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>One week placements</td>
<td>76%</td>
</tr>
<tr>
<td>Work shadowing</td>
<td>61%</td>
</tr>
<tr>
<td>Open day</td>
<td>53%</td>
</tr>
<tr>
<td>Two week work experience placements</td>
<td>47%</td>
</tr>
<tr>
<td>More than two weeks</td>
<td>26%</td>
</tr>
<tr>
<td>Other</td>
<td>26%</td>
</tr>
<tr>
<td>Internships</td>
<td>25%</td>
</tr>
</tbody>
</table>

5.7 Work areas used for providing work experience

Work experience opportunities were more frequently offered in business administration and clinical areas. Table 3 presents the number of organisations of supporting work experience in the work areas identified.

Table 3: Type of work areas used by Organisations for providing work experience opportunities

<table>
<thead>
<tr>
<th>Work Areas that Support Work Experience</th>
<th>% of Organisations Supporting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business Administration</td>
<td>85%</td>
</tr>
<tr>
<td>(Back office admin functions, IT, Purchasing and Supplies)</td>
<td></td>
</tr>
<tr>
<td>Clinical Areas</td>
<td>76%</td>
</tr>
<tr>
<td>(Wards, Investigation Suites, Outpatients, Laboratories)</td>
<td></td>
</tr>
<tr>
<td>Catering</td>
<td>32%</td>
</tr>
<tr>
<td>(Kitchens, Restaurant, Cafes, Shop)</td>
<td></td>
</tr>
<tr>
<td>Estates</td>
<td>43%</td>
</tr>
<tr>
<td>(Building and Maintenance Services, Transport, Gardening)</td>
<td></td>
</tr>
<tr>
<td>Support Services</td>
<td>54%</td>
</tr>
<tr>
<td>(Hotel and Domestic, Patient Services, Portering, Medical Engineering, Security, Stores and Distribution)</td>
<td></td>
</tr>
</tbody>
</table>

Many organisations attempted to support work experience in all areas but this depended on capacity and support of local managers and staff as indicated in the following:
“All areas of the organisation based on the request and availability of the persons within the requested department.” (Organisation 94)

and

“Work experience currently depends on the availability of the supervising manager to accept or decline requests.” (Organisation 115)

With regard to clinical activity, all organisations stipulated this would be in the context of observation and shadowing only:

“Students can observe suitable clinical activities if the patient gives consent but the students do not take part in hands on care.” (Organisation 42)

and

“Our clinical work is included but they have no actual direct patient care (hands on) but do observe if patient gives consent and they are already linked to a health programme e.g. college.” (Organisation 113)

The only patient contact was patient feeding. Two organisations stated that they provided medical and dental training sessions.

Human Resources and Learning and Development were the other department functions involved in providing work experience.

Most organisations reported that volunteering opportunities were supported in the same work areas (78%). Volunteering was seen in a slightly different context, as volunteers appeared to fulfil a specific role and were involved with the trust for a longer period as reflected in this comment:

“Volunteering is not managed through Education and Development Services it is a very specific department and volunteers have different rules applied e.g. they have formal Trust Induction, DBS as they are not supervised, and are usually taken on for longer term volunteering (minimum 3 months).” (Organisation 21)
5.8 Policy and procedures for supporting work experience

Organisations were asked to indicate the policy and procedures used to manage work experience. Drawing upon the best practice guidelines suggested in the NHS Work Experience Toolkit, organisations were asked to indicate if they were using the guidance offered. A small majority of organisations (54%) were aware and using some of the guidelines suggested. The majority of organisations (72%) indicated that they had the policy and procedures in place to manage overall work experience.

Eligibility criteria, identity checks and honorary contracts were more frequently used than not. Table 4 identifies the frequency of formal policy and procedures used in managing work experience.

Table 4: Frequency of policy and procedures used by organisations in managing their work experience programme

<table>
<thead>
<tr>
<th>Trust Policy and Procedures Utilised</th>
<th>Yes</th>
<th>No</th>
<th>Not Answered</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge of and/or use of NHS Careers’ ‘Enabling Work Experience in the UK Toolkit’</td>
<td>53%</td>
<td>28%</td>
<td>18%</td>
</tr>
<tr>
<td>Work experience policy exists</td>
<td>72%</td>
<td>14%</td>
<td>14%</td>
</tr>
<tr>
<td>Interview applicants for work experience</td>
<td>30%</td>
<td>57%</td>
<td>13%</td>
</tr>
<tr>
<td>Specific eligibility criteria for work experience</td>
<td>63%</td>
<td>22%</td>
<td>15%</td>
</tr>
<tr>
<td>Specific identity checks for work experience</td>
<td>58%</td>
<td>27%</td>
<td>15%</td>
</tr>
<tr>
<td>Issue honorary contracts for work experience</td>
<td>51%</td>
<td>34%</td>
<td>16%</td>
</tr>
</tbody>
</table>
5.9 Expected impact and outcomes for supporting work experience programmes

When asked why they supported work experience programmes, 83% of organisations indicated that it was a useful source of potential workforce supply. Other key reasons were widening participation and meeting corporate responsibilities.

Table 5: Expected impact and outcomes for organisations in supporting work experience developments

<table>
<thead>
<tr>
<th>Work Experience Impact and Outcome</th>
<th>% of Organisations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Meeting social corporate responsibilities</td>
<td>79%</td>
</tr>
<tr>
<td>Supporting widening access and participation</td>
<td>81%</td>
</tr>
<tr>
<td>Providing a pipeline for sourcing future workforce supply</td>
<td>83%</td>
</tr>
<tr>
<td>Promoting organisational reputation</td>
<td>78%</td>
</tr>
</tbody>
</table>

The additional comments provided further insight into the motivations and expected outcomes for supporting work experience. The importance of work experience in supporting applicants’ decision making for their future career was a common theme:

“Supporting students & older persons in making the decision about what they want to do & what is an appropriate choice for them in the field of health care. Often a work experience requester comes with a particular idea as to his/her intended future health care professional career but upon realising this isn't going to be for him/her, heshe has dialogue with someone who can suggest alternative options & the person feels still in a win: win situation.” (Organisation 34)

Work experience was also seen as increasing confidence and self-esteem of candidates:

“Raising the confidence and self-esteem of candidates accessing the varied programmes as well as increasing knowledge and skills.” (Organisation 46)
It was also seen as a way to support the local community as well as enhancing the organisation’s own staff well-being and training/mentoring skills.

### 5.10 Barriers for work experience capacity and capability

While the findings indicate that organisations are supporting work experience at scale and range, several barriers were also identified which is affecting their ability to support.

Organisations were asked to rank a range of potential barriers by frequency, according to how it affected their ability to support work experience or to expand their current provision (most frequent: 1, least frequent: 7).

#### Table 6: Barriers to supporting Work Experience Capacity

<table>
<thead>
<tr>
<th>Barrier</th>
<th>Ranking</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lack of placement capacity</td>
<td>1</td>
</tr>
<tr>
<td>Lack of coordination support to manage requests/programmes</td>
<td>2</td>
</tr>
<tr>
<td>Risk management issues (Health &amp; Safety, Security)</td>
<td>3</td>
</tr>
<tr>
<td>Patient confidentiality</td>
<td>4</td>
</tr>
<tr>
<td>Insurance liability</td>
<td>5</td>
</tr>
<tr>
<td>Lack of support for learners</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
</tr>
</tbody>
</table>

Capacity issues and lack of coordination were highlighted by many organisations, and the following comment reflected a common perspective:

> “Only issue we really face is about over subscription for the number of places we have available / are able to offer due to being a small Trust with many students wanting the same type of ‘experience’.“ *(Organisation 64)*

The issues around lack of coordination support were summarised by:

> “The main issue we have is we do not have the staff to manage this effectively as it is extremely resource intensive. We do not have a dedicated person to manage work experience and staff have their other duties to perform around core training for our existing staff which comes first.” *(Organisation 10)*
“Lack of knowledge in organisation re process and no identified main contact/identified process a work experience policy is in development but unsure if operational and not articulated to staff. Requests in past have come to me as I have previously advised on work experience. Adhoc approach.” (Organisation 26)

Staff reluctance and lack of senior management support was cited by some as a barrier:

“There is still the view by some long serving staff that under 18’s are not ‘allowed’ in clinical areas, and the reason they cite this is H&S ‘rules’ - mainly manual handling. We have found the NHS Employers ‘Myths’ document very useful to challenge these longstanding and outdated opinions.” (Organisation 67)

and

“Lack of buy in from senior management, lack of understanding from staff, lack of things the candidate can do...” (Organisation 20)

Some organisation noted that responding and managing the expectations of applicants, their parents or schools/colleges could be a challenge:

“Students, parents and staff who try to ‘skirt’ the system, or get angry; who because they know someone who knows someone they feel they are more privileged, or because they are a high achieving student (the most achieving) that they have a right over others and those for whom a placement in one area is not sufficient they want to go in many areas and try different things irrespective of the fact that that impacts on their peers’ ability to secure a placement. Sometime parents and relatives push students to apply for placements and when they are in the departments they are not interested and this makes those departments less willing to take students in the future. Interviewing all students would be extremely difficult and time consuming - often when there are queries we discuss with school representatives or speak to the individual themselves.” (Organisation 21)
5.11 Developments to support capacity and capability

Organisations were asked to indicate their level of agreement with potential developments that might enhance work experience capacity and capability. Suggestions for ways to support an organisation’s work experience programme were proposed from best practice or developments already evident in some regions. Table 7 summarises the level of agreement seen for the suggested developments.

Table 7: Level of agreement by organisation for identified work experience development

<table>
<thead>
<tr>
<th>Suggested Development</th>
<th>Very Helpful</th>
<th>Helpful</th>
<th>Not helpful at all</th>
<th>Unhelpful</th>
</tr>
</thead>
<tbody>
<tr>
<td>A range of generic resources about the health sector which organisations can give out to support learners undertaking Work Experience</td>
<td>59%</td>
<td>37%</td>
<td>2%</td>
<td>2%</td>
</tr>
<tr>
<td>A managed service, through local partnership arrangements, to coordinate and match Work Experience requests</td>
<td>32%</td>
<td>36%</td>
<td>9%</td>
<td>23%</td>
</tr>
<tr>
<td>A managed service, through local partnership arrangements, to coordinate and match Work Experience requests, interview and select applicants and evaluate work experience activity</td>
<td>28%</td>
<td>38%</td>
<td>12%</td>
<td>22%</td>
</tr>
</tbody>
</table>

A range of resources was perceived as the most helpful support to organisations, with 96% of organisations classifying it as helpful or very helpful. Whilst 67% of organisations stated that a managed service would be helpful, a reasonable minority indicated that it would not be helpful.
6. Implications

Although the response to the survey had some limitations, as not all eligible NHS organisations responded and responses varied by region, the overall response does indicate that there is some significant commitment by organisations in supporting work experience opportunities. The motivation for supporting such developments are based on a clear commitment for widening participation and meeting corporate social responsibility, but also with a view that through work experience (and indeed volunteering) those organisations have a potential source of future workforce supply.

The findings indicate that in some organisations there is a well-structured approach to managing work experience demand and programmes, and organisations are able to support a range of work experience formats in a diverse range of work areas.

The survey findings do show that work experience is a demand-led/response development, and that the opportunity for strategic engagement with the local or wider community is not fully developed. The most frequent source for work experience opportunities remains through individual requests. It remains likely that these requests are mainly from individuals with some insights and plans for informing their future development, which is to be applauded, but such clarity or motivation may not be there for all. There is further potential for prioritisation of work experience, with more explicit collaboration with referrers to target particular underrepresented groups.

As part of the effort to increase participation in progress to higher education; outreach work, which often contains insights into work-related environments, has been identified as a particularly important development.\(^{13}\) Given that much of the development of the healthcare workforce is supported through higher education, there is more opportunity for partnership working between local healthcare organisations and further and higher education institutions to

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synchronise activity. In doing so, there may be opportunities to raise awareness, and deeper aspirations about promoting interest in healthcare careers. This would allow participants to develop relationships and commitment to pursue any education and career aspirations within their local education institutions and potential future employing organisations.

It is clear that many organisations have already developed an approach to supporting work experience. However, it is also noted that overall coordination can vary, often there is no dedicated source of support, and that some of the best practice elements suggested for enabling safe, effective and enjoyable work experience opportunities could be enhanced.

Given the lack of dedicated support in organisations, perhaps local geographical/regional models of coordination could be helpful. However, it is clear that if such models are to be effective there is a trade-off between local ownership coordination, scale and the efficiency to be gained. An organisation sub-regional model of support offers efficiencies through presenting a simple point of contact, enabling visibility for potential applicants and referrers.

While the NHS Careers Work Experience toolkit has a good level of recognition and use by some organisations, there are opportunities to promote this further. Given the experience and practice of some organisations there would be potential to update the work experience toolkit to reflect the experience gained. The support of NHS Employers in facilitating this would be welcomed.

7. **Recommendations**

Based upon the findings and implications of this survey, the following actions are recommended.

- establish a common commitment for organisations to support work experience opportunities both to affirm the contribution they can make in supporting local community development and to maximise the effective use of work experience capacity and capability. A proposed statement for how the NHS might demonstrate this capacity is captured in the Practice Commitment (Appendix 1), which will be promoted
through the dissemination of the Widening Participation Strategy. This commitment provides a structured way for organisations to demonstrate commitment and target support, particularly if there is limited capacity, whilst also linking development with local engagement and the importance of evaluating impact.

- Health Education England to consider how, through its LETB structures, it can support organisations to increase their work experience capability and capacity. This should include exploring whether more sub-regional models of support could be useful in enhancing local capacity.

- promote best practice in the use of work experience. This should include updating and increasing further awareness of the NHS Work Experience Toolkit, and specifically addressing some of the perceived barriers to expansion.

- explore how work experience activity could be supported through other modes of delivery such as the use of simulated experiences.

- healthcare employers to participate in outreach activities to indicate work experience opportunities available, promote transparency and help support inclusive approaches in encouraging and supporting applications.

8. Conclusion

The findings of this survey have demonstrated that healthcare organisations are committed to supporting work experience programmes, and for some organisations this represents a significant aspect of their engagement plans and workforce development. The motivation for organisations supporting work experience is clear and links with a significant commitment to widening participation.

There are however further opportunities to enhance work experience capacity and capability, to enable organisations to meet the demand that they face and wish to support. Specifically, more collaboration in working with other local partners to maximise effectiveness and support integration of work experience developments could be helpful in achieving greater scale and impact of work.
experience programmes. This should have further benefits for organisations and also support the health sector to maximise its ability to attract and support underrepresented individuals to enjoy the challenge, excitement and benefits of a career in the health sector.
Appendix 1

Supporting work experience in the NHS and healthcare sector

The Practise Commitment (Proposed)

Introduction

Undertaking work experience can be a vital step for helping young people and others to guide and decide their career choices. Effective work experience can help raise awareness and ambition, offer direct exposure and insights into the reality of work, help mitigate against role stereotyping, and support the development of key employment skills. Frequently, it is an important element for those seeking to apply for an education and training programme leading to registration as a healthcare professional such as a healthcare scientist, nurse, doctor or allied health professional. It can be a helpful way to support people seeking to return to practice or back into work, and it can also introduce awareness of other, non-clinical roles and entry level jobs available within the NHS, and potential career progression opportunities.

The NHS needs to make sure that work experience opportunities are available to a wide range of people in order to ensure we are able to recruit a talented and diverse workforce.

Many NHS organisations are committed to supporting work experience, with the aims of:

- helping applicants, from all backgrounds, who are particularly interested in undertaking education and training for a potential career in the healthcare sector, to gain valuable insights into different careers
- providing an opportunity for young people and others to be exposed to and gain some key work skills
- raising awareness of job and progression opportunities
- supporting those who may be interested in a career change/returning to work

The NHS receives a lot of requests for supporting work experience opportunities, and is committed to providing them but it is recognised that it can be difficult for potential applicants to discover how, when and who to contact to access potential work experience opportunities. This can be even more difficult for those from less advantaged backgrounds.

The Practise commitment

The Practice Commitment is therefore a commitment by NHS and other healthcare organisations to offer and allocate work experience in an open and fair way. It is also about recognising that individuals from some backgrounds may need support to help
them feel confident, able to apply and to take advantage of work experience opportunities. To enable this, the Practice Commitment is an agreement to target and prioritise work experience applications for from following:

**Young people**

- Young people making an application to undertake a healthcare education such as medicine, nursing, healthcare science or the allied health professions, from the following background:
  - have been eligible for free school meals and/or pupil premium;
  - are the first generation of their family to apply to university, having attended a school where at least 30% of pupils were eligible for free school meals; and
  - young people not in education, training or employment (NEETs)

With the aim of preparing organisations supporting the Practice Commitment to work with a range of organisations that have a particular interest and expertise in:

- identifying and engaging young people from the backgrounds identified above to ensure they are aware of potential work experience opportunities.
- helping ensure that any selection for work experience is open and fair.

**Returning to practice**

Applicants who are employed but are considering a career change moving into health, or applicants who have previously trained as a healthcare professional and are looking to update their knowledge and skills and regain employment within the NHS or wider health sector.

**Returning to work**

Applicants interested in working in health and who are seeking to return back to work following:

- an extended period of unemployment due to incapacity and ill health
or

- carer responsibilities which have prevented them from pursuing work opportunities
The Commitment

The Commitment is seeking organisations to do the following under this initiative:

- prioritise work experience requests for the groups identified above

- inform participants about the range of careers and the routes into these careers available in the healthcare sector.

- prior to any work experience opportunity, to supply information about what applicants can expect and, where appropriate, provide pre work experience activities to help the applicant make best use of their opportunity.

- to provide a structured work experience opportunity that will support the development of key personal, work and team skills.

- to help provide an understanding of the values and behaviours that are required for entry into the healthcare professions and successful working in the NHS and wider health sector.

- try to maintain relationships with participants successfully completing work experience opportunities and help them progress their applications for training as a health professional, or employment opportunities in the NHS and wider health sector.

- work collaboratively with local education providers and others who provide outreach or similar programmes to prepare applicants for entry into healthcare training to maximise the reach and success of programmes

- to explore how applicants from less advantaged backgrounds can, as a minimum, be supported with reasonable travel expenses and refreshments to enable them to undertake their work experience opportunity.

Impact

As part of their commitment, the organisation agrees to monitor and evaluate the impact of this commitment, and share information with key stakeholders with a role in promoting the conditions for widening access and participation.

The Practice Commitment seeks to add value to the process for supporting work experience requests. It is not seeking to replace arrangements or initiatives that are already working well.
Acknowledgements

This Practise commitment has been informed by:

The Prime Commitment developed by the Legal Profession and the Sutton Trust, which was designed to increase access to careers in the legal profession by underrepresented groups.

The Medical Schools Council who, as part of the Selecting for Excellence Project, have commenced development work to promote fairer access to work begun opportunities for those seeking entry to medical training, particularly for underrepresented groups.

The many NHS organisations and other health organisations who have demonstrated, through their experience, a commitment in providing planned and structured work experience for people from their local and wider communities, as part of their Corporate Social Responsibility role.