The future of healthcare work experience

Discovery Report

This report was commissioned by the Widening Access and Participation team at Health Education England.

Health Education England seek out, invest in and quality assure the best education and training for trainees, new roles, and current professionals; using new evidence-based science, digital technology, skills, and knowledge to enhance individuals and multi-professional teams. They cooperate and collaborate with partners across health and education, respecting each other's role, expertise, and responsibilities. They bring workforce data, intelligence, and analysis, policy proposals, practical transformation and development tools and resources, both financial and people, to shared issues.

With a focus on diversity, inclusion and widening access and participation from disadvantaged or underrepresented groups, Talent for Care support employers with their workforce supply through programmes such as schools engagement, volunteering, work experience, pre-employment activity, apprenticeships and access to Higher Education and the registered professions.

Report written by M L McAvoy for HEE, March 2021. Property of HEE.

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Contents

Preparation for work definitions

The following preparation for work terms are currently used within Talent for Care at HEE for reporting activity and sharing data. However, as a result of this discovery, it is recommended that these are amended (see below and).

Term	Definition
Preparation for work	The umbrella HEE term including employability and pre-employment programmes, work experience and work-related learning. The Department for Education refer to all of this as 'work-related activity'.
Employability / Pre-employment programmes	Specific industry driven schemes that include an element of training and work experience, for people to develop essential skills and possibly qualifications, that lead to increased opportunities of employment or apprenticeships in entry-level roles.
Work experience (WEX)	Takes place in the workplace and allows people to experience what it's like to undertake a job supervised by staff who already work in the environment. Work experience can last half a day through to programmes over one or two weeks. They are often referred to as 'placements'. Some offer hands-on experience, while some provide insights, observation, and work shadowing.

	Current HEE definition	**Recommended change**
Work-related learning (WRL)	Developing exposure and insight into roles that provide a deeper understanding of the skills and knowledge required of the workplace. This could include careers/skills events that are hosted by the employer, open days and tours.	Can be online or in-person. Provides a deeper understanding of the skills and knowledge required in the workplace through curated content, with clear learning outcomes. Can include skills events, simulation, demonstrations, scenarios, and Technology Enhanced Learning methods.
Careers information, advice and guidance (IAG)	Information advice and guidance (Not a term previously used to capture / report activity in Talent for Care).	Can be online or in-person. Aims to inform and inspire. Information presented may include: an overview of the NHS, job opportunities, the skills required, qualifications or training routes and application processes. Examples: webpages, day in the life videos, careers fairs, open days, lectures, employer talks, competitions, and webinars. Traditionally this activity is undertaken by NHS Health Careers.

1.0 Background

What began as a somewhat 'typical' discovery report, intended only to be shared internally; has evolved into a broader review of NHS healthcare work experience. It is hoped that it will be valuable to all stakeholders involved in or impacted by this work.

It has been 16 years since the NHS jobs platform and service launched. NHS organisations and wider employers can locally administer their recruitment, on one nationally available site. In contrast, work experience continues to be coordinated, for the most part, via paper application forms, which are administratively burdensome and open to bias. The public see the NHS as a single organisation[1] but work experience provision is inconsistent. Covid-19 has led to the cancellation of work experience placements in healthcare across the country, but prior to the pandemic demand far outstripped supply. The predominant user group are school and college pupils, but eight other user groups (chapter 4) have been identified. This report has been produced with recommended actions to pursue ahead of work experience resuming. A two-page summary has also been produced.

Crucially, increasing and improving provision could positively impact the NHS workforce pipeline, yet it is absent from the NHS Long Term Plan[1] and Interim People Plan[2]and there is no national strategy or body providing direction.

While the NHS workforce is suffering shortages in key areas, undeveloped talent and interest is wasted through lack of opportunity. Equality, diversity and inclusion are core values for the NHS, but it remains an ongoing challenge to ensure that equality and diversity are actively integrated and managed as a key aspect of organisational and workforce development[3], this includes within the provision of work experience.

> A future NHS workforce which is representative of communities served, at all levels, drawing upon broad instincts, interpretations, and perspectives is essential for the effective commissioning of healthcare services.

The future workforce

- The NHS must use its role as an anchor institution to create employment opportunities in local communities for school leavers, those with disabilities and those looking to switch career. If we are to address the pressures of workload and deliver the care patients need, we cannot delay in identifying what we need to do to grow our workforce.[2]

- Workforce growth has not kept up with need.[1]

- We can seize the opportunity of renewed interest in NHS careers to recruit directly into entry level clinical roles, apprenticeships and nonclinical roles, refreshing our talent pipelines.[2]

- The NHS is best placed to proactively offer a 'bureau' service to operate a work experience programme that is easy to access, and responsive to the needs of local schools.[4]

- Workforce shortages vary by region. In 2017 nurse vacancy rates in the North East were 8% but 15% in London. At that time, the West Midland Ambulance Service had no paramedic vacancies, whilst elsewhere almost one third of paramedic posts were vacant.[5]

An additional challenge is that work experience competes with the resources required for compulsory placements within T Levels and Higher Education along with cadets, volunteering, internships, apprenticeships, traineeships and pre-employment programmes. While these require support and prioritisation, work experience remains highly desirable, not because it is compulsory but because individuals, seeking a career, want to feel confident when committing to a profession. Discovery is about solving the right problems. The challenges of providing work experience are outlined in chapter three, but the context presented, is much wider. Through seeking expert opinion from across the sector, a bird's eye view of the work experience landscape has been produced.

1.1 The shift online – terminology matters

Throughout this discovery, stakeholders have shared the difficulties faced because the term 'work experience' is used very broadly. This can lead to creating unrealistic expectations and undermining its potential impact.

Throughout the pandemic, the development of digital resources and online experiences has accelerated, including e-learning platforms, virtual reality (VR) content and sessions delivered via virtual meeting software (these are all Technology Enhanced Learning methods see chapter eight). Undertaking a review of what is available (chapter six) has highlighted the wide-ranging activities and content which are being promoted as 'virtual work experience'.

Using the term 'work experience' to describe Technology Enhanced Learning (TEL) may not be an issue in other sectors, but what is shown, felt and learnt within health care work experience, outlined on page 19, is unique. This is supported by the findings of a comparative survey presented in chapter seven.

With such varied online experiences available, there is a risk that employers and staff in Higher Education will not be able to determine their value and that over time 'virtual work experiences' will be relegated to 'lesser than' in-person. By referring to online experiences as providing something different, the opportunities of technology can be embraced and not diminished.

The term 'work-related learning'

Work-related learning is a term HEE have used for many years. One recommended action from this discovery is a change to its definition (see page 4). Whilst this is an administrative change for data returns it does also align with wider external definitions and allows for clearer objectives i.e., by separating 'careers information and guidance' activity.

The term work-related learning could continue to include skills-based activity i.e., simulation and scenario-based group learning (page 49) and can also include all online experiences.

This approach aligns with other organisations who have avoided the ambiguity of the term 'work experience'. The Gatsby Foundation focus on 'encounters with employers and experiences in the workplace' within their careers framework, and the Medical Schools Council use the term 'relevant experiences' to encourage applicants to consider the broader opportunities available[39].

Users themselves do not necessarily need to be introduced to the term work-related learning, however with a little collective effort, vocabulary can shift quickly and filter into daily life. Ensuring that online activity is not promoted as 'work experience' can allow greater clarity of expectations. Titles of activity can be more explicit: 'Patient Journey' 'Virtual Dentistry Simulation Week' and 'Live Streamed Surgery'. Encouraging external organisations to avoid the term 'work experience' for online health care experiences may not be easy, but HEE and others can set a precedent.

1.2 Goals of this discovery

In September 2020, HEE commissioned a six-month discovery phase to consider and explore:

- Is there a need for a National Work Experience Management Platform which will allow NHS organisations to coordinate, advertise, and administer work experience placements?

- What functionality and features would such a platform require? What are the needs of applicants?

- What are the opportunities and risks?

- Which wider stakeholders would be required to 'buy-in' to the platform for it to be developed/procured and provided long-term?

- What online alternatives to work experience currently exist?

- Who have they been created for (which users)? Which speciality do they cover? What features do they have?

- What evidence has been collected about their impact?

- What does educational research tell us about learning online?

"It is so nice to see work experience being given the attention it deserves and recognised as an integral employment pathway. Looking forward to being part of a collaborative approach."

NHS Staff Member.

⟩ Option

C1 Separate 'careers information and guidance' activity from the definition of 'work-related learning' in HEE data returns.

1.3 Priorities

Three core themes have emerged which are proposed as priority areas for future developments within work experience and underpin all of the options formulated.

1. Applicant friendly

Finding and applying for work experience in healthcare can be arduous, confusing and an unclear process. Future developments need to be user-led to ensure their needs are met. Online work-related learning must not repeat the inequitable access faced when obtaining work experience.

2. Evidence and evaluation

The development or procurement of a National Work Experience Management Platform, could embed name-blind recruitment and lottery selection processes, utilising evidence based practice. Similarly, the creation of online work-related learning should be grounded in educational theory and cost-effectiveness. Claims of success should be based on analysis of rich impact data and assessment of desired learning outcomes. There is a lot to be learnt, and there is a need to establish trust in which resources are of quality. Evaluation data must be shared not just with participants but also employers, clinicians, interview panellists, parents, teachers and Higher Education institutions to develop the reputation of online work-related learning and create realistic expectations.

3. Silo working

A National Work Experience Management Platform would be a national solution to be used to support local and national challenges with regards to consistency and capacity. It would provide a service to support local staff who tirelessly coordinate work experience.

Online alternatives to work experience, have evolved at such a pace, it has been somewhat overwhelming. The volume of online third-party providers offering services in this area, has accelerated. Sharing best practice and coordinating efforts can be difficult and as a result there can be an unwillingness to do so. However, legitimate concerns relating to local needs and recognition also prevent collaboration. It is important that future developments fill the gaps and do not create further repetition. The beauty of the web is that national resources can be created which can be shared widely.

> *"It is a huge area for individual NHS organisations to grasp and we welcome a national approach given all the advances in technology."*
> **NHS Staff Member.**

1.4 How evidence was gathered for this report

This discovery sought evidence and expert opinion from a broad range of sources:

- Five virtual workshops delivered with 49 staff from NHS organisations across England.

- A desk-based literature review of available research.

- Search alerts on academic online libraries, monitored by a HEE Knowledge Specialist.

- One-to-one meetings with various stakeholders including third-party organisations and NHS arms-length bodies.

- A survey conducted with 438 aspiring medical students comparing their views of in-person and online experiences.

- Google searches conducted to populate a review of available online alternatives to work experience (appendix C).

- Case studies and user stories developed through liaising with representatives from charities and social enterprises.

- Time spent with an evaluation expert to understand and draft a set of aims and objectives for work experience.

1.5 Who is this report for and how will it be shared?

It is hoped that this report will be shared with directors and senior management in all major arms-length NHS organisations and local leaders in NHS trusts nationwide, along with members of the National Work Experience Network which is made up of NHS staff across England who are involved in the administration of work experience. It may also be shared with contacts in appropriate third-party organisations.

While the greater part of this document focuses on the NHS workforce, it is important to recognise that health and social care face many of the same demographic challenges and pressures[5]. As such, there is a desire for social care to be included in future developments and to share evidence and best practice. Subsequently, it is also hoped that this report will be shared with Care England and Skills for Care.

> **▶▶ Further options**
>
> **H -** Undertake a further 'sprint' of discovery to link in social care with this work.

2.0 Insights and options

The below insights have been identified, each relating to the three priority areas outlined on page eight.

2.1 Insights

A National Work Experience Management Platform

Applicant friendly | Evidence and Evaluation | Silo working

In 2018-19 there were 15,995 recorded work experience healthcare placements in England[6]. This number is admittedly not robust. Demand continually outstrips supply. There are nine identified user groups for work experience. Paper application forms are the predominant method for administering work experience (see page 46). Increasing capacity with current staffing and processes is not possible.

Applicants require a clear understanding of the selection criteria used, the deadline to apply, when they will receive an outcome and what placements include.

One centralised end-to-end digital service can provide a fair, equitable, transparent and consistent approach – better serving the needs of under-represented groups, increasing capacity and reducing workload through automated processes and improving data collection to monitor participants and thus evaluate impact.

The platform would not only be a series of digital interfaces, it would also be a long-term service, requiring centralised staffing, much like NHS Jobs. Staff locally would administer placements, focusing on local shortages and needs; while centralised staff would maintain the site, evaluate its success, and communicate with stakeholders. Thus providing a national workforce activity which can be efficient and effective, allowing economies of scale and standardisation, while supporting regional decision making[2].

The long-term aim would be to offer the service to GP practices, external organisations and across social care to advertise all work experience in one place. There is the risk that more individual regions will procure their own platforms, fracturing the management of work experience further, and at increased expense.

The platform could support the coordination of industry placements which are a compulsory element of T levels. Developing the platform iteratively and beginning with T levels could increase 'buy-in'. However, this requires careful consideration to ensure the 'touchpoints' and functionality are suitable for both industry placement coordination and standard work experience.

Work experience as a priority:

Applicants recognise the benefits of work experience without it being compulsory. They seek opportunities to learn and make an informed decision before committing to their future, without the need for incentives.

Work experience has a mixed reputation...

Applicant friendly | Evaluation

Applicants, and organisations who support them, perceive work experience as difficult and confusing to obtain.

Host departments feel a lack of incentives to support delivery and are prevented from doing so due to workload and other widely held concerns, with a lack of formal legal guidance.

Work experience is not nationally portrayed as positive, inspiring, or beneficial. There is little connection made between its provision and the workforce pipeline.

and is absent from NHS national strategy.

Silo working

The provision and importance of work experience is absent from the NHS Long Term Plan[1] and Interim People Plan[2].

Work experience does not have a national strategy driving change or incentivising collaboration. Many arms-length NHS bodies are involved in different nuanced ways (see chapter five).

Improving the image of work experience, its advantages and impact requires high-level support at a national level, as well as locally. Such support could improve the recognition of host departments who contribute voluntarily.

The term work experience is being used very broadly.

Applicant friendly | Evaluation

This has implications upon users and their expectations and contributes to the negative reputation of work experience.

Referring to 'virtual work experience' has added to this confusion.

Opportunities provided online, using any technology, offer alternative learnings and can never be equivalent to the unique observations, emotions, skills and atmosphere of attending in-person. From this discovery the term 'online work-related learning' has been adopted and adapted to describe online alternatives (see pages 4 and 6).

Due to the pandemic, online-learning and the use of virtual meeting software has accelerated and with reduced scepticism. Its perceived value will only remain if what is provided online is of high quality, follows educational theory and is clear about what it does and does not provide.

Work experience sits within a large remit and can often become confused with T levels, undergraduate student placements, internships, apprenticeships, traineeships, cadets and volunteering.

Reliant on connections.

Applicant friendly

The coordination and delivery of work experience is built upon establishing relationships and making or using connections. 'Back of house' NHS staff take time to establish relationships with departments and individuals to encourage potential 'hosts' of work experience.

'Front of house'; it is widely understood that it can be very challenging to gain work experience without friends and relatives working in the NHS. Nepotism, is well intentioned and has filled a gap which formal management could, and should fill.

A National Management Platform would benefit all applicants seeking work experience directly and indirectly through consistent risk assessments, communications, induction, and applicant access to a 'dashboard' outlining what they have taken part in, along with options to apply for other work-related learning opportunities.

With wide adoption and increased awareness of a national platform, staff members can feel less pressure to host placements of friends or relatives and can direct all enquiries to the official site. The underrepresentation within staff across the NHS is widely understood. Staff members do not want to be part of the problem, they wish to be part of the solution. Raising the profile of work experience at a national level, may also increase the likelihood of departments volunteering to host placements.

Staff are overwhelmed by demand and possible alternatives.

Silo working

Cancelling all work experience due the pandemic led to a fast-paced adaptation to online alternatives, but many staff feel overwhelmed by the options available, both financially and in determining quality.

As a result, significant repetition is taking place, with local areas developing the same resources individually and some confusion over what is 'careers information and guidance' and what provides learning as an alternative to work experience.

The benefit of online opportunities is that many resources can be shared nationally, thus reaching more people, and with careful coordination, reducing workload.

The budget provided and staffing of work experience provision differs greatly across the country. Within some localities it is the responsibility of one staff member, in others there is a dedicated team. Remit can sit within HR or Learning and Development at Trust Level or at ICS/ STP level.

Online work-related learning can reach more people and provide more insights…

Applicant friendly | Evidence

When carefully prepared, designed, tailored and promoted, online work-related learning can overcome the inequitable access faced when seeking work experience.

Prospective applicants to healthcare roles may understand that 'problem solving' is a required skill. Online work-related learning can describe, show or provide examples of specific problems within healthcare roles and how these are faced and dealt with.

It is difficult to illustrate the challenges of working in healthcare, openly and transparently through any online-learning method. However even content which may appear 'sugar-coated' online can be used as a reflection tool, to critique and question what is not shown. Findings indicate that users need and want to know the difficulties and the administrative responsibilities within roles.

Content can be created, and carefully tailored, which is intellectually stimulating, and suitable for the different user groups of work experience. Explanations of scenarios, activities and reflection can be presented in accessible ways, with the capability to assess learning and measure impact more easily.

but must be developed with an understanding of educational theory.

Evidence | Silo-working

Best practice would indicate that all online work-related learning requires clear learning outcomes and a shared understanding of the educational basis of learning online. This includes simulation-based, scenario-based and social learning.
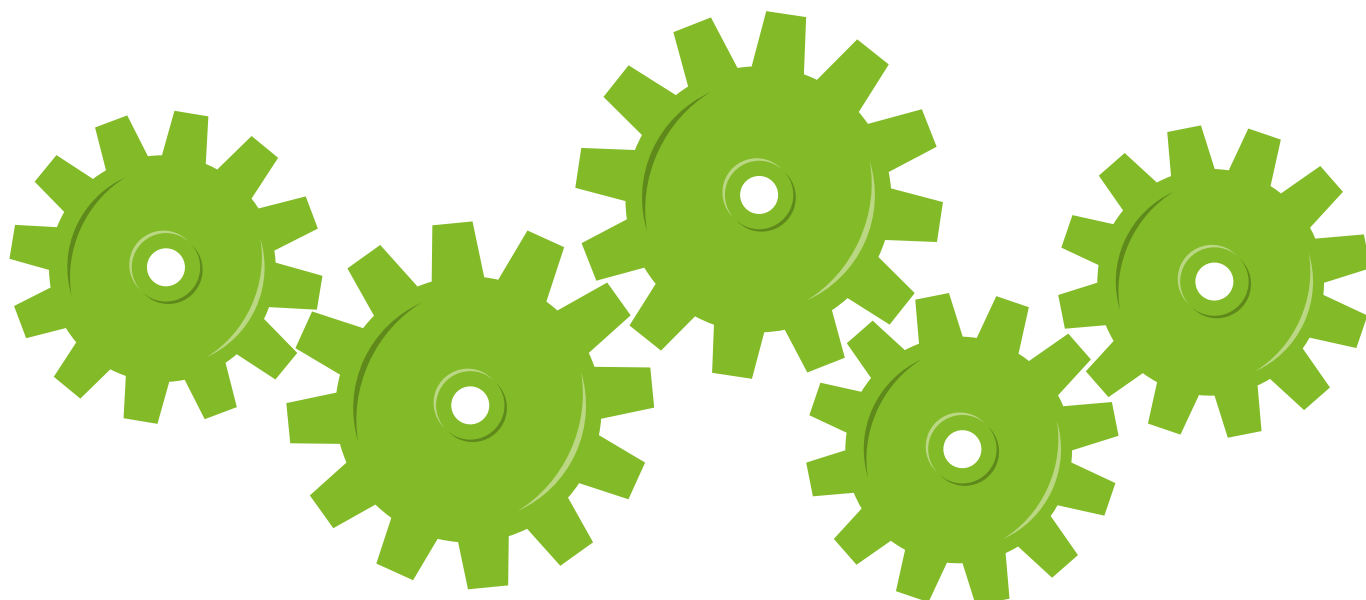
2.2 Options for HEE

It is recommended that HEE consider which of the following options they would like Talent for Care to explore further.

Option A - National Work Experience Management Platform

Pursue the development of an end-to-end digital service to coordinate work experience.

To include within the business case and specification:

A1 Requirements for dedicated staff members who will act, long-term, as the centralised service team for the implementation and delivery of the platform.

A2 Commissioning of evaluation experts to complete a 'Theory of Change' for work experience to inform the development of the platform.

A3 User-journey mapping as part of the next discovery sprint to validate the user stories within <u>chapter four</u>.

A4 Consideration regarding the coordination of T level industry placements.

A5 The need for consistent legal grounding for offering work experience in speciality areas and for specific age groups etc.

A6 Name-blind recruitment and lottery selection to reduce workload and the possibility of bias.

A7 Seek expert guidance to align the platform and other developments with the NHS sustainability goals.

If a platform is not deemed possible, minimum requirements for local work experience webpages and guidance on fair selection could be included within the HEE Work Experience Quality Assurance Framework, which is under development.

Option B - In the future, when appropriate, develop a strong messaging campaign about work experience

Work experience has a mixed reputation. But things could be different, with high-level backing, and collaboration, a course can be plotted which redefines it.

- The return of work experience will require careful consideration of safety and show compassion for and support of NHS staff who have faced enormous pressure for a sustained period. Catching up on procedures and appointments which have not taken place during the pandemic will have repercussions on workload for some time.

- National communication campaigns are effective and take pressure off individual trusts to develop local campaigns that struggle to have the same impact[5]. A communications campaign, at the right time, could raise the profile of work experience at all levels, internally and externally. Clear messaging, which can easily be shared, will aid efforts, together with utilising 'reliable voices'.

- The desired perception of work experience could focus on: it is often not compulsory, but applicants seek it because it is so beneficial to their life decisions; it is enjoyable, inspiring, impactful on shortage areas where staff face real pressures, open to all applicants (and not specific to school age pupils), and can support youth recruitment in our aging population.

- Within this positive messaging, the language of work experience should be reassessed to avoid battle terminology, for example, 'targeting' individuals or 'capturing or 'fighting' for talent.

Option C - Online work-related learning

C1 Adopt new definitions within data returns which separate careers information and guidance and work-related learning (see page 4). Work-related learning (both online or in-person) can be promoted as alternatives to work experience. Encourage stakeholders to avoid the term 'work experience' when describing online activity and to create clear learning outcomes.

C2 Finance the development of:

[1] short speciality focused e-learning modules, to provide insights, prior to applying for work experience. With consideration for different user group needs, growth mindset principles[7] and value based recruitment[8].

[2] larger online work-related content for specialities where work experience is rarely or never possible/that do not have online content currently (Ambulance Services, Midwifery, Pharmacy).

Develop and foster a strategic approach, encouraging co-production of online work-related content to avoid repetition, create national resources, share mistakes, fill necessary gaps and save money.

Develop with the expertise of the E-Learning for Healthcare team at HEE.

To maximise collaboration, invite staff across the National Work Experience Network, Royal Colleges and other relevant organisations to submit proposals to be responsible for content creation. This could include idea generation, setting core learning outcomes, utilising local Subject Matter Experts, testing and evaluation within a set time period.

It is imperative that online work-related learning is provided equitably and does not repeat the barriers faced with work experience. This includes creating mobile-optimised content, fair application processes, broad promotion, and considerate scheduling of live events.

Support the signposting and ongoing improvement of existing online work-related learning.

C3 Coordinate training opportunities and/or webinars inviting educational professionals to share evidence and theory relating to experiential, observational, social, scenario based, simulation based and online learning with the National Work Experience Network.

C4 Determine where and how the **digital literacy domains** should be included within online work-related learning. Pursue gaining access to the digital literacy diagnostic tool to share with work experience applicants.

C5 Create a toolkit about online work-related learning content which provides a framework to support further developments.

Option D - National Work Experience Network

Continue to develop the network into an open, supportive, transparent digital community, which fosters a culture of sharing mistakes, utilising existing resources, recognition, learning together and common goals.

- Undertake a 'value proposition' exercise of the benefits for members.

- Create a communications plan. Members should feel 'ownership' of the network. Posting their own questions and content. A source of frustration can be a lack of awareness of what is taking place across the country.

- Continually consult with members about ways to improve the network and increase engagement. Evaluate, in due course, if MS Teams is the best digital software for this community.

D1 When it is deemed safe to do so, prioritise in-person work-related learning (see page 49) instead of work experience, to show compassion for NHS staff recovering from the pressures of the pandemic. HEE have supported various pilots of this style of activity i.e. simulation, scenario based learning and clinical skills learning. The evaluation and resources of these could be shared.

D2 Invite Allied Health Profession (AHP) faculty members to be a part of the Network and consider other stakeholders who require knowledge of the work taking place.
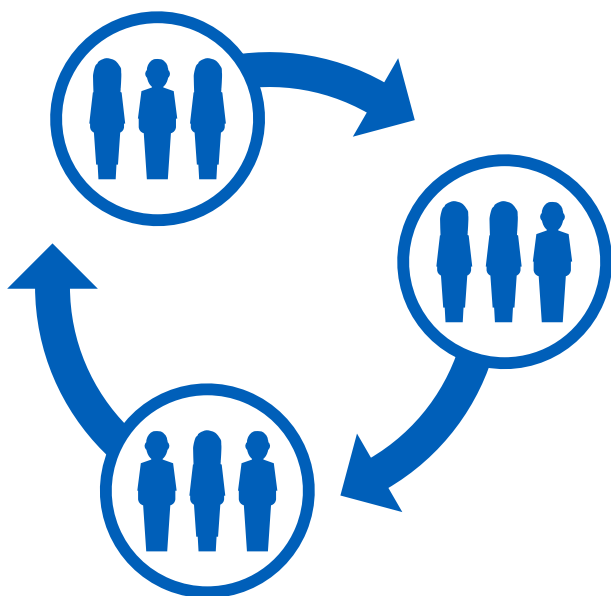
2.3 Further options

The following further options are relevant to the large community of stakeholders involved in work experience coordination, with recognition that the Widening Access and Participation team are a small unit.

Option E - Seek high-level buy in

Share this report widely, in every organisation at director and senior management level to gain the support and prioritisation it requires. Determine which committees and boards are most appropriate to discuss and support 'work experience'.

- Through collaboration, develop a National Work Experience Strategy to provide unanimous direction and focus.
- If there is one broad aim of this report, it is that future NHS workforce strategy and policy documents include recognition of work experience provision.

Option F - Share | Discuss | Collaborate

- The success of the National Work Experience Network is reliant on the willingness and readiness of members to engage with colleagues, to foster a culture of sharing mistakes, improve provision together, learn from one another, avoid duplication, coordinate their own collaboration, share resources and recognise common goals.

- Share feedback and ideas, with HEE, about how to increase engagement and coordinate efforts.

Option G - Online work-related learning

G1 To avoid confusion, the term 'work experience' is not used to describe any online activity. Work experience is unique in what it provides.

G2 NHS and external organisations are encouraged to read and consider the insights of this discovery and the accompanying framework within the online work-related learning toolkit.

G3 NHS organisations seeking external assistance to create online work-related learning could also consult the **Guidelines for Commissioning Technology Enhanced Learning in the NHS**[52].

G4 Trusts who have contracts with online third-party providers of virtual content could share their experiences and learnings with the network.

Option H - Social care

- A further 'sprint' of discovery is required to understand how work experience in healthcare is similar to, overlaps with, and integrates with work experience in social care.

- Determine who is best placed to undertake this ASAP.

Option I - Coordinate efforts between volunteering and work experience

- Staff to establish relationships with colleagues responsible for coordinating volunteers, if they do not exist already. To increase awareness of developments and to share if there are similar 'touchpoints' and objectives.

- It should be clear to applicants that volunteering is a possibility and may achieve their objectives instead of work experience and vice versa.

- Volunteering is mentioned within the Interim People Plan[2], as a way to widen routes to professions in the NHS. Work experience is absent.

Option J - Careers Enterprise Company (CEC)

- Building on the existing NHS partnership with the CEC is part of the Interim People Plan[2], HEE and wider NHS organisations are encouraged to submit online work-related learning resources and links to the **CEC resource hub**.

Option K - Research the impact of one-day work experience placements

- The length of work experience is often arbitrarily decided upon and is typically 3-5 days.

- With the introduction of online work-related learning, the advantages and disadvantages of one-day placements requires evaluation, considering all user groups.

- One-day placements may alleviate pressure on departments, reduce potential boredom amongst participants, and increase engagement.

- If a participant finishes work experience 'wanting more' this may be a positive outcome, if they have been sufficiently supported to reflect and learn, thus meeting the core objectives.

- This is a potential project for students, trainees or fellows interested in this field.

3.0 Context

Work experience provision is not only an important mechanism within the future pipeline of the NHS workforce, but it also sits within a broad educational and social context.

3.1 What is work experience for?

The acceleration of online alternatives has prompted reflection into the purpose of work experience.

For the purposes of the below description, 'work experience' is 1-2-1 shadowing and observation and may include some non-clinical activity. Work experience provides:

- Familiarity with a workplace; the relationships and dynamics; the ways of working; schedules; smells and physicality i.e., navigating around buildings and sites.

- Opportunity to observe consultations and interactions with patients (for patient-facing roles); actively showing respect, and professionalism; adhering to appropriate conduct; perhaps with opportunity to greet patients; experiencing putting self and others at ease.

- Insights into the realities, duties and responsibilities of specific roles; incidents which take place, conditions treated, emotions felt; challenges faced; projects undertaken; outcomes achieved; skills utilised; and the knowledge required.

- Opportunity to to be smartly dressed and travel to a workplace location, therefore 'putting themselves in the shoes of a staff member for a day'.

- Skills and confidence development and reflection about what they experience.

Undertaking work experience can stimulate interest in lesser-known roles and address some of the stereotyping and misconceptions of specific careers[3]. An important element of this process is to make clear that 'this role might not be right for you' and 'these roles aren't for everybody' striking a balance between putting a prospective applicant off, raising aspirations and ensuring they feel comfortable to change their mind.

Ultimately, aligning expectations with reality, is an important predictor of retention, should participants go on to join the workforce[9].

3.1.1 Aims, objectives and learning outcomes

This discovery has led to a core question: What are the measurable objectives of work experience?

To begin to answer this question, discussions were held with external expertise to draft an evaluation plan (see appendix B). This exercise produced broadly the same or very similar aims and objectives for both work experience and work-related learning, however the crucial differences are the mechanisms utilised and the learning outcomes to reach them.

Aims

1. To increase the workforce supply of the NHS and social care, particularly in shortage areas.

2. To recruit a body of NHS and social care staff who represent the communities they serve.

3. To provide a supportive and applicant friendly process throughout all stages (application, outcome, preparation and participation) – with an understanding of the needs of different applicant groups.

4. To provide realistic insights into working in health and social care which allow individuals to correctly align their expectations and thus retain those staff who enter the NHS workforce.

Measurable objectives:

As a result of taking part participants will…

- Feel more likely to pursue a career in health or social care.

- Feel better able to make an informed choice about a career in health or social care.

- Gain new insights into what it is like to work in health or social care.

- Gain a positive impression of working in health or social care.

- Increase their understanding of the skills and attributes required to work in health or social care.

Mechanisms and learning outcomes

Online work-related learning can provide detail and explanation beyond what is usually possible. This may include explaining the NHS core values or definitions of key terminology; and completing activities to test knowledge and develop specific skills (see appendix B).

◐ Insight

There are various assumptions relating to the impact and success of work experience.

It has been suggested that, for example, travelling to a new location for a work experience placement and independently navigating around a site will increase confidence of a participant. Connecting A (placement) to B (increased confidence) is based on assumption. What happens between A and B is not written down, there are multiple steps inbetween which could actually result in a loss in confidence or have other consequences. A clear rationale is required for every aspect of how a work experience placement is developed and delivered. Other work experience assumptions include:

- Pre-modules will lead to increased attendance and commitment in-person.

- Young people have the necessary speaking skills to ask questions.

- Acting as a professional for the day and interacting with various staff members will make a placement better and more informative than shadowing one person.

- Placements must be three to five days in length.

- Participants would benefit from feedback from their host.

⏵ Option

A2 Commision a Theory of Change evaluation to interrogate the above insight.

3.2 The impact of work experience

There is a substantial body of evidence about the potential value of work experience for both participants and host employers[12]. To determine the effectiveness of general practice (GP) work experience as a potential recruitment strategy, a large cross-sectional study of 4031 prospective medical applicants found that exposure to general practice was associated with a higher appeal to pursue a future career as a GP, after adjusting for motivation to study medicine and their demographics[13].

Some indication of the return on investment that work experience provides can be gathered from related research into employability programmes. Evaluation by Accenture[14] found that the return on investment (ROI) of employability programmes in three NHS trusts was tangible, financial and economic. The biggest return was found at North Bristol, where for every £1 spent on employability programmes, the Trust gets that £1 back, plus an additional £6.20. The ROI calculations took into account baseline rates for staff turnover and delivery costs of the programme i.e. number of participants, and making use of existing training and education facilities.

The impacts of work experience upon young people have been found to include: improvements in their motivation to engage in education; improvements in attainment and transition to further learning or work; the greater contextualisation of learning; a greater understanding of industries and of educational pathways; a clarification of career aspirations, and a reduction in the proportion of young people who become NEET[15].

3.3 Educational theory

The theoretical foundation of work experience is found in the field of 'work-based learning' and is underpinned by a range of learning approaches. The most important approaches are experiential (including observational), situated and social-based learning.

Experiential learning can be described as 'a natural way in which people learn, often without realising it'. A mantra repeated within this field is *"I hear, I forget; I see, I remember: I do, I understand."* Learners actively construct their own experiences in relation to the working situation and tasks. This learning process is considered to include four steps – experience, reflect, think and act[10].

The Kolb Learning Style Inventory outlines nine different ways of navigating the four-stage learning cycle through our own preferred learning styles (see image below). It is believed that we each develop default learning styles over time.

Experiential learning usually includes completing practical tasks, which allow participants to informally develop skills and integrate theoretical knowledge with technical competencies.

For many roles within healthcare, work experience predominantly consists of shadowing staff members, thus observational experiential learning is adopted rather than learning by doing[11]. The process includes observing and absorbing a multitude of often complex occupational tasks and understanding the overall purpose of such tasks by reflecting upon them.

Work experience can also be referred to as 'situated learning', providing access to authentic, realistic problems which effectively provide insights into career prospects and the work environment. It is also 'social learning', with participants becoming part of the team, learning cooperatively with others, developing social and intercultural competencies, and improving time management, communication and interpersonal skills.

> **▶ Option**
>
> **C3** Coordinate events to share evidence and theory of learning approaches.

INITIATING	EXPERIENCING
ACTING	IMAGINING
	BALANCING	
DECIDING	REFLECTING
THINKING	ANALYZING
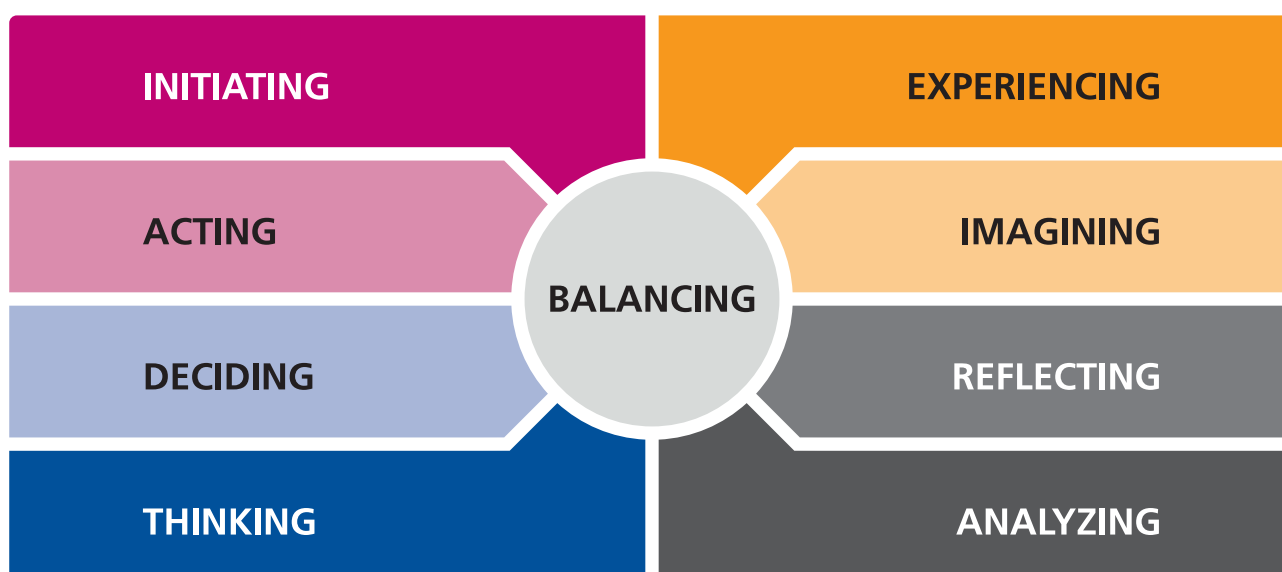
3.4 Career Learning Journey

No matter the age or circumstances of the participant, work experience is part of an individual's career learning journey. This begins as a child, often informally, through exposure to different roles through television, books, family members, and schooling. Evidence suggests that children as young as 8 years old already have an idea of what they would like to do as a future career, and these aspirations change very little between ages 8 and 18[16].

Learning is a journey and finding out, deciding upon and pursuing a career is no different. A career learning journey can form the structure of careers curriculum design in schools and colleges[17]. This can include encounters with employers through 'careers information and guidance activity' i.e. open days, careers fairs, day in the life presentations and Q&As.

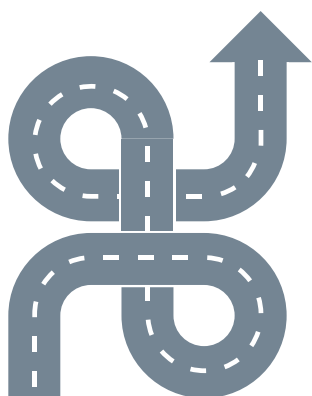Work experience can take place at various points along an individual's journey. It can be part of a school's careers curriculum or it can be requested and undertaken at a later age, due to varying circumstances i.e. a prison leaver, veteran seeking a second career, or career changer (see).

Work-related learning, whether online or in-person can occur at varying times along this journey. Activities and tools can provide insights not usually possible during work experience and can include simulation based or scenario-based learning. What is crucial is that these opportunities are developed with clear learning outcomes.

> **One of the aims outlined within the Government's Careers Strategy[18] is that all young people understand the full range of opportunities available to them, learn from employers about skills and have first-hand experiences of the workplace.**

THE GATSBY BENCHMARKS
GOOD CAREER GUIDANCE

The **Careers Enterprise Company** (CEC) support schools and colleges to implement a meaningful programme of careers activities in line with a framework of eight benchmarks devised by the **Gatsby Foundation**[20].

Schools and colleges are encouraged to provide every pupil with multiple opportunities to learn from employers to help their exploration of career opportunities and expand their networks. The benchmarks refer to 'encounters with employers and employees and experiences of the workplace' and the varied methods available to provide young people with insights. It is important to note that the benchmarks themselves do not measure the quality of activities, they provide an overarching framework. Approaching the design of activities to 'tick off' all benchmark criteria can restrict what is possible and wider consideration of the needs of schools and employers is encouraged. Careers information and guidance is undertaken by NHS Health Careers, who are part of HEE. See .

3.5 Widening Access and Participation

There is a public duty to provide people from diverse backgrounds with equal access to opportunities for career development. By doing so, the NHS workforce of the future can more closely reflect the populations it serves. It also increases the pool of people available to be recruited into the NHS.

The diversity profile of the current workforce in England is not representative of the general population that it seeks to serve, nor is the diversity profile of those employed by the NHS representative across the key staff groups[3]. Within the Higher Education community, widening participation focuses on learners from specific socio-economic classes, those from state schools or from neighbourhoods with a record of low participation in accessing Higher Education. In 2018 the Medical School Selection Alliance found that 80% of medical students come from just 20% of the UKs schools[21]. Within the Interim People Plan[2] there is an action to set targets for BME representation across the workforce, including at senior levels and to develop robust implementation plans.

Widening access and participation does not just happen, it requires recognition that there may be/are inequalities that need to be addressed for social good[3]. Current provision of work experience includes limited targeting with relation to underrepresentation, there is also limited tracking and monitoring of participants[6]. Analysis by The Sutton Trust has found that Covid-19 related school closures and subsequent unequal learning experiences of those living in low socio-economic households, are likely to have substantial negative labour market impacts for those from less-well off groups, their chances of social mobility, and on the economy in general[22]. In response to this, when work experience resumes, there is a need for a review of processes to support transparent and fair selection processes.

There is an abundance of research into widening participation to Higher Education which should be utilised in work experience and work-related learning provision. It is widely understood that the earlier young people learn about different roles the better, and that sustained widening participation activity over a long period is most effective. In addition, research into 'otherness', belonging and entitlement is also relevant. Importance is also placed on learning the names of all participants; ensuring they have a single point of contact to ask for help; and providing opportunity to ask questions 1-2-1.

3.6 The challenges of providing work experience

Across the country, dedicated NHS staff coordinate thousands of work experience placements each year, arranging suitable dates and preparing participants. In addition, departments and individual staff members volunteer to host a work experience participant, recognising the value of the insights provided. All of this takes place in the face of several challenges.

It is crucial that these challenges are acknowledged and understood, to avoid recreating them through the delivery of online work-related learning and to identify which are the 'right' problems requiring solutions. Many of these challenges underpin the appetite for change and support the implementation of a national management platform and service.

Demand exceeds supply

A recurring message from staff across NHS organisations is that the demand for work experience far outstrips the capacity they can supply[6].

Inequitable access

It is widely understood that access to work experience in healthcare is inequitable and often dependent on family networks and contacts. This nepotism is a product of the systems and processes in place and a lack of national strategy. During this discovery clinicians have reported feeling pressure to offer placements to friends and family members because they do not know the process to direct them to formally apply. Likewise, NHS staff members offer placements to the staff of friends and family members as a way to encourage the hosting of additional opportunities.

It can be difficult if not impossible for some schools and pupils who do not have 'contacts' in the NHS and care sector to get work experience[4]. Many schools operate a student-led approach placing responsibility for finding work experience placements with the students and their parents/carers which relies upon who they know[12]. As a result, it has been evidenced that access to work experience can act as a deterrent to prospective medical students from widening participation backgrounds[23].

Users of the NHS Health Careers services frequently seek practical advice about how to get work experience and exhibit significant levels of frustration that they are unable to effectively act upon their interest. It is concluded that a lack of clarity and information may even drive users away from the Health Careers webpages – of which there are 7.5 million views per year and 18,000 calls to their helpline.

"The only way you can apply is if your mum's friend works there then you can ask them and get all of the information."
NHS Recruitment Adviser.

Quality assurance

One of the core benefits of work experience is that it provides insight into how the NHS operates. No placement will ever be the same as another. This is important, but also presents challenges with regards to consistency, quality assurance and setting expectations. Fundamentally, shadowing staff members for long periods of time, can, for anyone at any age, include periods of boredom. The work experience toolkits and Fair Train accreditation of trust departments have attempted to tackle this.

Workload

It is undeniable that having an individual shadow you in your workplace for the day, has implications on the way you work. With acknowledgment that we are all different, some hosts find the prospect of being shadowed more burdensome than others. Conversations throughout this discovery phase have varied from those who were enthusiastic to host placements pre-Covid and those who were reluctant to do so amongst pre-existing pressures.

Within the HEE work experience toolkits it is recommended that, where possible, participants are de-briefed and situations are explained to allow them to reflect and better understand what they have observed. The fact that this adds to the workload of host staff cannot be ignored or overlooked, especially as workload is already high. It is crucial that hosting placements does not impact clinical time, is as easy as possible to deliver and is shared as a positive thing to do.

For individuals to gain any meaningful insights from shadowing of a Speech and Language Therapy session, for example, significant context and explanation is required such as: the client's communication difficulty, strategies used to facilitate communication and evaluation of their success. This takes valuable time from an already busy schedule.

Scheduling

A 2018 evaluation of a national general practice work experience programme identified the time commitment of GPs and staff particularly during the summer months as preventing work experience[27]. Some schools and colleges allow work experience during term time, others do not. For other user groups it maybe balanced amongst full time work, caring responsibilities etc.

Safety and safeguarding

Risk management continues to be ranked highly as a barrier to offering work experience[6]. Risk assessments allow host departments to consider the safety of work experience participants and the age restrictions they deem appropriate. Clear and thorough inductions are recommended but as with any workplace situation, safety will always remain a concern.

There are a few areas of health and social care where work experience placements are rarely or never offered, mostly or somewhat due to health and safety risks, for example aboard emergency vehicles, midwifery, psychiatry and therapeutic radiography.

"Work experience can be hard to get in psychiatry compared to other specialties. Students are often unaware that psychiatry is part of medicine. We felt it was extremely important that there was parity with other areas of medicine and therefore set up a system that allowed work experience in clinical placements."
Dr Charlotte Wilson Jones, Consultant Psychiatry.

⏩ Option

A5 Attempt to gather legal grounding or consensus across relevant bodies for which age groups and specialities work experience is available for.

Poor image

NHS staff who are responsible for coordinating work experience, work hard to develop relationships with staff members to 'recruit' new locations and hosts. Offering work experience, showcasing your daily responsibilities and aiding people who wish to make the right career choices, is fulfilling, enjoyable and rewarding. Young people, in particular, offer something different and valuable to the workplace, a willingness to learn, fresh ideas, new approaches, motivation, energy and enthusiasm.

Despite its now almost ubiquitous provision within education, having been an accepted part of the curriculum for school pupils since the late 1980s, the outcomes and impacts of work experience remain questioned[12]. It suffers an image problem internally, and not just with applicants seeking opportunities. It can be viewed as a huge commitment and a liability. Arguably this image is able to dwarf the positive impacts because of a lack of high-level strategy, 'buy-in' and support from policy and planning.

In general, across sectors, there is often also a reluctance towards young people from employers[24]. Changing this view by highlighting the links between strategy, recruitment, shortages and work experience is crucial. Especially in light of the requirement to recruit more young people in our aging population[5] and the need for a digitally literate future workforce.

Incentives for hosts

There is little support or recognition for the hosting of work experience, which acts as a key disincentive[26]. As a result, some work experience progammes have offered host departments a tariff payment for each participant[27]. While this does act as an acknowledgement for hosts efforts, it has contributed to the comparison of work experience with undergraduate student placements – which are significantly different in length, support and workload.

This requires ongoing long-term financial commitment, reduces capacity and contributes to the negative reputation of work experience. Some NHS organisations have also gone further, by charging applicants for work experience placements, reducing access to those who can afford to pay for it.

Confidentiality

There is evidence that there are difficulties arranging work experience within the health sector because of concerns about patient confidentiality[12], with practitioners reluctant to take pupils because of these unfounded concerns[28]. As a result, work experience is often sought in care homes and nurseries as alternatives to healthcare settings[12].

It is important to listen to these concerns, and respect them, while also creating resources to mitigate and manage risk. HEE and other organisations have done so through toolkits, induction information and participant agreement forms. It is apt to highlight that confidentiality does not appear to be of the same concern when friends and family members are provided with opportunities. One can only assume that there is implicit trust when a participant is known by a staff member and it is that same level of trust, faith and accountability which must be mimicked for all applicants to overcome this problem.

> ### ▶ Option
>
> **B** Develop a strong messaging campaign about work experience.

> ### ▶ Option
>
> **A** Pursue the development of an end-to-end digital service.

Table 1: Barriers affecting the organisation's support for work experience

Taken from the 2018-19 preparation for work survey report.

	Barrier	Count (%)
■ (magenta)	Limited capacity within the organisation	**55** (75.3%)
■ (pink)	Risk management (including health and safety)	**30** (41.1%)
■ (dark blue)	Lack of coordination support	**24** (32.9%)
■ (light blue)	Limited funding	**21** (28.8%)
■ (orange)	Patient confidentiality	**17** (23.3%)
■ (light orange)	Limited senior management buy-in	**10** (13.7%)
■ (dark grey)	Other	**7** (9.6%)
■ (grey)	Insurance	**6** (8.2%)

Bar chart values (x-axis 0–60): 55, 30, 24, 21, 17, 10, 7, 6

Multi answer: Percentage of respondents who selected each answer option (e.g. 100% would represent that all this question's respondents chose that option)

3.7 What online work-related learning cannot do

Online work-related learning can provide personalised, flexible opportunities which can be more easily balanced and combined with studies, work, social life and family responsibilities. They can reach more people, providing access to new, non-traditional age groups and remote audiences who cannot participate in work experience usually[29]. If created and targeted with consideration, we can provide equal opportunities for all, to democratize learning and enlarge the recruiting base. However, we do also need to be wary of what these alternatives to work experience cannot provide.

Widening Participation charity, the Social Mobility Foundation (SMF) have in previous years arranged work experience for 70% of their aspiring medical students. In 2020, with no work experience available, SMF directed all aspiring medical students to the interactive video platform Observe GP. As a result, 95% of their aspiring medical students in the summer of 2020 were able to gain insights to the profession.

Caring skills and empathy

When considering the adoption of online work-related learning, key lessons can be drawn from the Topol review[7]. Published in February 2019, the report outlines how digital technologies are a means to address the big healthcare challenges. Caution is recommended, within the report, to avoid embracing new ways of working which result in a loss of empathy and compassion.

It is vitally important that we do not overlook the relationships, human qualities and caring skills demonstrated, felt and understood in-person.

Speech deficit in schools and colleges

The development of speaking and oracy skills amongst young people is crucial and has implications upon their ability to pursue future careers. There is concern that within mainstream schools there is a lack of available curriculum time to explicitly focus on speaking skills.

It is necessary to be aware of this issue because young people attending work experience may not have the necessary speaking skills to make the most of the opportunity. Also if all focus is placed on online work-related learning, young people will lose one of the few opportunities they have to be exposed to adult environments and practice their communication skills. Speakers Trust[30] recognised that for many young people entering the workplace for the first time, the idea of speaking up, presenting their case, raising a point in a meeting or networking at a professional event is an incredibly daunting prospect. This often holds young people back from fully contributing, reaching their potential and making the most of work experience. Subsequently, they have designed workshops to prepare work experience participants, to be more effective communicators, structuring their speech and increasing their confidence asking questions in front of a group.

40% of mainstream young people before taking part say they don't have confidence to speak in front of a group of peers. After taking part 93% understand more about their classmate's viewpoints, faiths, feelings and values.

Speakers Trust

3.8 Digital literacy

The NHS has a mixed history of workforce planning[5]. To develop a workforce to deliver 21st century care we not only need to grow the overall workforce but they must also be transformed with a more varied and richer skill mix, ready to exploit the opportunities offered by technology[2].

With careful consideration, online work-related learning can contribute towards providing a future workforce with an appropriate level of digital literacy at the outset of their study[7]. There is a need for the health and social care workforce to be fully competent, confident and capable in the use of digital in the workplace in order to be able to provide the best possible care to patients[31]. Excellent digital capabilities are not just about technical skills but include a positive attitude towards technology and innovation.

Digital literacy is defined as developing the digital skills and behaviours to live, learn, work, participate and thrive in a digital society. The Technology Enhanced Learning team at HEE provide guidance on the six interlinked digital literacy domains which include: 1. Digital identity, wellbeing, safety and security 2. Communication, collaboration and participation 3. Teaching, learning and self-development 4. Technical proficiency 5. Information, data and media literacies 6. Creation, innovation and scholarship.

3.9 Access to devices

The increased provision of online work-related learning requires access to internet-based devices. The pandemic has highlighted that there is a digital divide amongst those from low socio-economic backgrounds. Not every user will have access to a device, for unlimited periods of time and their only access may be a smart phone. Sufficient data or WiFi and quiet space for study are also required.

Ofcom[32] estimates that in the UK, between 1.14 and 1.78 million children (around 9%) have no home access to a laptop or computer.

It is imperative that online work-related learning content is mobile optimised and that considerations are made with regards to the scheduling of live activities to maximise attendance and engagement of those who do not have unlimited access to devices.

NHS Digital and the Web Content Accessibility Guidelines (WCAG)[33] outline the accessibility standards that all online work-related learning should adhere to.

▶ Option	
C4	Pursue gaining access to the TEL digital literacy diagnostic tool.

4.0 Users

Users of work experience are the applicants/attendees. They vary in age and demographic and have distinctly different needs. They may also be referred to as 'learners'.

It is crucial that we 'know our learners'[34] and have a thorough understanding of their needs, to create services and content. Services which are designed around users and their needs:

• are more likely to be used.

• help more people get the right outcome for them.

• cost less to operate by reducing time and money spent on resolving problems[35].

The following current or prospective 'users' of work experience have been identified:

1. School pupils aged 14-16
2. Young people aged 16-18
3. Unemployed
4. Care experienced
5. Additional needs
6. Veterans
7. Prison leavers
8. Career changers
9. Resettled refugees.

Work experience also contributes towards formalised qualifications and training via:

• Apprenticeships

• T-levels

• Higher Education courses.

⟩⟩ **Option**
A4 Investigate if a management platform could also coordinate T level industry placements.

4.1 User stories

The following user stories were created with representatives from organisations who work directly with individuals in each user group. The stories provide the perspectives as to why users need work experience, and how successfully they currently find and access it.

These stories can help to identify and solve the 'right' problems. Standard practice is that a user story considers both 'typical' and 'non-typical' users from each group, **with recognition that individuals are all different**. If services can meet the needs of non-typical users, who perhaps have more problems accessing and attending work experience, then there is further guarantee that processes are simple, clear, and prompt.

The format for each story, follows the government service manual for agile delivery[35]. This section concludes with 'acceptance criteria' which are a checklist of outcomes that could be used to confirm that a future National Work Experience Management Platform is meeting user's needs. The order in which these user stories are displayed, is not a priority list or related to any development schedule.

Unemployed

A user story has not been completed for those who are unemployed. Utilising the expertise and holistic approach adopted by national employability provider Ingeus – it was concluded that there is no 'typical' unemployed person. Individuals can be long-term and short-term unemployed; they can be young people not in education or training (NEET) or adults, they can be single or have families to support. Each person has unique barriers and obstacles which require support. Users in this group can also overlap many other user groups outlined.

This reiterates that providing work experience and developing or procuring a national platform for its administration is all part of a support service. In order to reach users, the platform and service will need to connect with external organisations who work with them.

"Often it appears that individuals are facing one specific barrier to employment but in fact it is something else and we determine this by taking the time to ask about issues, get to know individuals and get to the roots of problems so that directed support can be offered"

Anthony Lengden, Partnership & Integration Manager, Ingeus.

⏩ Option

A3 Undertake user-journey mapping to validate these 'user stories'.

Veterans

As a 'typical' veteran / service leaver. **I want** to understand how military culture and the skills and values from my service translate into civilian careers, specifically non-clinical healthcare roles. **So that** I can obtain a second career. **I am influenced by** my spouse or fellow members of the military who are now working in the NHS; my desire to continue to serve my country and the ethos to protect the population.

Veterans obtain work experience by connecting with employers through the Step Into Health programme; through a spouse, friend or other family member; through arranging a Civilian Work Attachment (up to 6 months of unpaid work elsewhere during the two years prior to leaving service); making contacts at jobs fairs arranged by the Career Transition Partnership; encouragement through Armed Forces Charities, or applying online direct to trusts.

Veterans are let down, when pursuing work experience by feeling misunderstood, they are highly educated but can be stigmatized as having mental health issues or prone to aggressive behaviour. When websites are out of date or do not make clear who opportunities are for.

Veterans ask: I am used to wearing uniform, if I arrive formally dressed will this be appropriate? I am used to being deployed with clear instructions and routes; I will be required to take personal responsibility for travel. How will I get to the placement? What will I be doing and not doing on placement? Will this lead to a job? How much would I earn in this role? When will the placement be?

How does this user group feel about work experience?

Very willing and open to make connections with people; used to being seconded to other units and in new environments; strongly influenced by the experiences of other military friends; there can be an expectation that following a work experience placement they will receive a job offer.

HEE and the NHS currently support veterans into work experience through the Step Into Health programme, coordinated by NHS Employers. **Outcomes are measured for this programme through** 'interactions' on the Step Into Health platform and the 'armed forces indicator', which is a tick box on NHS jobs which provides stats on the number of veterans applying to NHS roles.

There are a few non-typical veterans who are individuals who have completed a short period of service and are looking to completely retrain; are very senior military (i.e. brigadier) who are seeking Chief Exec roles or veterans who are wounded, injured or sick and have been medically discharged from service, requiring specific support relating to age or long-term ailments or conditions.

What do we know about this user group and their online learning needs?

Veterans are highly educated, and likely to have a high level of digital literacy. They are often directed to the NHS FutureLearn course, created by the Kings Fund as a starting point to find out more about the NHS. HMRC have also created an online internship for veterans. They are most likely to seek in-person experiences, for the roles they are interested in.

Young People aged 16-18

The example provided below is an aspiring medical student but many of the perspectives are relevant for any other speciality.

As a 'typical' school/college pupil aged 16-18 **I feel I am** expected to gain work experience **so that I** can apply for and be successful in gaining a place at medical school. **I want to undertake work experience** even if it is not a compulsory requirement, because I want to know it is right for me. I am less interested in learning about others roles.

Some influences can include: my parents who are doctors and want me to follow in their footsteps; my friends who are applying to medical school; my teacher who has advised be to pursue medicine because of my subjects and grades; the roles I have seen on TV and YouTube and my desire to want to help people.

Aspiring medical students gain work experience via family members or contacts who work in the NHS; parents/guardians or teachers helping to find placements; writing to GP practices, downloading application forms on trust webpages, applying to volunteer in the NHS, contacting local care homes or external organisations.

Aspiring medical students are let down, when pursuing work experience by out-of-date webpages; limited opportunities in their area; not hearing back from people after applying; their school does not have a careers leader to help; medical schools say different things about work experience; websites and forums that say you can't get in without it.

Aspiring medical students ask: How can I obtain work experience? What will I wear? What will I be doing and not doing? Will I see blood? Will I get fed during the placement? Will my travel costs be reimbursed or provided in advance? What hours do I need to be there? Who will be my main contact? What will I do if a patient doesn't want me to observe their consultation?

How does this user group feel about work experience?

It's hard to find; its necessary for decision making; without it their application will not be good enough, they won't be eligible or ready. They don't know what consitutes as work experience. They can be both nervous about fitting in and also excited to act like a grown up.

Who is a non-typical aspiring medical student?

In 2018 80% of medical students came from 20% of the UKs schools[21]. Therefore, a non-typical aspiring medical student is a young person from a widening participation background. They are significantly less likely to have contacts to help them gain placements. This is made more challenging if they live in a rural area. They may not have experience of writing a CV or cover letter and their parents and teachers are too busy to help; they can be let down by the lack of flexibility for placements, have limited time because of part-time work, study and caring responsibilities; they can feel let down by the lack of sufficient support, it is supposed to show their commitment to keep trying, but people who have existing contacts don't have to show the same commitment.

Online work-related learning provides new opportunities but not all aspiring medical students have unlimited access to devices and data.

Resettled refugees

As a typical resettled refugee, **I need work experience** to understand how the NHS in the UK works because the administrative processes, roles and patient care are likely to be very different to my home country. **So that** I can understand how I can requalify, or where I can work. **I am influenced by** my prior education and career in my home country; my desire to want to help people; my case workers who are supporting me; my lack of money and need for a job.

Resettled refugees gain work experience through voluntary organisations and local authority assistance.

Resettled refugees are let down when seeking work experience because the process is unclear and it can be difficult for voluntary organisations to arrange; it is unclear how long work experience placements are for and what refugees will gain from them; they require a mentor, or a specific person at the placement to support them; placements can clash with caring responsibilities and English classes; if they are contacted by phone they may not have the English language level to listen to voicemails - emails are better and allow for translation.

Resettled refugees ask: We don't have work experience in my home country, what is it? Why is it important? What will I get from it? Will I get paid? Will there be a language barrier? What hours will it be, and will there be breaks? Can I use the flexible support fund by the DWP to get suitable clothes to wear? How will I get there? What qualifications are required for the role, and how easily can I requalify? What support is available to me? What will I be doing and not doing?

How does this user group feel about work experience?

Unfamiliar and nervous but very positive; upon arrival to the UK, understanding a regulated work system may have been challenging; work experience is the first window into the world of work and is hugely valued.

How do HEE and the NHS currently fulfil the needs of this user?

External organisations may be in contact with local trusts to arrange placements, this is ad-hoc and it can be difficult for them to reach the right person to coordinate this formally.

A non-typical resettled refugee arrives with the required language skills – having already gained IELTS certificates. However, generally, refugees arrive in the UK without copies of their qualifications.

What do we know about this user group and their online learning needs?

The Refugee Employment Network have undertaken careers information and guidance online for refugees explaining roles, and ways to pursue them with follow-up events to support application completion. Online work-related learning has not yet have not yet been trialled for this group. English language ability / translation maybe required and significant testing.

Care experienced

As a 'typical' person who is care experienced, I am/have been supported as a care leaver aged 18 - 25 but may also be older and have transitioned beyond the structured support system. **I want** to learn more about healthcare roles, develop confidence, insights, skills. **So that** I can decide what is the best role for me, make friends, increase my networks and get a job. **I am supported by** social services who are responsible for my housing and welfare but who are overstretched and often cannot assist with seeking employment and opportunities. **I am influenced by** stigma, trauma, lack of support and the disruption I faced growing up, moving home and school. These and other factors limit my confidence to act on my aspirations. I cannot imagine a long-term career.

How do those who are care experienced obtain work experience?

Via organised programmes through social enterprises and charities or thanks to encouragement from personal advisers and work coaches. They require support through the application process and encouragement via mentors. Foster carers and outreach staff in universities may offer support.

How are those who are care experienced let down when seeking work experience?

Not hearing back from application processes; application forms asking questions they struggle to answer i.e. full address or health questionnaire. Not being suitably prepared; not having anything suitable to wear; requiring support to arrive at a new location on time and stick to strict hours; there is often no follow-up after the placement; personal adviser and charity support workers don't know where to find work experience in the NHS, they struggle to find the right contact and to explain the needs of care experienced people.

What questions do those who are care experienced have?

What is the point of work experience? Am I just working for free? What will I be doing and not doing? Who do I report to on the first day? What if I have a problem? Can I still apply without a fixed address? Will travel and lunch costs be provided in advance? Is there somewhere in the application form to put the name and contact details of my trusted adult or support worker? Is it free to apply? Is it accredited?

How does this user group feel about work experience?

Nervous that they will face stigma and that it will be widely shared that they are care experienced; often, they have been over-promised in the past and let down, they seek realistic expectations about what they will get out of it.

What do we know about this user group and their online learning needs?

They are likely to suffer digital poverty with limited data, signal, and access to devices. Introductory online content ahead of of a work experience placement would be very favourable for this group, to reduce anxiety about what to expect and provide insights preferably in a visual way i.e. videos. Some charities are overwhelmed and dont know which experiences online are of sufficient quality to signpost to.

School pupil aged 14-15

As a typical school pupil in Year 10, **my school have requested that I** complete five days of work experience usually in June/July. **So that** I encounter employers and experience their workplace, to better inform my careers decision making. **I am influenced by** my teachers, or school careers leader; I have seen roles on the TV and YouTube; I want to help people when I grow up; I enjoy science; my friends want to work in health; my relatives work in health; I have experienced health services myself.

How do school pupils, at this age, obtain work experience?

Careers leaders seek 'encounters with employers and experiences with workplaces' to meet Gatsby Benchmarks; parents/guardians arrange placements; the school noticeboard (or equivalent) advertise opportunities.

How are school pupils let down while seeking work experience?

Limited opportunities advertised for careers leaders to easily find out about. Not made aware of lesser-known roles. Due to confidentality and safeguarding, pupils are usually only allowed to undertake an administrative placement but their expectations are that they will shadow consultations. The process needs to foster feelings of confidence and self-belief amongst young people, and guide them towards realistic expectations i.e. professions linked to their academic abilities.

What questions do school pupils have?

What do I need to wear? Can I wear jewellery? What will I be doing and not doing? Will I see blood? Will they be nice to me? Will I get tired or hungry? Can I go with my friend? Will I be left on my own? Will I have to speak to patients? How many hours will I need to be there? What time does it start and finish? How will I get there? Who do I contact when I arrive? What do I do if I feel unwell? Will I be allowed to use my phone?

How does this user group feel about work experience?

This can vary - reluctant; anxious; excited; worried.

A non-typical pupil is home educated, or has contacted NHS organisations on their own without adult support.

What do we know about this user group and their online learning needs?

Online work-related learning is likely to be better, if delivered in a classroom setting with supervision and support. Independent learning and note taking are entirely new skills to this group.

Prison leavers

As a typical prison leaver or prisoner released on temporary licence (who cannot be employed but may seek a work experience placement) **I am trying to** gain experience, so that I can get a job. **I am influenced by** my probation officer / instructors / key workers in the prison service or supporting organisations and my family / friends. I am also influenced by my lack of education or previous employment.

How do prison leavers obtain work experience?

Through careers and guidance and education providers while still in prison, and organised programmes through social enterprises / charities. Probation officers will look at local trust webpages and Business Community Engagement Managers (or equivalent) make links with employers and do shortlisting, applying on prison leavers behalf.

How are prison leavers let down when seeking work experience?

It is often unclear how their criminal convictions will be taken into account during an application. There are preconceived ideas about working with prison leavers (negative perceptions).

What questions do prison leavers have?

Will the application form ask about my criminal convictions? Will my criminal record prevent me from getting an opportunity? Will they treat me differently? Will it lead into employment? Will I gain or work towards a qualification? What will I wear? What will I be doing and not doing?

How do prison leavers feel about work experience?

Prospects of employment on release are seen as a positive, if a placement is possible to obtain.

What do we know about this user group's online learning needs?

Education is the heart of the prison system[36] and an engine of prisoner rehabilitation. Providing online work-related learning, which can be completed prior to leaving prison, could provide a chance for prison leavers to re-enter society successfully and to find a job upon release. Resources must be pre-recorded content, via online-learning (without chat functionality) and could not realistically include live delivery of content.

Prison Governors are responsible and accountable for education. Security arrangements underpin the use of ICT in prisons, to ensure that internet use is controlled, limited and monitored. Distance learning via the Open University is possible through a Virtual Digital Campus platform available in prisons. Further understanding is required, by working with Her Majesty's Prison Service to determine how online work-related learning could feature on this Virtual Digital Campus.

Access to the internet upon leaving prison will vary, but is likely to remain limited, without support from charities / support organisations.

What else do we know about this user group?

A third of prisoners self-identify as having a learning difficulty or disability. 24% of adult prisoners report having been in care at some point in their lives – compared to an estimated 2% of the general population.

Career changers

As a 'typical' career changer I am proactive and have been employed for a long period of time (10-15 years) in one sector. **I want** to learn something new **so that** I can retrain, transferring my skills, I am bored in my current role with no new challenges available to me.

I am influenced by my desire to do something with a sense of purpose; my lack of relevant qualifications; stereotypes about particular professions and prejudices about my age. I am willing to take a cut in salary but cannot also afford payment to retrain. I have seen roles on the TV. I have limited time to undertake work experience. I feel that with my life experience I can better relate to patients.

How does this user group obtain work experience?

It is very challenging, there are very few opportunities because work experience is seen as something for young people. As a result many people wishing to change career wouldn't even seek work experience but instead would attempt to chat to someone in the role informally.

How are career changers let down seeking work experience in the NHS?

They don't know it is available to them. For some clinical roles, funding is only available to retrain for those under the age of 40 – they don't know there is a cut off and miss their chance. Websites are out of date or aimed at young people. Not hearing back from generic email accounts. There is a lack of understanding of people seeking a career change, they may face age discrimination and bias, they may feel patronised and, in some ways, over-skilled. It is a big step to try and change career, and it may not happen due to a lack of confidence. They have more to lose in changing role and need clear and accurate information which is not always provided.

What questions does this user have?

What qualifications do I need? How long would it take to retrain? Can I earn while retraining? What competition is there for roles at the end of retraining? How can I obtain work experience at my stage of life? Is work experience the right thing for me? What does the application process involve? What will I be doing and not doing? If I contact someone will I hear back from them? Is it free to apply for work experience?

A non-typical career changer is seeking work experience less through desire but due to circumstances beyond their control i.e. redundancy or long-term unemployment or just feeling a bit lost or isolated. This may also include women returning to work after maternity leave who wish to change career.

What do we know about this user group and their online learning needs?

They are likely to prefer virtual sessions with the opportunity to ask questions but would only attend if it was tailored to their age bracket. Although they may struggle to attend due to work and family commitments. Adult/lifelong learning is at an all time low in this country.

Additional needs

An individual with additional needs may have:

- A learning disability or difficulty (LDD) A disability maybe a very low IQ level or enduring condition. A difficulty may include dyslexia or dyscalculia.

- Autistic Spectrum Disorder (ASD)

- A physical disability

- A brain injury, following a stroke or accident which impairs speech or memory.

These are just some examples. The person should always be put before the disability, supporting each individual and their specific needs. The terminology outlined above can vary. People prefer specific terms, and can be offended by some terms, which should be respected.

As an individual with additional needs I want meaningful work experience to gain confidence, transferable skills or an understanding of which jobs they can pursue. I can also wish to undertake work experience purely for the experience and to enjoy it – these experiences are life changing.

I am influenced by my disability, it inspires me to want to help others; my parents / family / teachers and charities; Project Choice visited my parent/carer transition group meeting and told me it was possible for me to gain work experience in healthcare. I have seen roles on TV but I often cannot relate to them. I am influenced by my peers on social media.

How does this user group obtain work experience?

Schools or specific programmes, charities, social enterprises. Project Choice arrange work experience for young people with specific learning needs, this is a few hours a week for a six-week block.They can feel part of the team, have to get ready for work, get there on time, follow instructions and practice social skills.

How are users let down?

They are an overlooked group. It takes proactive members of staff to make work experience happen for this group. If those staff leave, all the understanding and coordination is lost; media portrayal creates stigma; individuals may have additional needs, but this doesn't mean they are unwell; application processes are not designed with this group in mind.

What questions does this user have?

Will identifying that I have additional needs prevent me from being offered an opportunity? What support is available to me? What would I do if I don't like it? Will I be judged? Will they assume I have done things wrong? What do I do if I make a mistake? Will they be nice to me? Will I get tired or hungry? What do I do if I get bored?

How does this user group feel about work experience?

"Participants in Project Choice love their work experience. They arrive early, are excited and always want it to be longer, they love getting to wear an NHS badge or lanyard. They love receiving positive feedback and a certificate which reaffirms the value of taking part, even if it is not going to lead to a job. It is a valued opportunity, that they, and their families never felt would be possible".

Sarah Tonnar, Project Choice.

What do we know about this user group and their online learning needs?

Online work-related learning would be best created to be delivered in a classroom setting, with support. All content must meet NHS Digital Standards and consider accessibility including significant user testing, alternative text, keyboard shortcuts, colour contrast, read aloud functionality and subtitles.

4.2 Acceptance Criteria

The below acceptance criteria have been created alongside the user stories and are included in the draft specification for a National Work Experience Management Platform.

A National Work Experience Management Platform is done when…

- **All user groups** are suitably prepared; know the value of work experience; what to expect and what is expected of them; and what they will be doing and not doing.

- **All user groups** know when they are likely to receive an outcome of their application, and this is fulfilled on time.

- The benefits are made clear and not **oversold/overpromised**.

- There is a space on the application form for a **support workers name and email address**. They receive notification and can supply further information.

- Support workers are aware of online work-related learning opportunities and can feel confident in their quality, and accessibility to promote them to users.

- **Veterans and career changers** are aware that work experience is not only for young people and they see themselves in work experience promotional materials.

- **Resettled refugees** know what work experience is and are prepared with cultural details about working environments in the UK.

- **There is a tick box to say you are care experienced**, either to gain priority selection or simply to raise awareness amongst staff. It must be clear to applicants why they are being asked this question.

- **School pupils** know, well in advance, what they will be expected to wear.

- **School careers leaders** can apply on behalf of their pupils.

- **Prison leavers** know which placements they can apply for, and the application form is clear about what information is compulsory and why it is asked.

- There are methods **to measure the uptake** of work experience for each user group.

- It is **accessible and mobile-optimised**.

- **Individuals with additional needs** see themselves in promotional images, case studies and scenarios.

- **Hosts** are provided with information to help support specific groups.

5.0 Stakeholders

Beyond applicants (users) there are a wide range of stakeholders involved in and affected by the coordination and delivery of work experience. Outlined in this chapter are many of the identified stakeholder groups.

Health Education England

Part of the NHS, working with partners to plan, recruit, educate and train the health care workforce.

- **Talent for Care** supports employers with their workforce supply through programmes.
- Developed work experience toolkits.
- Collate data relating to work experience via quarterly data returns with NHS staff and annual preparation for work survey.
- The **Technology Enhanced Learning** team, including **E-learning for Healthcare** provide support and services to HEE staff and across the NHS which will be relevant to the development of online work-related learning.

NHS Health Careers

Are part of HEE.

- Website receives 7.5 million visits each year.
- Telephone helpline receives 18,000 enquiries per year.
- Careers literature provides information and guidance about the 350 roles within the NHS.
- Step into the NHS schools programme reaches 5000 primary and secondary school pupils.

NHS Organisations

Various staff in NHS organisations are responsible for the coordination and provision of work experience, with differences in each region, across various levels and departments.

Host departments are the staff across the NHS who volunteer to host work experience participants. This may involve shadowing a clinician or number of staff members, or taking part in some hands-on activities (for non-clinical roles).

NHS Employers

Provide expertise in HR.

- Produced the Inspire, Attract, Recruit toolkit[8] which provides advice to HR professionals across the NHS about candidate focussed recruitment and ways to attract future pipelines.
- Responsible for the Step into Health programme[37] which supports employers in the NHS to recruit from the Armed Forces community.
- Deliver a suite of resources and guidance to support NHS organisations to engage with, and better recruit from, their local community.
- Produced an interactive toolkit to help NHS organisations attract, recruit, support and retain disabled staff into their organisation.
- Developed the 'Think Future' campaign[38] to encourage recruiting young people into the NHS.

NHS Business Services Authority

Started providing the NHS Jobs service in 2018, the official online recruitment service for the NHS in England and Wales.

- Over 30,000 jobs posted each month, 11 million jobseekers, and 828 NHS organisations.
- Service is being redesigned.
- New service will encourage employers to carry out the entire recruitment process using NHS Jobs, to reduce the need for third-party recruitment systems.
- Also responsible for the Electronic Staff Record system.
- Are delivery partner at alpha stage with DHSC for a new social care jobs service.
- Are delivery partner in a discovery with NHS E / I about a National NHS volunteering service.
- Receive queries relating to work experience mainly via their NHS Jobs social media channels.

NHS England / Improvement

Operating as a single organisation since April 2019.

- The People Directorate has responsibility for actions within the NHS People Plan, which includes a focus on widening routes into NHS Careers.
- Work with NHS Health Careers to share PSHE school content.
- Centralised Voluntary Partnerships Team looking at routes into employment for volunteers and widening access to volunteering.
- Are undertaking a discovery phase looking at advertising volunteering opportunities.

Government

The Government's Careers Strategy[18] specifically calls for employers to: "Provide encounters that inspire people and give them the opportunity to learn about what work is like and what it takes to be successful in the workforce". Work experience also interlinks with the Department of Health and Social Care, Department for Education, Department for Work and Pensions, and Job centre Plus. Local authorities also dictate the use of digital resources in schools i.e. use of virtual meeting software with school children.

National Careers Service

Established in 2012 to provide information, advice and guidance through face-to-face and telephone, web chat and email.

Careers Enterprise Company (CEC)

Connect businesses with education, and support schools and colleges to deliver careers education, underpinned by the **Gatsby Career Benchmarks**.

Medical Schools Council

Provides guidance about what are relevant experiences[39] when applying to medical school, and the core skills and attributes of a medical student[40]. Also provide a list of the entry requirements for all UK medical schools[41]. Medical School admissions leads from the Medical School Selection Alliance are responsible for the development and implementation of the recommendations set out in the Selecting for Excellence Final Report[21]. Focusing on the following areas: providing better information to applicants, selection methods and widening participation.

Universities / Medical Schools

Work experience is generally not an essential non-academic entry requirement for courses such as Pharmacy, Allied Health or Nursing, however it can be encouraged to ensure applicants understand roles.

Over successive years an increasing number of medical schools have moved away from requiring work experience as a compulsory non-academic requirement, recognising the inequitable access available to applicants. Some medical schools now state that work experience is not required, for others it is 'strongly favoured, desirable or encouraged'

British Medical Association, General Medical Council and Royal Colleges

Have their own work experience webpages offering general guidance on how to seek placements. The size, budget and remit of Royal Colleges and similar organisations differs greatly. Conversations have revealed a sense of responsibility to support work experience but mixed ability to do so. All of these organisations must be kept informed of planned developments in work experience, to ensure that clear messages are being communicated to the wider general public and their members.

Schools and Colleges

The 2018-19 Preparation for Work survey[6], indicates that the main partners of NHS organisations, for work experience delivery are schools and further education colleges. Not all schools have a dedicated careers leader and often this remit can fall to subject teaching staff and heads of department amongst other responsibilities. Many schools encourage a work experience week in June/July for pupils in Year 10 (aged 14-15).

Social enterprises and charities

Provide work experience support and pre-employment opportunities to specific groups of individuals including the Princes Trust, the Sutton Trust and the Social Mobility Foundation.

Online third-party providers

A variety of organisations have emerged in recent years, providing platforms for applying to and hosting 'virtual work experience'.

Fee-charging organisations

Various organisations offer fee-paying services to support students in their university applications. Sometimes this content can repeat incorrect messaging that work experience is a compulsory requirement (specifically for medicine). It is important to liaise and build relationships with such organisations, where possible, to communicate accurate information.

Movement to Work

Is a voluntary collaboration of UK employers committed to tackling youth unemployment through the provision of work placements which provide employability skills and on-the-job experience. Work experience in healthcare represents the highest sector within Movement to Work data.

◉ Insights

Work experience does not have a national strategy driving change or incentivising collaboration.

⏩ Option

D Continue to develop the National Work Experience Network.

⏩ Further options

E Seek high-level buy in.

F Share, Discuss, Collaborate.

J Share resources with CEC.

6.0 Current offering

6.1 How much work experience takes place?

According to the preparation for work survey[6], 15,995 work experience placements took place across England in 2018-19. Of those, the most popular length of time was a one-week placement. However, it is believed that more work experience takes place beyond these figures. Completion of the survey is voluntary and reliant on up-to-date contact lists, and willingness of staff to collate relevant data.

Without strategy and policy guiding collaboration there are significant barriers to acquiring accurate data across trusts, partners and systems. Gaps in data make strategic planning and decision making challenging, and this is felt across various organisations[26]. A management platform, with significant uptake, could standardise data collection and provide clarity.

One user group and their potential demand for work experience:

- 583,560 young people will complete secondary school (Year 11) in 2020/2021[42].

- Research has indicated that around 13% of young people aged 17-18 are interested in a career in health or social care or social work[16], and at age 7/8 this figure stands at 16%. Generalised, this could represent up to 75,000 young people, from one user group, who wish to take part in or could benefit from work experience in the NHS.

6.1.1 How do applicants apply for work experience in the NHS?

In early 2020 Talent for Care shared a survey with contacts in NHS organisations across England about work experience provision. Through this survey and subsequent Google searches it has been possible to roughly review how applicants can apply to work experience. It must be noted, that due to Covid-19, some webpages are likely to be outdated/processes may have changed. Results gathered through Google searches are only indicative of webpages at the time of the search. Some organisations may also deliver work experience which is not advertised via a webpage.

Of the 237 NHS organisations included in this review (223 NHS Trusts plus STP's and ICS's) a quarter did not have a webpage relating to work experience, appearing within a Google search. 31 have a webpage, but do not disclose what their application process is. Nearly half administer their applications via a paper form, which is either provided on their webpage to download or potential applicants are required to email to receive a copy. 37 NHS organisations are administering work experience either via an online form, through a third-party provider or have paid for their own management platform.
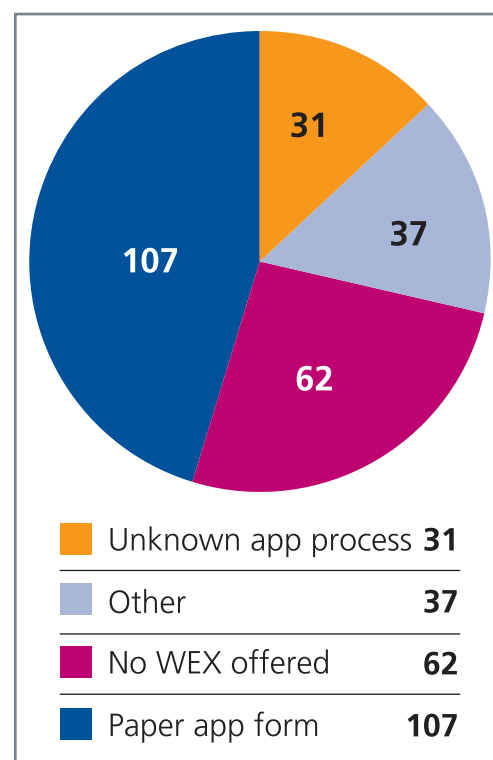

Unknown app process	**31**
Other	**37**
No WEX offered	**62**
Paper app form	**107**

Table 2: NHS organisations WEX application process.

6.1.2 Selection process

Some insights have been noted when reviewing NHS webpages and through the collation of user stories for this discovery, with regards to work experience selection processes. Best practice for a transparent and fair application process is outlined below which suggest some required changes. Any future management platform could mitigate many of these issues, while making processes easier for staff. However, change in process will always face some resistance.

- First-come-first-served is a common selection approach.

- Many staff approach host departments on an ad-hoc basis; after receiving applications.

- Some websites indicate months when work experience is taking place, and the specialities available, but specific adverts are less common.

- While some eligibility criteria are advertised, it is rare that a transparent selection process/weighting is shared with applicants on webpages.

- Popular eligibility criteria includes; applicants must be a specific age; applicants must live in a local catchment area; or applicants must be seeking to study medicine at university.

- School pupils are commonly mentioned, and the Step into Health programme is available for veterans in some areas. However, other user groups are rarely mentioned specifically.

- Application forms can include asking applicants for the subjects they are studying and their predicted grades, often without indication as to if or how the predicted grades will be used within selection i.e. are they measured against the minimum grades for a foundation medicine degree? Measuring predicated grades against the entry requirements for only the local medical school would require justification.

- Application forms do not ask questions specifically relating to widening participation.

- Guidance on how to complete application forms is often not displayed, with no explanation as to why questions are included i.e. if an applicant answers yes they have a relationship with a member of NHS staff will this be treated favourably?

- The wording of questions on application forms can vary (and do not always follow government guidance). Some ask for ethnic group and disabilities others do not. Best practice would be that these questions are asked via a separate equality monitoring form, to avoid bias.

- Some application forms ask applicants to provide a statement of why they are seeking work experience, however, guidance is not supplied as to how the statements will be weighted and judged.

6.1.3 Best practice

- Application forms must contain a privacy statement explaining how data will be handled, stored and for how long. This must be a child-friendly statement.

- Application processes should reduce uncertainty and anxiety for applicants, using simple language, about who can apply, when they will receive an outcome, what placements include and, where possible, advertising clear opportunities. It should be transparent why they are being asked specific questions. This will allow applicants to better understand what they are applying for and align their expectations. First come first served may appear fair but leaves applicants with virtually no information about where they are in the 'queue' and how their application will be treated. Applicants can be left feeling that they have wasted their time submitting an application.

- Further consideration is required as to what personally identifiable information is actually required to be collected for an application. Considering what is open to bias and what could act as a barrier for specific groups i.e. determining if an applicant resides in the locality is necessary but asking for the address of applicants who are care experienced or a prison leaver may be challenging and prevent them from applying.

- If paper forms are to continue, it offers limited opportunity for name-blind selection whereby personal information such as name, gender, school, etc. are not viewable by the individual undertaking selection. NHS jobs offer name-blind recruitment.

- Considerations are required as to alternative ways to determine applicant interest and commitment to work experience. Current methods are subjective. Qualitative elements such as a statement of motivation is vulnerable to bias, and offer opportunities for well-resourced applicants to access additional support to make their case.

- Ensuring information and application forms are available in an accessible format is the easiest way to prevent putting off potential candidates[8].

▶ Option

National Work Experience Management Platform

A1 A centralised service team is required long-term.

A6 Build in name-blind recruitment and lottery selection.

▶ Further options

K Evaluate the impact of one-day placements.

6.2 Work-related learning in-person

Various departments and teams across England have developed what could be defined as work-related learning initiatives (see pages 4 & 6) to provide insights about NHS roles to groups utilising simulation, scenario-based learning and activities focused on practical skills development. Sessions can also include some general careers information and guidance. Some groups take their sessions to schools, others take place in specifically designed centres. The focal user group tends to be school groups, with content mapped to PSHE curriculum and Gatsby Careers Benchmarks. Best practice, like with online work-related learning, is that content is created with clear learning outcomes.

By creating scenarios, with Subject Matter Experts, sessions can be delivered which expose users to unique insights into the challenges NHS staff and patients face and develop the core values required. Example scenarios include: social care settings, ambulance services, A&E, wards and operating theatres. Practical skills sessions can include life-saving skills and CPR.

Below are just some examples, there are likely to be more across the country.

Careers Hub based at five different sites across the north west: Lancaster, Preston, Chorley, Blackburn and Blackpool.

East Midlands Ambulance Service NHS Trust: Offer groups simulation scenarios including road accident scene management, elderly patient with sepsis, crew dispatch management and emergency call taking.

HealthReach a mobile outreach project, based at the University of Reading.

HealthTec Thames Valley equipped with a state-of-the-art immersive classroom based in Buckinghamshire.

NHS Futures Zone an interactive clinical skills suite and training room run by Wolverhampton NHS Trust.

⏩ Option

D1 Prioritise work-related learning post pandemic, approach providers to share content.

6.3 Review of online alternatives to work experience

One key objective of this discovery was to undertake a review of the digital resources and online experiences available which could act as 'online alternatives to work experience'. The final review (appendix C) comprises of 70 digital resources designed or in development to provide insights into health care roles.

6.3.1 What is included in the review?

The digital resources found within the review vary greatly, and include virtual delivery, virtual reality (360), websites, videos, podcasts, interactive video platforms, online-learning and e-learning (see glossary of terms).

To be included in the review, resources must have been developed for a UK audience. The review has been populated through Google search strings and by members of the National Work Experience Network sharing examples. Google search strings include some of the following keywords (used in various combinations): 'virtual work experience healthcare', 'alternatives to work experience healthcare', 'online work experience healthcare', 'online work experience medicine', 'online work experience nursing', 'online work experience NHS', 'virtual work experience allied health', 'virtual work experience pharmacy', 'digital work experience healthcare', 'digital work experience medicine'.

A manual search was also conducted of the E-Learning for Healthcare website to determine if any resources offered online to current health and social care staff could be relevant to prospective work experience applicants. Providers of mass open online courses (MOOCs) such as FutureLearn, have been included, but because they offer multiple courses only the most relevant were selected for the review.

The review has not assessed the quality of what is available and does not include various in-house online sessions developed within NHS trusts. The review has included, where possible, if the content is mapped against pre-defined learning outcomes. The review does not include the plethora of e-learning scenarios and content available within the 12 modules of the Care Certificate.

If it has been possible to determine key features for each resource, these have also be listed. Features include: free to access for users, mobile-friendly, subtitles or transcripts, video content in an NHS setting, quizzes, activities, certificate of completion, headset preferable, independent learning/complete in own time, live, asynchronous (not in real time) chat, interaction with peer or clinicians (comments or verbally), patients feature, linear learning (content builds from one module to the next), user data collected.

6.3.2 Key findings

- The term 'work experience' is used very broadly online. Activity labelled as work experience is used to describe content which is 'careers information and guidance' i.e. a Q&A with a clinician online is not equivalent to work experience, the questions a participant could ask will be very different across the two experiences.

- Taking a bird's eye view, the speciality with the greatest number of relevant resources is medicine.

- The most popular user group is school and college students. Some user groups of work experience, who have limited opportunities in-person, also have no opportunities developed specifically for their needs online i.e. career changers, prison leavers, resettled refugees.

- A major difference between what is available is access i.e. e-learning which is open to anyone at anytime, live virtual activity at scheduled times, or activities which charge users a fee.

- A balance is required between activity which is open or public access (and preferably including asynchronous chat functionality), and virtual events.

- Specialities where work experience is rarely or never possible have counterintuitively been missed from the development of online work-related learning i.e. midwifery and aboard an ambulance.

- Nine of the digital resources/online experiences found charge users.

- Podcasts are listed within the review as digital resources. While not constituting 'work-related learning', they can provide more topical information and discussion than is often found in some careers IAG. Exploring further audio content possibilities could add value, provide unique insights, reach more users and recognise different learning styles.

- A number of resources claim to offer the 'only' experience of its kind, despite significant repetition.

- A significant amount of careers IAG video content exists beyond NHS Health Careers, with substantial duplication.

- It is unclear whether some resources have been created with clear learning outcomes.

▶▶ Option

C5 Develop an online work-related learning toolkit.

▶▶ Further options

G2 Stakeholders encouraged to use this discovery and online work-related learning toolkit.

G4 Share learnings from working with online third-party providers with network.

6.3.3 What is available for each specialty area?

Taking each specialty area, matched against the NHS Health Careers categorisation, it has been possible to identify where there are gaps in online work-related learning. Each section also highlights key information relating to that specialty and whether work experience is commonly possible.

Allied Health Professions (AHP)

Is work experience offered?
Yes, although not with a Paramedic, Diagnostic or Therapeutic Radiographer.

What digital resources are available?
Significant careers IAG including 360 video content. Trusts have developed virtual experience with Springpod.

Notes: AHP's are the third largest clinical workforce in health, and are experiencing shortages. The development of AHP faculties[26] aims to focus on three key themes: increasing future supply, bridging the gap between education and employment, and enabling the workforce to deliver and grow. Test faculties are also addressing work experience and careers activity. Coordination with these faculties will be crucial.

Ambulance service team

Is work experience offered?
It is not possible to shadow aboard an ambulance. Simulation experiences do occur and some areas offer shadowing of call handlers.

What digital resources are available?
Only TV content found.

Dental team

Is work experience offered?
Yes, shadowing is possible.

What digital resources are available?
Discover Dentistry e-learning course available on FutureLearn. One experience available which charges participants a fee.

Health informatics

Is work experience offered?
Possibly in some areas.

What digital resources are available? None found.

Healthcare support worker

Is work experience offered?
Yes, it is possible in some areas but not all.

What digital resources are available?
None found. The Care Certificate e-learning content could be repurposed to introduce roles.

Healthcare science

Is work experience offered?
Immunisation is required to shadow in labs which can limit or prevent opportunities. Reach Out for Healthcare Science organised by Royal Free NHS Foundation Trust offers week-long opportunities including simulated content.

What digital resources are available?
Medic Mavericks focuses its virtual careers event on lesser-known roles.

Midwifery

Is work experience offered?
Sometimes opportunities are offered to those over the age of 16, this varies greatly.

What digital resources are available?
Only standard video content found.

Notes: Careers leaders indicate a potential disconnect between what young people think the role of a midwife involves and the realities.

Management

Is work experience offered?
Shadowing is possible.

What digital resources are available?
None found

Medical associate professions

Roles require postgraduate study, therefore hands on experience already gained through undergraduate study.

Nursing

Is work experience offered?

It is possible but HEE have faced a challenge in guaranteeing the clinical placements required for hands-on experience within undergraduate degrees[1]. Attempting to improve work experience opportunities in Nursing may impact the available clinical placements required.

What digital resources are available?

Featured within careers IAG. FutureLearn e-learning course available. Some online student placements and VR content is under development, content could be repurposed for prospective nurses. Content online could aim to cover the variety of roles from neonatal nurse to prison nurse.

Notes: In March 2020 there were 40,000 nursing vacancies in health and care settings in England[43]. The number of applications to Nursing degree courses has increased during the pandemic.

Pharmacy

Is work experience offered?

Some shadowing is possible, although it can be limited.

What digital resources are available?

Featured in careers IAG events, and as part of other activity i.e. Patient Journey app. No specific Pharmacy activity online found.

Notes: Concern about staff vacancy rates, and possible shortages to fulfil NHS Long Term Plan strategy.

Clinical psychology

Is work experience offered?

No, not available.

What digital resources are available?

None found.

Wider healthcare team

Is work experience offered?

Various shadowing and initiatives take place.

What digital resources are available?

New Springpod virtual two-week programme developed. Values for Healthcare resource also available.

Public health careers

Is work experience offered?

Possible shadowing for some roles.

What digital resources are available?

Nothing specific found.

Medicine

Is work experience offered?

Not usually possible in specific specialities such as Anaesthesia, Clinical Oncology, Clinical Radiology, Community Sexual and Reproductive Health, Emergency Medicine and Intensive Care.

What digital resources are available?

Significant number of virtual and online-learning opportunities including focused activity on pathology or anatomy. It is unclear how many facets of medicine are introduced i.e. infectious diseases to rehabilitation.

Notes: Shortages in speciality areas include General Practice and Psychiatry. Psychiatry can often be considered an area where work experience is not possible.

▶ Option

C2	Finance development of online work-related learning for Ambulance Services, Midwifery, and Pharmacy and the creation of pre-modules.
D2	Invite AHP faculty members to the network.

7.0 Learning from others

7.1 Discovery workshops

To determine what functionality would be required for a National Work Experience Management Platform, five virtual workshops were held in collaboration with team members from the Digital, IT, Technology Assurance Group (DITAG) at HEE. These workshops invited NHS staff, who coordinate and administer work experience in their locality, to directly share their processes and needs. Forty-nine staff took part. The results of the workshops, together with expertise from the Technology Enhanced Learning department at HEE have contributed to the development of a draft specification document.

7.1.1 Interest Group with arms-length NHS bodies

The development of a National Work Experience Management Platform would not be a static digital resource, it would be a service. This service would be administered locally by NHS staff but would also require a central service team to maintain the site and platform, evaluate it, improve it, implement further roll outs, communicate to stakeholders and ensure it is meeting the needs of those utilising it. This would be a long-term solution, requiring long-term commitment.

An interest group meeting was held in February 2021, inviting representatives from HEE Talent for Care, NHS Employers, NHS Health Careers, NHS England and Improvement and NHS Business Services Authority to discuss work experience provision and to determine who is involved or impacted by this work. Exploration of the possible options of how the platform could be developed is ongoing. So too are discussions about funding, staffing and where responsibility for this work best fits. One area requiring considerable consideration is how the platform could support the coordination of compulsory industry placements as part of T levels.

Another consideration is that of NHS Volunteering. Significant information and governance considerations are also required. This would not be a fast or instant process and to get this right, several sprints, will be required. There will need to be understanding of the time this will take, through raising awareness of this work.

7.1.2 Risks

The prospect of a management platform offers varying opportunities to improve and standardise work experience provision nationally. However, there are also a number of risks relating to costs, longevity, staffing, and the possibility that NHS staff locally may decide not to use it. In order to be worth the investment, maximum uptake will be required. Any change in process, provided by a platform, is likely to be faced with potential reluctance. Ensuring that the roll out of a platform has NHS staff support, will require significant collaboration.

> **▶ Further options**
>
> **I** Determine the overlap between volunteering and work experience.

> **▶ Option**
>
> **A** Pursue the development of a National Work Experience Management Platform.

7.2 Principles of learning online

Adoption of online work-related learning, whether through tools which are primarily text based, multimedia or interactive require grounding in pedagogical rationale and best available evidence[44].

Designing, developing, testing, and delivering learning online is not easy, which is why it has been a challenging year for teachers, lecturers and educational professionals alike.

The capability of a chat function box on a digital platform is great, but it alone does not achieve learning outcomes, this is reliant on learners meaningfully engaging with it.

Recording a conversation on virtual software is common, but substantial expertise is required to film high quality video matched with tailored synchronous activities.

Key considerations include:

Clear statement of purpose[25]
What is being designed and why? Who is it for? Select the method, content, terminology and assessments which are appropriate for the users[46].

Clear instructions
In a study by the Education Endowment Foundation[45], they found no difference between synchronous (in real time) and asynchronous teaching. If a concept is explained live or via a pre-recorded video, what is important, are clear instructions. This includes how much time, realistically will be required to complete the activity[46] and what support is available if a user has technical difficulties.

Structure content into meaningful sections, sequence content to build on prior learning. Users learn differently, some will prefer working independently, for others this will create a feeling of isolation and frustration and may lead to inactivity and a lack of motivation, sufficient testing can help to reduce this.

Nationally shared, with longevity
Valuable resources can be lost or fall into neglect if longevity is not built into the initial plan. Who will maintain, evaluate, improve, promote, prioritise and fund the continued hosting of the online work-related learning activity? Create content which can be future-proofed, i.e. easily adaptable. Through collaboration, national content can be created which maximises return on investment and increases opportunities[25].

Learning outcomes
Achievable **learning outcomes** in terms of knowledge, skills and competencies are essential. These can be mapped to relevant educational curricula or aligned to service needs[46] (see appendix B).

Subject Matter Experts are required at all stages of the planning, design, and evaluation[46]. These may include clinicians for content, and e-learning experts for design and structure. Activities can prompt and provide practice of reflection which can be an unfamiliar skill. They can also provide strategies to support learners if they get stuck[45]. Systems which allow learners to record their learning, capture results of assessments, provide a record of their achievement and allow for **feedback** are favourable[25].

Mechanisms for communication

Users' anxieties can lessen when they can raise questions. This can be asynchronous (not in real time) or synchronous (in real time) but will require moderation. Approaches should be selected to best suit the users. Live virtual sessions provide the opportunity for verbal interaction between peers and various staff members which can increase motivation and improve learning outcomes[45]. Interaction can take many forms: discussion, critique, debate, sharing of project work, peer review, simulation, demonstration and practicing skills. Through virtual delivery it is possible to engage with more users than is possible via 1-2-1 work experience shadowing. However, consideration is required of the maximum number to invite, based on user needs, allowing sufficient time for everyone to participate, and the skills of the facilitator to monitor each individual learners progress.

Equity of access is imperative

Work-related learning should be mobile-optimised, with transcripts and subtitles available for video content. Accessibility features should be promoted in advance. This also includes careful scheduling of live sessions; not every user has unlimited access to devices. Undertaking an Equality Impact Assessment will provide insight.

Quality and evaluation

Analytics from e-learning platforms can monitor usage, track and record assessment results and completion rates. They can also determine time spent and key points where learners may 'give up' and exit learning.

Facilitation of virtual sessions present unique challenges. Understanding the safeguarding risks of live video sessions is integral, with awareness of local authority guidance. Mitigating risks is important, as is having a plan in place for if a session is hacked, because this can be distressing not only for participants but also staff. Knowing if a participant feels comfortable to contribute and that they understand the content requires mechanisms and evaluation strategies. Understanding users, their expectations, needs and what could knock their confidence or raise their aspirations is not straightforward online. Remaining critical of approaches and the unwitting damage or adverse effect they could have is crucial. To aid in navigating technological functionality the TEL team at HEE have released a series of 'how to guides'[48].

Growth mindset

The NHS needs to nurture growth mindsets throughout the workforce[7]. Someone with a growth mindset believes that intelligence is developed through learning. Online work-related learning should take into account growth mindset principles to increase motivation and self belief in participants.

▶ Further options

G3 Use the Technology Enhanced Learning (TEL) Guidelines when seeking external providers.

Gatsby Benchmarks: delivering online employer encounters

In response to the pandemic the Careers Enterprise Company released a Can Do Guide for Career Leaders[49] and guidance on scoring online employer engagement against the Gatsby Benchmarks[20]. A few key elements are stipulated, specifically to meet benchmarks 5 - encounters with employers and 6 - experiences of workplaces:

- There is extensive two-way interaction between the student and employees.

- Student must perform a task or produce a piece of work relevant to that workplace and receive feedback on it from the employer.

- There is evidence that the student actively participated.

When designing online work-related activity for school age pupils the Gatsby Foundation confirmed, for this discovery, that, two-way interaction while extensive, does not have to happen in real time. Asynchronous chat functionality is permissible, provided that it is moderated and engaged with meaningfully. Also various activities online can constitute as a task or production of a piece of work. It is important to note that the benchmarks themselves do not measure the quality of activities, they provide an overarching framework. Approaching the design of activities to 'tick off' all benchmark criteria can be restrictive and not meet the needs of the users or allow for the possibilities that online-learning can provide.

7.3 Learning from virtual degree student placements

As a result of the pandemic, Higher Education courses with clinical placements have shifted online including shadowing virtual clinics, delivery of patient-facing exercse classes (physiotherapy) and completion of virtual projects. Valuable lessons have been learnt which are relevant to the development of online work-related learning. Utilising widely available technology with no additional investment has been effective; virtual software has provided a safe environment to learn complex scenarios and has increased capacity[50]. The challenges have been the security of virtual platforms, assessing clinical competence[51] and presenting authenticity.

Debriefing online has allowed for shared reflection although managing debriefing can be challenging to ensure learning outcomes are met.

7.4 Evaluating in-person and online: a comparison

In January 2021, a survey was shared with aspiring medical students, 438 complete responses were received. To participate, respondents had to be over the age of 16, and have accessed either Observe GP (OGP) and/or Brighton and Sussex Virtual Work Experience (BSMS) see pages 65 & 66) and have completed in-person work experience. This was followed by nine semi-structured virtual interviews. The aim was to evaluate the following questions:

Amongst students applying to medicine, are there differences in their perception of what they gain between in-person work experience and online alternatives?

- Do they perceive that they gained a realistic understanding of the demands of a medical career from these experiences?

- Do they perceive that these experiences impacted their motivation to study medicine?

- Did these experiences provide demonstrations of some of the core attributes of a medical student?

For the purposes of the study, in-person work experience was described as:

shadowing at a GP surgery, a hospital placement or volunteering in a residential, nursing or care home. Questions (appendix A) were mapped against the Medical Schools Council relevant experience guidance[39] and core values and attributes of a medical student[40].

7.4.1 Quantitative results

Further analysis is taking place and is hoped to be published in a peer-reviewed journal later in 2021. The most significant data relates to the question 'As a result of [experience] I learnt/ gained insights into'. Respondents were provided with a list of the core values and attributes of a medical student to tick as appropriate. N is the number of respondents who had accessed each experience (they did not have to access both online alternatives to take part in the survey). The percentages are relevant only to the N of each column.

Table 3: Insights into the attributes of a medical student.

	In-person (n=438)	BSMS (n=346)	OGP (n=338)
Conscientiousness	44%	41%	42%
Dealing with uncertainty	55%	53%	53%
Effective communication	**90%**	**72%**	**91%**
Empathy	**85%**	59%	**79%**
Honesty	52%	50%	64%
My own health	14%	26%	15%
My own strengths and weaknesses	49%	34%	26%
Personal organisation	42%	47%	41%
Problem solving	58%	65%	68%
Reflection	57%	**75%**	**72%**
Resilience	49%	44%	39%
Taking responsibility for my own actions	43%	31%	36%
Teamwork	**79%**	46%	69%
Treating people with respect	**85%**	57%	**76%**

In-person experience ranked highest for effective communication, empathy, teamwork and treating people with respect. Of the 338 who had accessed Observe GP, and 346 who had accessed BSMS effective communication and reflection both ranked highest, with empathy and treating people with respect also ranking high for Observe GP. Of all of the core attributes, 'insight into my own health' ranked lowest across all experiences.

7.4.2 Semi-structured interviews

To further explore the experiences raised in the survey, nine semi-structured remote interviews were conducted. Two researchers independently conducted inductive thematic analysis of the responses, with a meeting to discuss coding and rectify discrepancies. Preliminary findings are presented.

Accessibility

Online was uniformly felt to be convenient, can be completed in own time alongside studies, at own pace, and does not use NHS resources (wearing scrubs, using staff time). Many interviewees reported that in-person was challenging to obtain and often required the use of 'contacts' to do so; by contrast, online is easier and perceived as fairer to access.

- *I travelled two hours to my work experience.*

In-person cannot be replicated but is also inconsistent

Interviewees agreed that in-person is unique in what it provides - really being there, absorbing what's going on, watching in real life, in the moment, its unpredictable. How doctors and patients interact and communicate, listening to conversations, their reactions, connecting with them, relating to what you see, asking questions relating to the situations, chatting with staff during breaks.

The emotion hits you, you gain a sense of the gravity of situations, for example meeting someone with dementia for the first time. You can decide if you like the vibe and environment and witness theory being applied. To work in medicine you need a desire to want to be around people.

However, in-person is inconsistent. Even if two people went on the same ward they would both have different experiences. You might catch a chaotic day, an emotional day, or a quiet day. This is realistic, but sometimes means sitting around.

- *There's no backing out... when you're physically there, you kind of get that push.*

- *[They] managed to arrange for me to sit in a meeting… two thirds of the really complicated medical terminology went over my head. Even if you don't understand everything… this is how it is.*

Competition

Some respondents felt that the uniform experience delivered by the online alternatives was not sufficiently unique to differentiate them from other applicants and did not provide individualised experiences that might be drawn upon in admissions interviews.

- *Everyone's accessing the same resource. That may sort of nullify it if everyone has access to it… sort of makes it invalid.*

Expectations

There was no agreement about whether online experiences are 'work experience'. Clear expectations are required for what in-person and online will provide, for online it must be clear how long it will take to complete, be of quality and offer something different otherwise it is just another thing to do.

Respondents indicated that they believe medical schools, although supporting online experiences this year, may believe they are 'inferior' and appreciate in-person more.

- *It shouldn't be like, oh, because you can't get physical work experience in a hospital, you can't study medicine.*

- *I think you probably have to be careful because you don't want to make it sound like you've actually been there, you have to explain that it was virtual.*

Learning about the challenges

Both online and in-person can lack insights into the challenges faced when working in healthcare. Respondents sought this understanding. This includes reactions, emotions, how quickly things go wrong, sad situations, serious or difficult scenarios, trauma, confusion, making mistakes, staffing shortages, funding issues, waiting times, mental health, personal health, the hard work required. One respondent indicated that providing examples online can also allow explanation of how to deal with the situation being portrayed, but it was also felt that online could 'sugar coat'. They also want to know about the administrative side: research, ordering tests and prescriptions.

- *There's a lot of harsh realities that I still haven't experienced.*

- *One of the patients [in-person] didn't have the right social support from their family and that really impacted the way they dealt with their disease.*

- *Observe GP, really did… show that it can be emotionally challenging,*

- *[In-person] having to give cancer diagnosis one after each other and having to have that resilience to almost bounce back.*

◉ Insights

Evaluation has provided new perspectives. Future online work-related learning should be user-led in development.

Purpose

The purpose of work experience and how it affected the respondent's motivation to study medicine differed.

No respondent said work experience was the reason they decided to study medicine. It can confirm or enrich the decision already made, while also increasing motivation. It can increase their knowledge but also provide 'something to write on personal statement'.

There was no agreement on whether online would be better if completed first. Online can provide prompts, reflections and insights to gain more from in-person. But it could also put you off. It could reduce pressure for in-person and avoids being thrown 'in the deep end'.

- *To have that in-person first, then do the online and go 'Oh yeah I remember'.*
- *From the online ones I knew what to look for and I knew what skills to try and find examples from.*
- *I think I'm more interested in surgery now, after reading the stuff on Brighton and Sussex.*

Breadth and variety are favoured

No one in-person or online experience provides everything. Even shadowing can only go so far, volunteering provides hands-on experience. Respondents all wanted more insights, across more specialities. Online can provide more detail and access to specialities not able to gain in-person; for two interviewees, their in-person experience had been outside the UK; online provided them with their only experience of the NHS. In-person usually provided a relatively focused experience. BSMS was praised for showing a breadth of specialties.

The more interactive online experiences are the better – audio, video, games, quizzes and with plenty of opportunity to reflect. Breaking up topics online is beneficial. Having the opportunity to ask questions, in-person or online is required (even if, online, not in real time). To be worthwhile, online must supply scenarios not possible to gain elsewhere but be cautious of supplying too much information, if it is text heavy or takes too long to complete it can add undue pressure, and learning is forgotten.

- *[Observe GP] I think a similar thing for different specialties would be really cool. Like a day in let's say psychiatry and a day in surgery or something like that.*
- *I think it's easier to reflect, because you just do it in the moment. Whereas when you're in-person, you have to probably like reflect when you get home and write it down.*

◑ Insights

Six respondents volunteered to gain insights. Coordinating efforts between volunteering and work experience could reach more people.

7.5 Case studies

External organisations and experts were approached to provide case studies for this report.

FutureLearn

Leading experts in online learning design.

Over fifteen millions users.

Longstanding contract with HEE, now leading a partnership inclusive of other bodies within NHS.

Short courses range from a couple of hours a week, for three to eight weeks. Course structures vary, a typical course will have a balanced mix of around 15–25 steps per week. Steps include: articles, discussion, peer review, and activities such as quizzes to support active learning. Each step motivates, questions, explains, reflects, and extends learning. Varying activities and approaches account for different learning styles and further learning is provided through links to additional articles. Courses are often focused on one or more big questions. Approach of story-telling encouraged. Every step should be meaningful, valuable and contribute to learning.

Social learning is achieved through dedicated discussion steps which is asynchronous, not in real time, via comments functionality. Carefully constructed questions provide direction.

- Discussion challenges learners to apply knowledge and share reflections but is not compulsory.

- Learners can view comments of others and connect with other interpretations and ideas.

Progress is celebrated and is clear via a learner dashboard.

- Courses are linear; every step is linked with those previous. Knowledge and ideas are interconnected but not dependant on each other.

- Learners can dip into sections and understand the main thread without having yet undertaken previous steps – the learner is in control and can pause and continue where they left off. Learners mark sections as complete themselves, they decide what 'completion' is.

Practice skills

Some courses are designed specifically for workplace application. Learning outcomes for these courses are about the practice or demonstration of skills. Videos and animations show the best approach, practice activities allow for improvement with each new attempt and quizzes check understanding. Learners can create their own content to showcase their new skills.

**https://www.futurelearn.com/subjects/
healthcare-medicine-courses**

HEE, Skills for Care and Skills for Health

Care Certificate

E-Learning, combined with practical assessment.

Launched 2015.

Public access via E-learning for Healthcare.

15 standards comprised of both theory and applied practice within a work environment.

Standards include:

- Understand your role
- Your personal development
- Duty of care
- Equality and diversity
- Work in a person-centred way
- Communication
- Privacy and dignity
- Fluids and nutrition
- Awareness of mental health, dementia and learning disability
- Safeguarding adults
- Safeguarding children
- Basic life support
- Health and safety
- Handling information and infection prevention and control.

E-learning includes knowledge based sessions which are mapped against expected learning outcomes, together with work-based scenarios. In 2020, new scenarios were added including in a: disability setting, maternity setting, reablement setting, homeless setting, pre-hospital setting. Further scenarios are planned in paediatrics and operation theatres. Existing content covers: primary care, home care, end of life care, mental health care, acute care.

Developed following a review of health and social care support workers, and their training and development, designed with the unregistered workforce in mind. E-learning content is now aimed at those working across the NHS, care homes, hospices and social care. Implemented to provide a structured and consistent learning approach to induction, ensuring that care workers have the knowledge and behaviours to provide compassionate, safe, quality care and support. The content interfaces with apprenticeships and trainee nursing associate programmes.

The Care Certificate cannot be achieved without practical application. Having completed the theory for each standard, via e-learning, individuals apply their learning in practice and are assessed by an occupationally competent assessor. For a small number of standards simulation is utilised, e.g. basic life support. Paper/alternative formats also available for those not engaging with online learning.

https://skillsforhealth.org.uk/info-hub/the-care-certificate/

Accenture

Digital Skills for Work and Life

Hosted on FutureLearn.

Launched 4th May 2020.

31,500 course enrolments by January 2021.

Two week course, one hour per week. Designed for target audience of NEET young people not in education, employment or training. An introductory course, including: the basics of what digital is, how it is integrated into our lives and work, how it is affecting different jobs and industries such as hospitality and healthcare and skills development with a focus on growth mindset.

Course Development Process

Leveraged insights from Subject Matter Experts across education and employability sectors, to support course development and ensure course met learner needs. All feedback was provided early in the content development cycle to enable changes to be incorporated. They provided insight into how content might be received and how certain elements should be approached i.e. how failure is represented from a growth mindset perspective.

Adopted an iterative content development and review process i.e. built in review phases with different groups covering video and audio scripts, text content, and end to end reviews.

Learner reviews: 4.7 stars (out of 5)

"This was a great review course about the way the world is going digital in so many ways. The best part is the content about growth mindset. It really makes you think about your habits and attitudes in a new way, and encourages you to take changes and look at failure as a learning experience."

Range of videos, audio, text, quizzes, infographics and discussion questions enable learners to engage with the material and content in different formats. Learners are 'active'. User feedback requested a reduction in the amount and complexity of text. Hemingway tool used to assist with this. Included several reflective activities, particularly in the growth mindset content. Included diverse ages, ethnicities and genders in persona examples.

Course is delivered in partnership with charities and local authorities who can reach the desired users. It has been included in the Department for Education's The Skills Toolkit. Learners can also reach the course via FutureLearn directly, this is where the majority of learners come from. Granular demographics data on these learners is not available.

https://www.futurelearn.com/courses/digital-skills-for-work-and-life

Royal College of General Practitioners

Observe GP

Free interactive video platform.

Launched 30th April 2020.

20,000 UK aspiring medical students aged 16+ registered to use the platform in 11 months.

8 pre-recorded videos introduce diverse general practice team. true/false, drag & drop, reflective questions and terminology appear before, during & after videos. Themes include: NHS core values, long-term conditions, building rapport, diagnostic uncertainty and risk.

Learning objectives

- Will feel more likely to consider pursuing a career as a GP.

- Perceived knowledge of the purpose of reflection increases and gain experience using reflection techniques.

- Will better understand what a GP does on a daily basis.

- Finish the programme able to define: person-centred care, confidentiality and health literacy.

- Increase awareness of MSC core values & attributes[40].

Measuring impact

95% users indicate a better understanding of what a GP does.

Users can correctly define: Person centred care 96%

Health literacy 93% Confidentiality 90%

"Yes, I am more likely to consider pursuing a career as a GP as a result of Observe GP"

70% of completions

Lessons learnt

- Platform is not 100% mobile-responsive, which impacts access.

- Platform provider charges a licence fee per user.

- Does not include chat function i.e. social learning.

- No certificate available.

- User data is collected.

- Consultation videos appear in split screen and have subtitles which has been praised.

rcgp.org.uk/observegp

Brighton and Sussex Medical School

Virtual work experience

Free online-learning platform.

Launched 31st January 2020.

42,500 aspiring medical students globally aged 13+ registered to use the platform in 12 months.

Six medical specialities showcased through presentations, patient cases, quizzes, and interactive elements. Certification of completion requires submission of a reflective piece.

Learning objectives

- Recognise the ways in which patients can access healthcare and how and why patients move through different services.

- Become familiar with reflection.

- Identify the most important skills and qualities that doctors should possess and give examples of why these are so important.

- Stimulate thinking into the wider considerations surrounding modern medicine, including politics, law, & ethics.

Measuring impact

Statistically significant increase in confidence seen amongst those from deprived areas pre and post completion.

Lessons learnt

- Assessing reflective activity requires staff.

- Platform provider Thinkific, offer discussion board functionality i.e. to allow social learning, however due to safeguarding concerns and the staffing required for moderation of chat this was not used.

https://bsmsoutreach.thinkific.com/courses/VWE

Association of Pakistani Physicians & Surgeons of the UK (APPS UK)

Virtual Work Experience Programme

Free e-learning portal & virtual sessions.

Held: **July and August 2020.**

500 aspiring medical students aged 16+. Priority given to widening participation students.

Six week programme. Access to e-learning portal anytime, with modules to complete independently ahead of small group live virtual interaction with clinicians. Reflective piece written after each of the four modules, plus 1000 word final piece written and feedback provided. Primary Care, Surgery, Acute Medicine and Elderly & Palliative Care.

Learning outcomes

To understand:

- The functioning of the NHS and the role of different health professionals within it.

- Patient journey through the NHS and how multi-disciplinary teams work to provide best patient care.

- How NHS adapted to cope with the challenges presented by Covid-19.

- The interface between Primary & Secondary Care.

- The importance of reflection.

Measuring impact

Feedback forms provided online after each session. Improvement in quality of reflections submitted over the six-week period.

Lessons learnt

- Following student feedback, improved the e-portal to make it more user friendly.

- Internet issues: some students had connectivity issues and had to be re-allocated to future sessions.

- Coordination of 40+ clinicians for the live sessions was challenging. Had tutors on standby.

- 1000 word reflective piece will be omitted in the future, to reduce workload and increase capacity.

- Admin: Monitoring attendance and re-allocating students to alternative sessions for missed ones was time-consuming.

- Safeguarding: As most students were under 18, students & parents had to sign consent forms and a safeguarding lead was appointed.

- Unexpectedly, this programme drew attention from overseas applicants too.

https://appsuk.org/2020/06/13/apps-uk-virtual-work-experience-for-a-level-students/

General Medical Council & NHSE

Patient Journey to General Practice App

Free interactive 360º – virtual reality app.

Launched: **2019.**

Originally aimed at new international GPs. Now promoted to aspiring medics aged 16+.

Follow Mrs Thomas and her son Jack in their encounters with a receptionist, doctor, nurse and pharmacist gaining insight into how a GP practice in the UK operates from a patient's perspective. 1.5 hours of content. Interactive elements include: reflective questions, 'what should the next course of action be?'. Answers provided. Content includes voiceover of patient and clinicians' thoughts, providing a unique learning perspective. Content is underpinned by the GMC guidance.

Project aims

- Deliver immersive insight into doctor-patient relationship, multi-disciplinary teams, the interface between primary and secondary care and the patient's perspective.

- Include quizzes and activities on main menu to keep users engaged.

- Create functionality which is easy to navigate around.

- Create an app of an appropriate length.

Lessons learnt

- 360º element being mobile-responsive was imperative.

- Experience can be enhanced using goggles.

- App does not allow learners to leave and resume in same place.

- Few technical glitches to the 360 element i.e. turn off ringer volume for sound to work.

- Did not collect user monitoring data.

- Voices to camera element adds breadth and realism allowing increased reflection.

https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/e-learning-resources/patient-journey-to-gp-practice

"The immersive nature cut out distractions, it is less rushed than in person, there is more time to embed knowledge"

"An active experience not passive".

HealthTec® Thames Valley

Virtual Patient Journey

Live classroom sessions delivered virtually on Microsoft Teams.

Held: 5 (1 hour) sessions over a period of weeks, matching school timetable.

47 school pupils key stage 3 – key stage 5. Pilot ran 2020.

Classroom of pupils watched on screen. Each week includes a different focus. Features: simulation, live demonstrations, skills development, Q&A, discussion, and completion of a workbook. All practical equipment provided in advance e.g. dressings for a bleeds and wounds session. Also includes patient scenarios which pupils could relate to.

- Content designed to meet KS3/4 PSHE curriculum, gatsby benchmarks and/or level 1/2/3 Health and social care.

- Work with educators in schools to tailor sessions to suit the needs of school groups.

Lessons learnt

- Pilot took place with a cohort of students who are familiar with Health Tec.

- Schools had to anticipate moving rooms to gain access to a camera and speakers.

- Have to check content with teachers in advance.

- Gained increased engagement from pupils by learning their names.

- Selected demonstrations to gross-motor movements not fine-motor.

https://www.buckscollegegroup.ac.uk/ college-services/healthtec-thames- valley

Kings College London

General Practice - online simulated surgery

Free e-learning portal combined with live virtual sessions.

Held: **June and August 2020.**

80 aspiring healthcare students aged 16+ from widening participation backgrounds.

Participants led own simulated GP Surgery, playing role of doctor in live online patient consultations. Programme facilitated by final year medical students who delivered workshops on history taking and patient communication prior to the clinic.

Learning objectives/aims

Understand the role of Primary Care in the UK and the importance of skilled communication with patients.

Build insight into the challenges of delivering patient care online in the wake of Covid.

Learn from near-peer teaching and role-modelling from medical students.

Medical students gained skills in teaching - enabling them to apply for Associate Fellowship of the Higher Education Academy (AFHEA).

Lessons learnt

- Good internet access was a significant barrier for some participants.

- High quality information in advance and the establishment of a safe learning environment by the medical student facilitator improved learning.

- Attendance was improved by frequent reminders to pupils taking part.

- Simulations of GP consultations, with participants acting as the GP while being watched by their peers, is a rewarding but intimidating task. Some participants were comfortable with this while others were shy.

- Facilitators who created a safe environment through ice breakers had better engagement from learners.

- Encouraging reflection from learners enabled them to gain the most from the experience.

https://www.kcl.ac.uk/study/widening-participation/our-activities/k-plus

7.6 Emerging technologies

Virtual Reality, Augmented Reality and Mixed Reality etc. (see glossary of terms) present new opportunities for learning, through hologram images, simulation and immersion. Two example summaries are provided. These new technologies require careful trialling[52].

Virtual Reality (VR)

Builds an environment that simulates a real experience without the risk, difficulty and cost. Can allow users to navigate around sites and feel immersed with limited distraction. Requires interaction, thus is active learning. Can be crafted around scenarios with clear objectives. Provides an alternate method for the presentation of material and can allow extreme close up examinations of objects or observation from a great distance. Requires guidance from experts in its design and development. More evidence is required, specifically for the user groups of work experience regarding their differing needs, prior knowledge and digital literacy, to determine how it can support learning and whether its use could improve intended objectives to justify the expense. Any new technology which requires headsets requires a clear proposal of who and how users will access the content with consideration for: return on investment, WiFi requirements in locations where they are likely to be used, infection control of equipment and the environmental impact of buying technology which could end up unused without sufficient training and an implementation plan.

VR is recognised as an impressive learning tool, but there are still many issues that need further investigation including: identifying the appropriate theories and/or models to guide its design and development, investigating how its attributes are able to support learning, finding out whether its use can improve the intended performance and understanding, and investigating its impact on learners with different aptitudes.

Games for learning

Often described as 'serious games' they are designed for educational purposes. Played on computers, often individually. Have learning outcomes. Many games for learning have only been evaluated in school settings and may not be well-suited to supporting remote learning. Peer / player interaction provides benefits. Particularly effective for learning and memorising vocabulary. Positive outcomes found for games which include reflection, modelling, instant feedback, a clearly defined goal and personalisation. Improved outcomes when learner has control over content sequence or pace. Usability i.e. fast loading times is important. Encouraging competition can have an impact on attainment gaps.
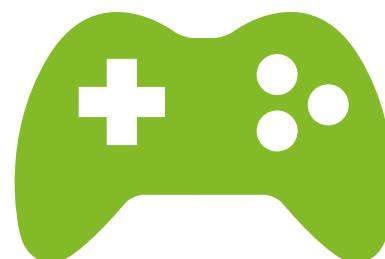
8.0 Glossary of Terms

Technology Enhanced Learning

Below are definitions of some of the most common technology enhanced learning methods. As with any sector, some of these terms are used differently and are evolving.

Term	Definition
Digital Literacy	Digital literacies are the capabilities which fit someone for living, learning, working, participating and thriving in a digital society. The six domains of digital literacy, defined by the Technology Enhanced Learning team at HEE, provide areas to consider when creating digital content for the future workforce of the NHS.
Digital learning	Is the most encompassing term. It can take place in a classroom or elsewhere. It is the use of technology or software to enhance a learning experience. This can include watching an educational video, using an online platform or apps, or a teacher using a smartboard.
Asynchronous	Interaction between participants occurs in their own time (chat functions for example) thus there can be a delay between responses.
Synchronous	Interaction between participants takes place at the same time.
Podcast	Is an audio file similar to a radio broadcast, that can be downloaded from the internet.
Remote learning	Holding a session or completing an activity online away from a classroom or academic setting.
Blended learning	Blended learning is the combination of face-to-face or standard 'classroom' learning and virtual learning/online learning.
Distance learning	Studying away from your academic institution, usually from the comfort of your home.
Online learning	Training, learning and education provided to a device via the internet.

Below are terms specifically provided by the Technology Enhanced Learning (TEL) team, at HEE.

Term	Definition
Technology enhanced learning (TEL)	Technology Enhanced Learning (TEL) is a term used to describe technologies and techniques that can enhance the delivery of education and training.
E-learning	E-Learning is a collective term used to describe a wide range of different learning technologies but is most typically applied to short courses delivered online through a web browser. Examples include modular learning content delivered through a virtual learning environment (VLE).
Mobile learning and apps	Mobile learning and apps are learning designed specifically for delivery through a mobile device and includes mobile applications. Examples include podcasts and performance support apps.
Virtual workshop/ classroom	Synchronous learning is typically delivered in real-time using video conferencing tools or sophisticated virtual classrooms that supplement didactic delivery with polling, chat and other audience participation tools. Recordings of sessions may be made to deliver the learning asynchronously if a participant is unable to attend live.
Simulation-Based Education (SBE)	Simulation-Based Education (SBE) is a technique to replace or amplify real experiences with guided experiences, often immersive in nature, that evoke or replicate substantial aspects of the real world in a fully safe, instructive and interactive fashion.
Immersive technology	Immersive technology is a type of SBE and a collective term used to describe virtual reality (VR), augmented reality (AR) and mixed reality (XR).
Virtual reality (VR)	Virtual Reality (VR) is a computer simulation of a real or imaginary world or scenario, in which a user may interact with simulated objects or living things in real time. Examples include fully immersive scenarios and 360 videos.
Video and 360 video	Video/360 video is media in digital format, displayed on a screen. Typically, this is filmed with a standard single-lens camera but can be filmed on a stereoscopic camera to provide the illusion of depth and 3 dimensions when played back through a virtual reality headset. 360-degree video is captured using a special camera that contains an array of lenses that capture all angles of a scene. Examples include screen captures of software or scenarios involving actors.

Term	Definition
Augmented Reality (AR)	Augmented Reality (AR) is an enhanced version of reality created using technology to overlay digital information on an image of something being viewed through a device. An example of augmented reality is for use in anatomy teaching where labels or graphics of the human body are overlaid on top of the real world.
Mixed Reality (MR)	Mixed Reality (XR) incorporates both virtual and augmented reality, supported using haptics and even smell.
Volumetric content	Volumetric content is a type of video that captures three-dimensional space and presents the content as a graphical model. This is typically a three-dimensional graphical representation but with specialist recording equipment which can capture real-life people or objects.
Gamification	Gamification is the application of game-design elements and game principles in an educational context. Examples include leader boards and motivational techniques based on audience participation.
Machine Learning (ML)	Machine Learning (ML) is a type of Artificial Intelligence (AI) that uses data to make decisions. In education, this typically involves using learner data to provide adaptive and personalised learning.
Social learning/ discussion	Social learning/discussion is typically delivered asynchronously where participants take part at a time convenient to them, using discussion forums and social media to interact with other participants. Examples include MOOCs and Twitter chats.
Informal learning	Informal learning is learning that takes place independently and typically outside of any formal learning environment or curriculum. This may incorporate elements of social learning where participants share resources or learning with others. Examples include YouTube video, journal articles and other resources not explicitly delivered by a VLE.
Learning management systems (LMS)	Learning Management Systems (LMS) also called a Virtual Learning Environment are the systems that students interact with to access their learning materials. Learning is tracked through the LMS and a tutor or administrator can manage courses through a content management system, and manage participants as required.
E-portfolio	Are systems used to capture details of activities completed and competence against those activities, often against a framework. An e-portfolio system is often independent of the LMS but may interact with it by capturing completion data.

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Comparative Evaluation Survey Questions

Please select one in-person work experience you have taken part in.
• GP shadowing • Hospital placement • Volunteering in a residential, care or nursing home. If you selected 'hospital placement' please specify which department:

How did you obtain this in-person work experience?
• Application process • Family or friend • Letter/email • Teacher • Other
If you select other please specify:
- -
Each of the below questions were repeated for Brighton and Sussex Virtual Work Experience and Observe GP in separate sections of the survey.

Please indicate on the scale below to what extent you agree with each statement:

My in-person work experience helped me to gain a realistic understanding of the demands of a medical career.
• Strongly agree • Agree • Somewhat agree • Neither agree nor disagree
• Somewhat disagree • Strongly disagree

As a result of my in-person work experience my motivation to study medicine has
 • Increased a lot, • Increased, • Somewhat increased • Neither increased nor decreased • Somewhat decreased • Decreased • Decreased a lot

My in-person work experience provided me with people-focused experience providing a service, care or help to others.
• Strongly agree • Agree • Somewhat agree • Neither agree nor disagree
• Somewhat disagree • Strongly disagree
- -

As a result of my in-person work experience I learnt about/gained insights into: (tick if appropriate)
• Conscientiousness • Dealing with uncertainty • Effective communication • Empathy
• Honesty • My own health • My own strengths and weaknesses • Personal organisation
• Problem solving • Reflection • Resilience • Taking responsibility for own choices •
Teamwork • Treating people with respect

Do you plan to talk about your in-person work experience if you are invited to a medical school interview?
• No • Yes • Maybe

Please take a moment to tell us a little more about your in-person and online experiences. How do you think these experiences compare?

Aims of work experience and work-related learning

1. To increase the workforce supply of the NHS and social care, particularly in shortage areas.
2. To recruit a body of NHS and social care staff who represent the communities they serve.
3. To provide a supportive and applicant friendly process throughout all stages (application, outcome, preparation, and participation) – with an understanding of the needs of different applicant groups.
4. To provide realistic insights into working in health and social care which allow individuals to correctly align their expectations and thus retain those staff who enter the NHS workforce.

Implementation objectives	Method of evaluation
• 20,000 work experience placements nationwide 2022-2023. • [x] registrations on the management platform. • At least half of all applicants complete one pre-module. • [x] downloads of work experience toolkits. • [x] trusts use new management platform. • [x] host departments listed and actively hosting. • [x] NHS staff who are 'admins' on the platform strongly agree that they feel suitably trained to use the platform. • NHS staff feel their feedback is listened to and they are communicated with, by HEE, in a timely and responsive manner. • Host departments indicate that they would be happy to host more work experience participants. • Host departments feel suitably recognised for their participation.	• HEE Data Returns • Analytics from data management platform and e-learning modules. • Regular feedback methods embedded into the roll out of the platform nationwide.

Work experience

Participant Objective	Evaluation questions	Experiential or observational learning may include
As a result of completing, participants will... • Feel more likely to pursue a career in health or social care. • Feel better able to make an informed choice about a career in health or social care. • Gain **new** insights into what it is like to work in health or social care. • Gain a positive impression of working in health or social care. • Increase their understanding of the skills and attributes required to work in health or social care.	**Having completed…** Do you feel you are more likely to consider a career in health or social care? A lot more likely, More likely, I feel the same, Less likely, A lot less likely. To what extent do you agree or disagree with the following statements: • I feel better able to make decisions about my future career. • I feel I gained **new** insights into what is it like to work in health/social care. • I feel that health/social care is a good sector to work in. • I feel I have a better understanding of the skills and qualities needed to work in health/social care.	• Acting • Analysing • Deciding • Initiating • Imagining • Reflecting • Thinking • Practicing • Watching • Listening • Communicating • Recognising. • Spending time with numerous staff members in various roles. • Exposure to patients.

Work-related learning specific aims

- To enhance learning and provide insights/detail which is not usually possible during work experience.
- To provide content which is accurate and realistic, including the challenges of working in health and social care.
- To increase capacity through creating and sharing content nationally.
- To select online learning methods which are best suited to the speciality showcased and user's needs.

Participant Objective	Evaluation questions	Example Learning outcomes
As a result of completing, participants will... - Feel more likely to pursue a career in health or social care. - Feel better able to make an informed choice about a career in health or social care. - Gain **new** insights into what it is like to work in health or social care. - Gain a positive impression of working in health or social care. - Increase their understanding of the skills and attributes required to work in health or social care.	**Having completed…** Do you feel you are more likely to consider a career in health/ social care? A lot more likely, More likely, I feel the same, Less likely, A lot less likely To what extent do you agree or disagree with the following statements: - I feel better able to make decisions about my future career. - I feel I gained **new** insights into what is it like to work in health/social care. - I feel that health/social care is a good sector to work in. - I feel I have developed [x] skills or qualities - I feel I have gained an increased understanding of how to reflect. - I feel I was provided realistic insights of working in health or social care.	**Learners…** - Can identify, recognise, compare, differentiate, categorise or define key terminology and concepts relevant to roles i.e. empathy. - Read, listen, watch and browse detailed content. - Are presented with the NHS core values and opportunity to reflect upon their own attributes. - Understand and can describe and explain how the role(s) observed impact patients directly or indirectly. - Collaborate, discuss, communicate, share, contribute, critique content with others to embed knowledge. - Produce content, capturing and refining what they have learnt. - Practice, simulate, or demonstrate skills and attributes. - Investigate, evaluate, problem solve, or analyse scenarios presented, making decisions.

Pre-module specific aims

- To provide an idea of what to expect during work experience, to allow applicants to feel prepared.
- To provide insights, and explanations to increase knowledge, and practice reflection.
- To increase commitment by those who go on to apply for and attend work experience.
- To provide content which is accurate and realistic including the challenges of working in health and social care.

Participant Objective	Evaluation questions	Example Learning outcomes
As a result of completing participant's will: - Feel better able to make an informed choice about applying for work experience in a specific area of health or social care. - Gain **new** insights into what it is like to work in health or social care. - Feel they have been provided with a realistic insight into NHS job role(s). - Feel better prepared to get the most out of a work experience placement.	**Having completed…** To what extent do you agree or disagree with the following statements: - I feel better able to decide if I wish to pursue work experience in this specialism. - I feel I gained **new** insights into what is it like to work in health/social care. - I feel I was provided realistic insights of working in health or social care. - I feel I am prepared to get the most out of a work experience placement.	**Learners…** - Can identify, recognise, compare, differentiate, categorise or define key terminology and concepts relevant to roles i.e., empathy. - Read, listen, watch and browse content. - Are presented with the NHS core values and opportunity to reflect upon their own attributes. - Understand and can describe and explain how role(s) impact patients directly or indirectly. - Practice, simulate, or demonstrate skills and attributes. - Investigate, evaluate, problem solve, or analyse scenarios presented, making decisions.

Review of digital resources and online experiences

Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Association of Pakistani Physicians and Surgeons	Virtual work experience	Six-week programme. E-learning content on portal, live sessions with clinicians, small group discussion. Reflective assignment with feedback	Aspiring medical students aged 16+ Capacity: 500 students	Primary Care Surgery Acute Medicine Elderly & Palliative Care	Online learning, e-learning, virtual Free to users who gain a place Mobile-friendly Subtitles/transcripts of videos Video content in NHS setting Quizzes/activities/assessment Certificate of completion Interaction with peers or clinicians Patients feature	https://appsuk.org/2020/06/13/apps-uk-virtual-work-experience-for-a-level-students/
Avado	Fast Futures	12-week training programme, coaching workplace skills.	Aged 18-22 1,000 free places, August 2020	NHS listed as partner	Mobile friendly Virtual workshops Certificate of completion Interaction with peers	www.avadolearning.com/fastfutures
Bay Health and Care Partners	Better with you	Mix of live presentations & demonstrations, pre-recorded virtual tours, Q&A sessions, & tasks.	Year 11 and 12 pupils in Morecombe.	Radiology Paediatric Medicine Tropical Medicine Nursing Paramedic Science	Free for pupils and schools Virtual workshops Hosted on MS Teams Mix of independent learning/own pace with live, virtual sessions.	http://www.betterwithyou.co.uk/work-experience/
BBC Iplayer	Inside Medicine	TV programmes exploring Doctors, Nurses and health professionals.	Anyone	Surgeons A&E Intensive care Junior doctors	Video – TV Free (with TV licence) Mobile-friendly, available anytime	https://www.bbc.co.uk/iplayer/group/p0717lg5
BBC Radio 4 (BBC Sounds)	The NHS Frontline podcast	Behind the scenes at Bradford Royal Infirmary	Anyone	Secondary care	Free podcast Mobile-friendly. Available anytime	https://www.bbc.co.uk/programmes/m000h5l1/episodes/downloads
Blue Peanut Medical Education	Virtual work experience	Small group work, learning how to take clinical history from patients. See patients virtually.	Aspiring medical students 16+ Limited places	Themed days: Cardiology, Respiratory, Gastroenterology	Live Virtual sessions Users pay individually £250 Videos in NHS setting Quizzes/activities/assessment Certificate of completion Interaction with peers or clinicians verbally. Patients feature	bluepeanut.co.uk
Brighton and Sussex Medical school	BSMS Virtual work experience	Intro to NHS, exploring six medical specialists. Online platform.	Aspiring medical students aged 13+ including international.	Primary & Secondary Modules: General Practice, Mental Health, Surgery, Elderly, Inpatient Emergency and Palliative Medicine	Learning outcomes - linear Free to access once registered Interactive activities & patient scenarios Independent learning, own pace. Mobile-friendly User data collected	https://bsmsoutreach.thinkific.com/courses/VWE

Review of digital resources and online experiences

Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Buckingham College Group / HEE S-East	Healthtec – Thames Valley	Virtual patient journey delivered live – simulation, scenario based learning together with careers IAG events.	Schools, Colleges, youth groups	Career roles across the NHS and H&SC	Live virtual & pre-recorded content Mapped to PSHE and Gatsby WP funded sessions Interactive / and live Q&A	https://www.buckscollegegroup.ac.uk/college-services/healthtec-thames-valley
Careers BBC bitesize	Explore jobs in Healthcare	Videos describing jobs, text about salary and required qualifications	School and college	Various	Free video content. Careers information and guidance	https://www.bbc.co.uk/bitesize/articles/zrcn2sg
Curiscope	Virtuali-Tee	T shirt with 3D learning experiences explore the circulatory, respiratory and digestive systems with fully immersive 360 video, track heart rate.	Anyone who can access or purchase product and has compatible smart phone. (aimed at school age)	Human anatomy	Learning app. Mobile friendly Free app. T shirt requires purchase. Available for recent generation IOS and Android mobile devices and tablets, and in 11 languages	https://www.curiscope.co.uk/products/virtuali-tee
Education and Employers	Icould.com	1000 employer videos directory	School age pupils	Various	Free Video content Mobile friendly Careers information and guidance	Not yet available
E-learning for Healthcare, HEE	Values for healthcare	Support roles	Public	Mix of public and open access	Free. Mobile-friendly Video content in NHS setting Interactive Quizzes/polls Transcripts of videos.	https://nhsvaluestool.e-lfh.org.uk/
FutureLearn	Discover Dentistry University of Sheffield	Dental team roles & specialisms, tooth anatomy, disease, dental materials, public health and ethics. 6 weeks, 3 hours per week.	Anyone	Dentistry	E-learning. Learning outcomes Linear learning. Free to access (pay for certificate) Word clouds, polls, quizzes Asynchronous comments with peers and moderator. Courses start at staggered times Mobile-friendly Transcript of all videos available. User data collected	https://www.futurelearn.com/courses/discover-dentistry

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
FutureLearn	The NHS Explained: How the Health System in England Really Works	How the NHS in England is structured. Services, funding, performance, Future challenges. 8 hours of content available across 4 weeks.	Anyone No eligibility Open access	NHS overview	E-learning. Learning outcomes Linear learning. Free to access (pay for certificate) Word clouds, polls, quizzes Asynchronous comments with peers and moderator. Courses start at staggered times Mobile-friendly Transcript of all videos available. User data collected	https://www.futurelearn.com/courses/the-nhs-explained
Future Quest	Online delivery activities	Modules in skills development, access to HE and identifying strengths	School and college students	Non-specific to healthcare yet?	E-learning – registration required	https://www.futurequest.org.uk/
FutureLearn	Introduction to Nursing	Personal care, supporting families, public health & infection control	Anyone interested in nursing	Nursing	E-learning. Learning outcomes Linear learning. Free to access (pay for certificate) Word clouds, polls, quizzes Asynchronous comments with peers and moderator. Courses start at staggered times Mobile-friendly Transcript of all videos available. User data collected	https://www.futurelearn.com/courses/nursing
General Medical Council (GMC) and NHS England	Patient Journey to GP practice App	Follow Mrs Thomas and her son Jack through general practice. From patient's perspective. 1.5 hours	New international GPs & aspiring medical students.	Medicine: General Practice. Pharmacy	Free immersive VR 360 videos Mobile-friendly Headset preferable Independent learning, own time. Patients feature.	https://www.gmc-uk.org/about/what-we-do-and-why/learning-and-support/e-learning-resources/patient-journey-to-gp-practice
Great North Air Ambulance Service	Emergency helicopter medics	TV programme - More 4	Anyone	Ambulance services	Free video	https://www.channel4.com/programmes/emergency-helicopter-medics
HEE	Day in the life of an AHP immersive 360 VR	VR 360 videos - clips of AHP consultations with clinician voiceover. Five videos. 50 mins.	Anyone Open access	Podiatry, Prosthetics and Orthotics, Occupational Therapy, Orthoptics, Therapeutic Radiography Dietetics, Speech and Language Therapy	Immersive, VR. Free to access. Videos in NHS setting Mobile-friendly (headset preferable) Videos feature patients.	https://hee-vr360.azurewebsites.net/

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
HEE	HEE You Tube Channel	Promoting various roles across the NHS	Anyone	Various	Careers information and guidance Free video content	https://www.youtube.com/channel/UCfhvc672Kkry1tiCMKnlK7A
I can be a	I can be a virtual tours	Employer Virtual Tours (360°, interactive)	School and college students	Non in healthcare yet?	360 VR videos in workplace settings Careers information and guidance Mobile friendly	https://www.icanbea.org.uk/virtual-tours/
I'm a medic get me out of here	I'm a medic get me out of here	Interact with healthcare workers in the NHS. over fast-paced online text-based live chats.	School pupils	Various	Careers information and guidance Free to users. Mobile friendly Asynchronous (not in real time)	https://imamedic.uk/
iSpring	Lincolnshire Talent Academy e-placements	Videos presenting roles, interactive activities and quizzes. One hour per module.	Aspiring healthcare professionals aged 14+	Occupational Therapy Nursing Prosthetics and Orthotics	Free to access - interactive video platform User data collected Independent learning, own time. Quizzes and activities Linear learning.	Not yet available
Joined up careers Derbyshire	Joined up careers App	Augmented Reality Interactive app. Video content and text providing details about health and social care roles.	Anyone	AHP	Careers information and guidance Available on some mobile phones.	https://joinedupcareers.co.uk/
Kings College London	Kings College London Primary Care Work Experience	Online observations of consultations, simulation and workshops.	K+ WP aspiring medical students aged 16+ (year 12) 80 students in 2020.	Primary care: GP's	Virtual sessions, observation and simulation. Learning outcomes. Free to those who gain a place User data collected Delivered by KCL medical students Mobile-friendly Video content in NHS setting Live interaction with other pupils or clinicians'	No link available
Learn Live	Learn Live	Virtual platform for large scale careers IAG sessions: speakers, Q&A in chat, post-event recordings.	Invitation sent to specific groups (school groups?)	Radiographer, Operating Department Practitioner, Podiatrist, Young apprentice, AHP role, Biomedical Scientist, Paramedic.	Free Live virtual sessions with chat User data collected Mobile-friendly My week in work – held with oak national academy	https://learnliveuk.com/your-future-in-health-and-care/ https://learnliveuk.com/my-week-of-work/

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Appendix C

Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Learn live podcast	Health and health Careers	Discuss - specific roles, & responsibilities.	Anyone with access to a device	Mental Health Pharmacy Cancer	Free podcast Mobile friendly. Available anytime	https://anchor.fm/learn-live-podcast/episodes/E7-Health-Careers-efupoj
Like to be The Career Event Network	Liketobe	Website indicates 'virtual work experience' will be introduced shortly.	School pupils	Not yet known	Careers information and guidance provider.	https://www.liketobe.org/content/virtual-work-experience
Medic Launch	Virtual work experience	Tackle clinical cases. Q&A with clinicians. Radiology masterclass. Relive a surgical procedure. Hear from a cancer patient.	Aspiring medical students. Limited spaces for specific dates.	Secondary care: Surgery Radiology Oncology	Virtual workshops including live discussions/procedures and simulated scenarios - specific dates Users pay individually £15 Video content in NHS setting Quizzes/activities/assessment Live interaction with peers or clinicians verbally Patients feature	https://www.eventbrite.co.uk/e/doctor-for-a-day-virtual-work-experience-for-aspiring-medics-tickets-107388993370 http://mediclaunch.co.uk/
Medic Mavericks	Virtual Human Guinea Pig Show	Medical demos performed in a studio. Examples: Scanning the heart and blood vessels in his neck with an ultrasound. Taking a photo of the inside of his eye. Recording an ECG from his heart. 45 mins.	School pupils. Year 9 – 13	Cardiac Physiology Respiratory, Lab Science, Physiology Neurophysiology Renal & Urodynamics Medical Engineering Prosthetic, Engineering, Bioinformatics Haematology	Careers information and guidance £295. Per school Virtual, Live events streamed to schools Pre-recorded video also used. Specific dates and times	https://www.medicalmavericks.co.uk/virtual-careers-show
Medic player	Medic Player, medical TV streaming service	Streaming service - TV shows, documentaries and more.	Aimed at any person aspiring to work in healthcare aged 12+.	Medicine, Dentistry, Nursing, Midwifery, Paramedicine, Radiotherapy, Physiotherapy, Biomedical science, Pharmacology, Life Sciences.	Video content. Users pay individually. Plans start from £9.71 to £12.99 per month Mobile friendly unlimited number of devices	https://medicplayer.com/
The Training Partnership (TTP)	Medicine in action ONLINE	Various medics present - life of a doctor, breakthroughs, discuss the ethical issues.	A level, IB, GCSE and KS3 students. Limited places.	Varied speakers. Secondary care: Cardiology DNA Social determinants of health Surgery	Virtual workshops Schools and colleges charged £12 per pupil every 10 pupils 1 free teacher ticket Live Interaction with peers or clinicians (chat function & verbally)	https://thetrainingpartnership.org.uk/study-day/medicine-in-action-online-3-07-2020/

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Miriam Redleaf	Buckingham Virtual Tympanum App	App focused on the anatomy and structure of the ear. Microscopic images & interactive identification activities.	Medical students (but can be accessed widely)	Otolaryngology (Head and Neck Medicine)	Free app, with learning outcomes Mobile-friendly Interactive activities Independent learning, own time Linear learning (4 stages)	https://apps.apple.com/us/app/buckingham-virtual-tympanum/id869951523
Moseley Multimedia Ltd	ICU VR	360-video training app. Immersive insight into the environment, equipment and procedures used in the care of a patient recovering from COVID 19.	Non-critical care staff but app is available to download freely	Intensive care	Free app. 360 still image tour of the room, visual hot spot menus True/False Self Check quiz. Minimum requirement iOS 9 or Android 5.0 (not compatible with iPads or Android tablet devices)	https://spark.adobe.com/page/4n9Pkd2NyBQUz/
Movement to work	Virtual Tech taster	Delivered a tech focused 'virtual work experience'	Aspiring healthcare young people (NEET)	Various healthcare possibilities	Free to users Virtual live sessions using MS Teams Mobile-friendly	https://www.movementtowork.com/movement-to-work-and-accenture-take-work-experience-online-with-the-virtual-tech-taster-2020/
Mullany Social Mobility charity	A day in the life of a GP video.	YouTube video of day in the life GP.	Anyone	General practice	Free video, Mobile-friendly Careers information and guidance	https://www.youtube.com/watch?v=wAsvpWSqjCA&feature=youtu.be
New Scientist Magazine	New Scientist weekly podcast	Discussion of scientific developments: tech, health & environment.	Anyone	Healthcare	Free podcast Mobile-friendly. Available anytime	https://open.spotify.com/show/7xN0obO7y5AR20v2KT7TBp?si=FBNjKosgQJmk5N4CpRjSkA
NHS Health careers	NHS Health Careers You Tube channel	Piloting Facebook Live short webinars. Website & video content	Anyone	All 350 roles	Careers information and guidance Website / Telephone helpline School resources available	http://www.youtube.com/user/NHSCareers
Office for Students	Uniconnect	Targeted careers IAG and Higher Education outreach via outreach hubs across the country. Targeted to areas for most impact.	School pupils	Various	Various activities taking place.	https://www.ofsuniconnect.org/
Office for Students	I see the difference	Info & video - where to apply for AHP roles, what roles entail.	Young people	AHP	Careers information and guidance Website	https://www.iseethedifference.co.uk/

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
On the frontline AHP Team	Off the record podcast	Interview with healthcare professionals about their roles.	Anyone	AHPs	Free podcast Mobile-friendly. Available anytime	https://open.spotify.com/episode/5dDdbNApZ2eGrnwlYCA2Wx?si=WMdEoxqJSDGqq6hMa8GK4Q&nd=1
Open Learn	Caring in hospitals	Leeds General Hospital case study – care roles examined with patient perspective. 30 mins - 1 hour.	Anyone	Secondary care focus	Free to access - E-learning Learning outcomes – linear learning Mobile-friendly Subtitles/transcripts of videos Audio clips Quizzes/activities/assessment Certificate of completion Independent learning, own time Patients feature	https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/caring-hospitals/content-section-0?active-tab=review-tab
Open Learn	Interview with a social workforce	Explore the role of a support worker. What is expected, skills & qualities. 30 mins – 1 hour.	Anyone	Social care	Free to access - E-learning Learning outcomes – linear learning Mobile-friendly Subtitles/transcripts of videos Audio clips Quizzes/activities/assessment Certificate of completion Independent learning, own time Patients feature	https://www.open.edu/openlearn/health-sports-psychology/social-care-social-work/interview-social-worker/content-section-0?active-tab=content-tab
Pathway CTM	Virtual Taster days	Virtual taster days focusing on specific roles & apprenticeship recruitment.	Widening participation focus	Nursing, Pharmacy and IT	Careers information and guidance Virtual workshops NHS organisations pay for services. Interaction with tutors and other peers. User data collected	https://pathwayctm.com/
Pre-Med Projects	Ultimate work experience weekend	Online hospital work experience.	Aspiring Doctors, Nurses, Midwives and Dentists aged 14+ in UK or Thailand	Secondary care: In vitro fertilisation Orthopaedics ENT Paediatrics Emergency room Dentistry Laboratory Pharmacy Nursing General Medicine Home visits	Virtual tour and Q&A Users pay individually £59.95 Set in Thailand Hospital Live Access to re-watch at any time Quizzes/activities/assessment Certificate of completion Live Interaction with peers/ clinicians	https://www.premedprojects.co.uk/anatomy-lab-live-online-event-may-20th-25th-2020

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Royal College of General Practitioners	Observe GP	Eight pre-recorded videos set in general practice, including consultations. Activities and reflection prompts throughout.	Aspiring medical students aged 16+ UK only	Medicine: General practice	Free to access interactive video platform with subtitles. User data collected. Learning outcomes Independent learning, own time. Quizzes and activities Patients feature in videos	rcgp.org.uk/observegp
Royal Society of Medicine	Digital health	Discussions with key digital health leaders	Anyone	Healthcare	Free podcast Mobile-friendly. Available anytime	http://rsm.ac/dhsectionp odcast
Royal Society of Medicine	Health Matters podcast	Discuss working within & improving the NHS	Anyone	NHS	Free podcast Mobile friendly. Available anytime	https://open.spotify.com/ show/5EnTFHnjgsU7MS vn8ZALAU
Sharp scratch	The British Medical Journal (BMJ)	Expert discussion for medical students.	Aspiring medical students.	Medicine	Free podcast Mobile-friendly. Available anytime	https://www.bmj.com/sh arpscratch
Social Care Institute for Excellence	Social Care Institute for Excellence videos	Video content & activities explains core healthcare concepts: person-centred care dignity, mental capacity.	Anyone. Open access	Social care	Free video & activities Mobile friendly Transcripts of videos available, and subtitles Videos in social care settings Independent learning, own time. Patients feature	https://www.scie.org.uk/ personalisation/introduct ion/what-is
Speakers for Schools	Virtual work experience	Virtual sessions discussion and projects.	Aspiring healthcare young people (15-18)	Medicine	Virtual sessions platform provided. Free for organisations and schools. Can set and share independent learning activities. User data collected	https://www.speakersfor schools.org/experience-2/vwex/
Spil Games	Operate now - Hospital	Medical journey surgeon simulation online game. Manage a hospital, operations & team	Anyone	Medicine: Secondary Care - Surgery	Free online game Mobile-friendly. Interactive activities	http://www.operatenow.c om/
Springpod	Virtual work experience	Live workshops with Q&A. Work and assignments. 2-week period.	15-18-year olds	Separate weeks for: Nursing, AHP, medicine	Virtual sessions delivered and coordinated by Springpod staff together with clinicians. Trusts pay for services, free to schools and colleges/users. Mix of live interviews and workshops with assignments Mobile-friendly. User data collected	https://join.springpod.co. uk/nhs-virtual-work-experience/ Step into work programme https://www.youtube.co m/watch?v=7Lwag5g9y aM&feature=youtu.be
Sussex and North East Essex ICS	Digital Healthcare placement for student nurses	Pre-recorded content & activities being created	Student nurses	General Practice Nursing	In development. Content could be repurposed for other users.	In development

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
Talent Foundry	NextGen Nursing workshop	Fully funded careers content provided to schools. Two hour workshop with NHS nursing ambassadors	KS4 and 5 Schools	Nursing	Careers information and guidance	https://talentfoundry.org.uk/
The Forage	Virtual Experience Programmes	Currently none in Medicine or healthcare	N/A	Non in healthcare yet?	N/A	https://www.theforage.com/
The Kings Fund	The Kings Fund podcast	Big idea, policy and leadership.	Anyone	NHS and social care	Free podcast Mobile-friendly. Available anytime	https://soundcloud.com/nhsengland
The Wow Show	WOW show health careers special	Online TV careers IAG. Q&A videos with lesson plans, PowerPoint lessons	School and college students	Operating Department Practitioner, Dietician Occupational Therapist, Podiatrist, Radiographer	Live and pre-recorded videos in NHS settings. Learning outcomes, mapped to PSHE. Free for users and schools. Subtitles. Activities provided to teachers to use	https://www.thewowshow.org/health-careers-special/
Ulster University	Virtual Dentistry Work Experience	Interactive workshops to explore dentistry. 4-day course.	A-Level Students	Dentistry	Virtual workshops. Final day 1-2-1 Users pay individually £395 Mix of virtual sessions and independent learning.	No link available
UniMed	Doctor for a Day Online	Learn clinical and patient care skills. Intro to NHS.	Aimed at GCSE and A-Level students,	Medicine (secondary care)	Virtual workshops – specific dates Users pay £67 individually. Certificate of completion Live verbal interaction with peers and clinicians Quizzes/activities/assessment	https://www.eventbrite.co.uk/e/doctor-for-a-day-online-tickets-90408996743?aff=erelexpmlt
University Hospital Birmingham and Medic Mentor	Live virtual work experience	Simulation - follow 3 patients over a 6-months diagnosis – treatment- follow-up	Aspiring medical students, dentists or vets UK wide. Years 10 – 12.	Secondary care	Live virtual workshops Free to those who gain a place Mobile-friendly. Video in NHS setting. Patients feature. Quizzes/activities/assessment Certificate of completion Interaction verbally with peers and clinicians. User data collected	https://medicmentor.co.uk/university-hospitals-birmingham-trust-virtual-work-experience/
University of Leeds	Headstart into Healthcare	360 video following son and father from home – consultation - careers event - training.	Aspiring healthcare professionals. Unlisted on YouTube	Social care	Free – 360 immersive video Headset preferable Mobile-friendly Watch in own time Patient features	https://www.youtube.com/watch?v=aChSM5opEdU&feature=youtu.be

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Organisation	Resource name	Resource summary	Users	Speciality	Key features	Web link
University of Leeds Medical School	VR for nursing	VR workshops - simulated clinical scenarios – mentoring.	Aspiring nurses.	Nursing	VR In development	Not yet available
Uptree	Online careers learning programmes	Online-learning modules in development.	School age 15- 18	None in healthcare yet	Online-independent learning Learning outcomes Free for users, partners pay to develop and house content.	https://uptree.co/students/
Virtual College	Online training courses	Online training courses in related healthcare topics i.e. safeguarding, non-clinical basic life support	Anyone?	Healthcare related areas	Free online-learning Learning outcomes Quizzes/activities/assessment Certificate of completion Independent learning, own time.	https://www.virtual-college.co.uk/
Vivit Operating theatre live	The Vivit experience	Live human body dissection	Anyone?	Pathology Anatomy Physiology	Live, Mobile-friendly, Patients feature. Schools or individuals pay	https://www.thevivitexperience.co.uk/vivit
What careers live	What careers live	Virtual careers event with exhibition 'stalls' for information, virtual panel discussions, video content	School and college students	AHP and medicine	Careers information and guidance Mobile friendly Discussion via chat function.	https://www.whatcareerlive.co.uk/
Woo Digital 360	Live Surgery Streaming 360 for Education	Live stream surgery procedures.	Medical students?	Surgery	Free to access virtual live 360 video Mobile-friendly Video content in NHS setting Quizzes/activities/assessment Certificate of completion Patients feature	https://www.woodigital360.co.uk/live-surgery-streaming-360-for-education/
You can be a doctor	You can be a doctor	Virtual ward rounds 6 "patient interactions"– medical errors and use of simulation in training.	School and college pupils	Various	Mobile friendly Free to access video content Learning outcomes	www.youcanbeadoctor.co.uk
Young Doctor/Dentist Programme	InvestIn	Role-plays, seminars, simulations and networking sessions.	Pupils aged 12-14 and 15-18	Dentist, Medicine	£95 for weekend, or £595 for summer internship. Live online. Video content in NHS setting.	https://investin.org/pages/our-medicine-programmes?mc_cid=d0ed978a53&mc_eid=603c8db23b