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Executive summary

Introduction and context (page 8)

The Medical Schools Council state that candidates should have some understanding of what a career in medicine involves (Medical Schools Council, 2014). However, some candidates find it difficult to gain the experiences that are required to apply to medical school. As a result, the use of these in the selection process may act as a deterrent to some potential applicants.

Approach to the work (page 9)

This project explores prospective candidates' opinions of work and caring experience and how these are used in their application to medical school. The project aims to contribute to the evidence base regarding admissions and widening participation to ensure that medical schools are aware of the issues surrounding work experience using applicant perspective to inform this.

We employed a two-stage process to data collection for this project. A mixed method research design was used, combining both qualitative and quantitative approaches to meet the aims of the study.

Survey returns: contextual data (page 11)

In terms of age, most of our respondents (81.2%) were aged 17 to 18 – representing the typical applicant age for medicine. The gender split in our respondent group was approximately two-thirds female (69.8%), one third male (30.2%) and ethnic origin of respondents predominantly white (68.7%) which reflects the typical entry profile for our course.

Themes: Career advice (page 14)

Most of our respondents (82.8%) have received careers advice from their school in relation to securing work experience and/or applying to medicine. Almost all of those who did not receive careers advice from school attended state schools, and there was considerable variability in the quality of the advice received. Many had received additional advice from family and friends, the internet, university websites and healthcare professionals.

Themes: Work experience contact methods (page 15)

We found that almost all respondents had tried to obtain work experience in some form (99%). The majority cited direct contact with hospitals or GPs and networking through families or friends. A few stated that experience was obtained through the use of careers advisors.

There was frustration expressed by some respondents that attempts to correspond with placement providers were either not answered at all or with a delayed response, although others recognised that a certain amount of persistence might be required in their pursuit of work experience.

The strategy for contacting hospitals and GPs differed. Some respondents made direct contact with Work Experience Officers or Coordinators in Hospitals (although some stated that the value of these contacts were limited), others attempted to contact medical professionals directly, as well as administrative and other management staff in hospitals.

Of those who had secured work experience, slightly less than half (45.7%) indicated that they had received support in finding their experience. Those from Independent Schools were more likely to have received such support from their parents/other family members than those from State Schools.

Mature students and graduates (page 18)

Comments received from this group suggest that their efforts to secure work experience tended to include more direct methods of approaching organisations – including face-to-face visits and telephone calls. This could reflect differences in the networks that these individuals may have.

Volunteering (page 18)

The line of definition between volunteering and work experience is not clear, particularly if it is carried out in a healthcare setting. A number of our survey participants applied for work experience and voluntary work in hospital or other health-related or caring sectors within the same time period.

Securing work experience (page 19)

The most popular types of work experience carried out were: work shadowing a doctor in hospital (74.4%), work in a nursing home (56.1%), work shadowing a GP (44.6%), and work shadowing another healthcare professional (43.7%).

Difficulty in finding work experience (page 20)

The respondents differed in their perception of the level of difficulty in obtaining experience that was acceptable, with some persisting for much longer than others. This would correlate with other findings on persistence and resilience in the medical student body. Barriers to gaining experience included the type of experience sought, time of year, age of participant, Disclosure and Barring Service (DBS) checks and health and safety issues.

Of those who did not encounter difficulties in arranging work experience, the majority had a network of contacts to draw on.

There were perceived differences in the difficulty in obtaining work experience in different regions. Our survey data shows that the most difficult areas to find work experience were the North West, Wales and the West Midlands.

Moreover, access to work experience, voluntary experience and support offered by hospital trusts is variable and inconsistent across the UK with inconsistencies in relation to eligibility, process and access to services.

Quality of placements (page 24)

Experience offered by Trusts varied even when obtained through official routes. However, many obtain them by networking rather than through a pre-determined programme of activities. It is therefore not surprising that the experiences obtained were sometimes not of high quality. Some applicants stated that the quality of the placements were poor with menial or administrative tasks perceived as being of little use.

Appreciation of the benefits (page 24)

Respondents were able to identify a number of skills they had developed whilst undertaking work experience. Respondents to the survey, selecting from a pre determined list, ranked increased motivation and communication skills highest. Both survey and focus group participants identified appreciation of career, communication, observing team work, understanding own characteristics, empathy, time management, professionalism including how to dress/act, ethics.

Voluntary work seemed to be relatively easy to obtain for most, with 74% undertaking some form of voluntary activity in addition to their work experience. Over half of these had mentored other school students in a school setting. Applicants stated that it offered them something different to work experience or work shadowing.

Other comments on the process and suggestions for improvements (page 28)

The lack of clarity in terms of what constitutes appropriate work experience has been commented upon by a number of respondents and what universities are looking for in relation to it.

Recommendations for change (page 29)

In relation to work experience there are some improvements already underway as part of the Selecting for Excellence Group work. Our findings indicate that there are four key areas requiring further development:

1. Work experience guidelines for applicants
2. Work experience placement provision
3. Work experience toolkit
4. Careers advice

Proposals for further work (page 31)

The research team has identified 3 areas for future research to help inform appropriate interventions:

- Rural applicants: our evidence provides that some applicants face particular difficulties accessing meaningful work experience placements because they reside in rural parts of the country.
- State and Independent schools: within this report we have highlighted apparent differences in experience and opportunity for those from State as opposed to those from Independent schools.
- Voluntary work: we have identified that activities and responsibilities covered by voluntary work might be undervalued by applicants to medicine.

Introduction and context

The Medical Schools Council state that candidates should have some understanding of what a career in medicine involves (Medical Schools Council, 2014). But there is some evidence to suggest that some candidates find it difficult to gain the experiences that are required to apply to medical school. Therefore, the use of work experience in the selection process may deter some people from applying.

Access to the professions

Access to the professions has been commented upon by many external bodies including the Government-commissioned Panel on Fair Access to the Professions. The final report in 2009 revealed that the UK professions were increasingly closed off to individuals from non-privileged backgrounds, to the detriment to the professions and society at large (Milburn, 2009). Social Mobility and Child Poverty Commission went on to say: *"the more professional jobs there are, the better the prospects for social mobility. But, they remain dominated by narrow social groups."* (Social Mobility and Child Poverty Commission, 2013, p.26).

Access to the medical profession

In 2013 the Medical Schools Council set up the Selecting for Excellence Project with the aim of examining selection to medicine with particular focus on widening participation and to support medical schools in selecting the candidates most suited to becoming excellent doctors of the future (Medical Schools Council, 2013). Analysis of the demographics represented within the medical student body has included gender, age, ethnicity, disability and socio-economics and has demonstrated over-representation of particular groups.

Over-representation of those from independent schools

The independent sector educates 6.5% school children in the UK and 18% of pupils over the age of 16 (Independent School Council, 2014). Selecting for Excellence has found that one third of trainee doctors responding to their survey in connection with widening access to medicine were educated in independent or fee-paying schools. This indicates that: *"for medicine there is an over-representation of those who have been to independent or fee-paying schools which requires further explanation."* (Medical Schools Council 2013, p.14).

Over-representation of higher socio-economic groups

The main tools used to look at socio-economic status within the reports we examined were the National Statistics primary social classification of Socio-Economic Class (SEC), the Index of Multiple Deprivation (IMD) and the Interrogation of Higher Education Funding Council Participation of Local Areas (POLAR 3).

In an analysis of UCAS collated data, the British Medical Association found that 71% of students accepted into medical school came from the top three Socio Economic Classes, 15% came from the lower four classes; only 2% came from *"route manual occupation backgrounds"*. (British Medical Association, 2009, p.8). In addition, the Selecting for Excellence report has triangulated information regarding applicants to medical school and has concluded that they are *"drawn from higher socio-economic groups."* (Medical Schools Council, 2013, p.18).

The over-representation of different groups within medicine could be due to selection rather than recruitment factors. As medical schools rely on experiences including work experience within their selection process, limited access to this by particular groups could therefore place restrictions on the social mobility of some young people wishing to access a career in medicine. We explore this in our study.

Approach to the work

This project explores prospective candidates' opinions of work and caring experience and how these are used in their application to medical school. The project aims to contribute to the evidence base regarding admissions and widening participation to ensure that medical schools are aware of the issues surrounding work experience from the applicant's perspective. We also hope to contribute information that will help with the development of a national work experience scheme.

We employed a two-stage process to data collection for this project. A mixed method research design was used, combining qualitative and quantitative approaches to meet the aims of the study. Stage one of our project involved a large-scale online survey of applicants to Medicine at the University of Leeds during the 2014 admissions cycle, and those attending Open Day events at the University. Stage two involved hosting five focus groups drawn from respondents to our survey.

Full ethical approval was obtained from the Faculty of Medicine and Health Research Ethics Committee, University of Leeds. In addition to ethical approval, further advice was obtained from UCAS and from the University of Leeds legal advisor.

Survey of applicants to Leeds

In order to collect views of work experience, a questionnaire was developed from a validated tool developed by PRIME, an alliance of law firms and legal departments across the UK who have made a commitment to broaden access to the legal profession (National Foundation for Excellence Research, 2014) and from the Social Mobility Toolkit (Spada, 2012). PRIME has been cited as best practice by the State of the Nation report (Social Mobility and Child Poverty Commission, 2013). A draft survey instrument was piloted with Year 13 mentees from our Widening Access to Medical School (WAMS) project.

From our draft instrument an online survey was developed which sought information on the education and socio-economic background of applicants, commentary on the efforts undertaken to secure work experience, and the type and scope of work experience undertaken¹. Working with the Faculty of Medicine Admissions Team at the University of Leeds, we invited all applicants to Medicine at the University from the application cycle 2013/14 to complete our online survey. The survey link was provided in an accompanying email to applicants, describing the purpose and remit of the research and explaining how respondent data would be used by the research team. In addition, we offered the survey link to those attending Open Days in the School of Medicine during June 2014. The survey link was live during June and July 2014; reminders were sent at approximately two-week intervals.

Our online survey utilised the commercial software SnapSurveys© which has functionality that enabled us to automate much of the process of administering the survey in terms of its presentation and logic flow; we believe this resulted in enhanced response rates. The research team's experience of carrying out similar large-scale paper-based surveys provides that a typical response rate might be in the range of 10% of recipients, although for online surveys a higher rate might be expected (Archer 2008, Cobanoglu et al 2000). Our expectation from the outset was to achieve survey responses of above 380 (based on a 10% return of an initial survey population of around 3,800 applicants to Medicine at Leeds for the academic year 2014/2015 not taking into account the Open Day attendees). Our survey exceeded this target and resulted in an eventual response of 483 completed surveys at the close of the survey period in mid July 2014. This number excludes a small number of responses we received from international applicants, which were filtered out of the respondent group during our data cleaning processes.

¹ A copy of our survey can be found as Appendix 1.

Within the survey, respondents were asked to complete questions initially to collect contextual information: age, gender, ethnicity school attended and regional location. In addition, they were also asked to complete a question related to socio-economic class, based on similar questions used in the UCAS application form. Following these contextual questions, respondents were asked questions which explored their opinions of applying for and securing work and caring experience.

Selection of focus group participants based on survey returns

Focus group work has been proven to be a useful tool in collecting information from hard to reach groups e.g. widening participation or ethnic minority groups. They provide a carefully planned and moderated informal discussion where one person's ideas bounce off another's creating a chain reaction of informative dialogue (Anderson, 1998). They are also a means of creating a safe space to collect testimonies.

We asked all of those who completed our survey if they would consent to participate in a focus group discussion designed to explore emerging themes as presented by the initial analysis of survey data. Approximately one third of all respondents to the survey indicated their willingness to participate in such a session to be held on the University of Leeds in late July. As we were particularly interested in the views of those who may fall into the category of widening participation students, we attempted to select focus group participants based on the contextual information they provided to us in their survey data. Selection criteria therefore particularly included: whether parents or siblings had accessed higher education, if the respondent attended a state school, and access to, or eligibility for free school meals.

In total we held five focus groups at the University of Leeds to support this stage of the research work. Forty-six group members participated in our sessions. Four sessions were deliberately limited to small group sizes to encourage discussion and debate of key issues raised by the survey work; the last session was opened up to all of those participating in the School of Medicine Summer School at the University of Leeds in order to 'test out' some of the summary findings of the initial focus groups. This final session was also used as an opportunity to elicit from those present any additional considerations not already raised by our data collection efforts.

We structured our focus group sessions around a number of distinct themes that were shaped through our analysis of the research literature on the subject, and via our initial analysis of qualitative data from our survey. To assist data collection within the focus group sessions, we therefore shaped discussions around: careers advice you experienced at school, routes into work experience, barriers to work experience, skills did you develop during work experience, and the enablers that support effective work experience.

Reporting

Our survey and focus group work enabled us to collect large amounts of data relating to the central topic of work experience. To aid presentation and clarity we have presented the results of both strands, the survey and the focus groups, together and are reporting our analysis under a set of core and logical themes generated by the data as the project developed. Where quotations are used, these are taken from open-ended elements of our survey work, as well as from transcription data provided in our focus group sessions.

Survey returns

Contextual data

The first section of our survey sought contextual data from respondents focusing on descriptor data such as age, gender, ethnicity and socio-economic background. In terms of age, most of our respondents (81.2%) were aged 17 to 18 – representing the typical applicant age for medicine. The gender split in our respondent group was approximately two-thirds female (69.8%), one third male (30.2%) and ethnic origin of respondents was predominantly white (68.7%).

Base	No reply	16	17	18	19	20	21 and over
483	-	27	192	200	24	3	37
100.00%	-	5.60%	39.80%	41.40%	5%	0.6%	7.7%

Q1: Please tell us how old you are?

Base	No reply	Male	Female
483	-	146	337
100.00%	-	30.20%	69.80%

Q2: What gender are you?

Base	No reply	White: English/ Welsh/ Scottish/ Northern Irish/ British	Mixed/ Multiple ethnic groups: White and Black Caribbean	Asian/ Asian British: Indian	Black/ African/ Caribbean/ Black British: African	Other ethnic group: Arab
483	-	332	16	89	34	12
100.00 %	-	68.70%	3.30%	18.30%	7%	2.40%

Q3: Which ethnic group do you feel you belong to?

Data relating to typical classifiers for socio-economic status:

- over half of respondents (58.2%) had a parent or guardian who had completed a University or equivalent degree
- more than one third (38.9%) had an immediate family member (brother or sister) who had completed a degree
- one fifth of our respondents (20.3%) received income support at some point during their schooling
- 14.9% were eligible for free school meals

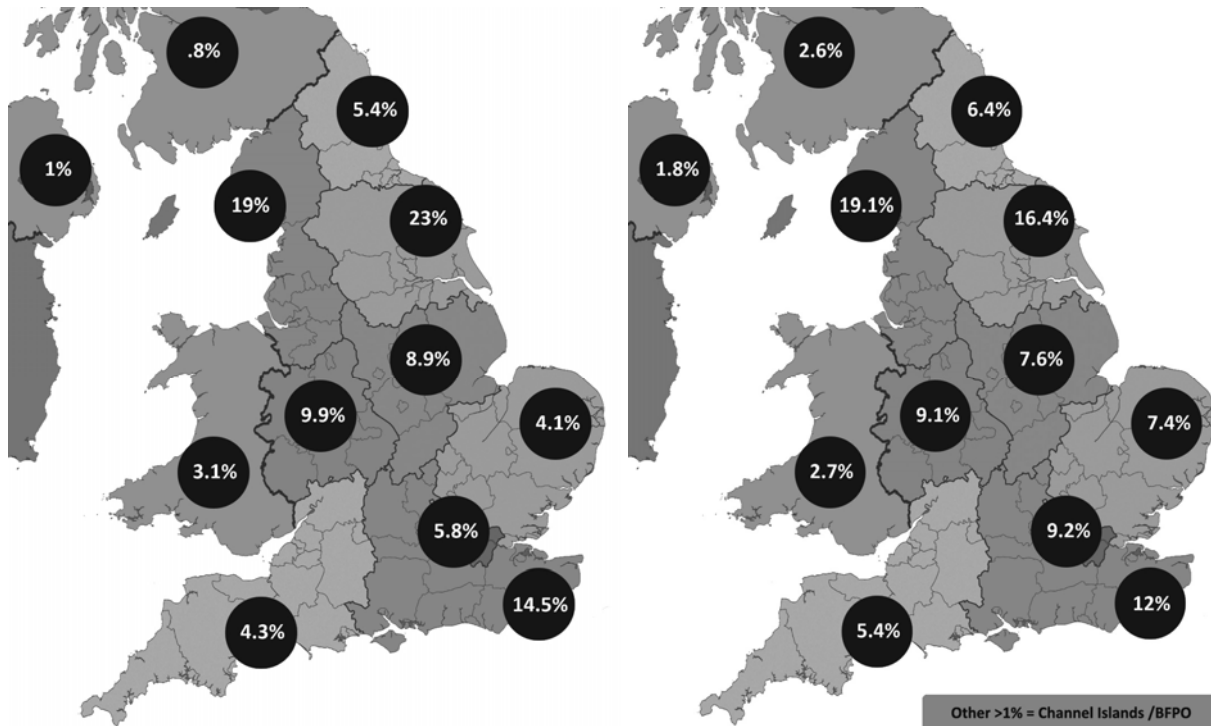
The demographic data of the first year registrants to the School of Medicine for 2013/14 was:

- 68.2% students were from state schools
- 16.5% students were from lower SEC
- 7.3% mature students (age over 21 at the commencement of their course)
- 76.1% white
- 26.9% students in receipt of financial support awarded through additional tuition fee income and the National Scholarship Programme (this indicator can be broadly compared with the income support, free school meal demographic data collected in our survey).

We asked respondents to provide us with the name of their school, and city or town it was located in so that we could monitor response rates from different parts of the UK. We mapped schools against standard regional classifications; this indicated that close to half of our respondents came from the

combined areas of Yorkshire and the Humber (23%), the North West (19%) and the North East (5.4%). We were additionally interested in type and location of school to enable us to explore differences in views from those attending State as opposed to Independent schools, as well as particular issues faced by those based in schools in rural areas. Later in the report we consider differences found in these groups.

Although we are dealing with a self-selecting group who have chosen to respond to our survey, it is interesting to note that our responses map reasonably well onto the most recent application data to Leeds Medical School.



Q8: Survey respondents by region (n=483)

Applications to Leeds Medical School by region (n=18730) from 2009/10 to 2014/15

Current qualifications held by those replying to our survey focused upon GCSE (grades A to C) or equivalent (93.2%), with some indicating they were already possession of 3 or more A levels (30.2%). Exploring the data relating to this question and cross-tabulating against age reveals that 17 respondents indicated (at age 17) that they were in possession of 3+ A levels. It seems unlikely that this is the case; it is possible that these respondents interpreted our question to mean ‘currently studying 3+ A levels’. Taking this into account, the proportion of those currently in possession of 3+ A levels would be reduced from 30.2% to 26.7%.

Base	No reply	GCSEs or equiv.	3+A levels	Other UK quals.	UG degree	MA degree	Other
483	-	450	146	20	29	5	26
100.00%	-	93.20%	30.20%	4.10%	6.00%	1.00%	5.40%

Q9a: Which of these qualifications do you have?

We expected, given the age breakdown of our respondent base, that most would currently be studying towards A levels/AS levels, which was confirmed by the responses provided to the question asking about current level of study. Almost three quarters (74.5%) was either studying towards A level or AS level. Although we have coded the responses to this question, it was offered as a free-

text question to respondents and this may be a reason why some chose not to answer this question (20.5%).

A small number of respondents (31) indicated that they had 'other' qualifications, which included: AS Levels (6), Free Standing Maths Qualifications (FSMQ) (5), BTEC/NVQs (4), Extended Project Qualifications (EPQs) (3), school leaving certificates (3), Foundation degrees (3), International Baccalaureates (2), music qualifications (2), and Scottish higher (1).

Themes

Careers advice

Most of our respondents (82.8%) have received careers advice from their school. However, when we examine our data closely to compare independent and state school responses it is clear that almost all of those who did not receive careers advice from school were attending state schools.

	Base	No reply	Independent	State	Not specified
	483	-	89	391	3
Yes	400 82.80%	-	82 92.10%	316 80.80%	2 66.70%
No	83 17.20%	-	7 7.90%	75 19.20%	1 33.30%

Q11: Have you received careers advice from your school? (Independent and State school comparison)

Views on how useful the careers advice was that they received at whilst at school were fairly evenly distributed. On our scale of 1 (very useful) to 10 (not at all useful) the average (mean) value response was 5.3. Views were slightly more positive for those respondents from Independent schools (5.24) than those from State schools (5.34) but this difference in score is not significant. However, when the comparison is made between those whose household received income support during their schooling and those who did not, the difference becomes more pronounced.

Base	All respondents	Independent	State	Rec'd Inc. Support	Not Rec'd Inc. Support
400	Mean 5.30	5.24	Mean 5.34	Mean 6.00	Mean 5.27
100.00%	(n=400)	(n=82)	(n=316)	(n=74)	(n=286)

Q12a: On a scale of 1 to 10 (1 being very useful and 10 being not at all useful), how useful was the careers advice you received from your school?

"I think it would have been much easier to decide what I wanted to do if I had received some careers advice from school in order to push me in the right direction."

Female respondent, State School, North West.

The focus group participants stated that information was often ineffective and little more than could be obtained from websites. One stated that they were admissions rather than careers focus and needed more specialist information for medicine.

We asked respondents if they had received any additional careers advice (outside of school) and slightly more than one third (36%) of respondents had. The most cited sources included family and friends, the internet, University websites and GPs/healthcare professionals. We asked them to rate the usefulness of this additional advice and although the mean usefulness score was lower at 4.14 than that provided by school, a number had found it more useful than that provided by their school.

On enquiring who had provided them with advice approximately two-thirds of respondents (64.6%) had met a medical professional for the specific purpose of discussing their career option. However, students from Independent schools were more likely to have had such meetings when compared to those from State schools (73% of those from Independent schools had met a medical professional compared to 62.9% of those from State schools).

	Base	No reply	Independent	State	Not specified
	483	-	89	391	3
Yes	312 64.6%	-	65 73.0%	246 62.9%	1 33.3%
No	171 35.4%	-	145 27.0%	145 37.1%	2 66.7%

Q15: Have you met a medical professional (for example a medical student or STEM Ambassador) for the specific purpose of talking/chatting about your career options?

Our results therefore show that the majority of careers advice received was not deemed to be useful and this correlates with the Social Mobility and Poverty Commission report which noted "*the Commission is very concerned that, following the devolution of responsibility for careers advice to schools, three-quarters are failing to provide an adequate service.*" They go on to say "*whereas better-off families tend to have the connections and networks to make informed decisions, poorer families don't always share the same advantages.*" (Social Mobility and Child Poverty Commission, 2013, p.22). This statement correlates with our finding that those from Independent schools were 10% more likely to have received advice from a medical professional than those from the State sector.

Work experience contact methods

The Milburn, Selecting for Excellence and Social Mobility and Poverty Commission Reports have all documented concerns about the current provision of work experience. All identified that it is often obtained by informal networks which may indicate that those from non-traditional backgrounds will struggle to access experience either through formal or informal routes. Our results concur with these reports.

We found that almost all respondents had tried to obtain work experience in some form (99%). Of the five who had not tried to obtain work experience, four came from State schools. When we asked respondents to tell us a little about what they had done to obtain work experience their responses ranged in their detail and scope. The majority cited direct contact with hospitals or GPs and networking through families or friends. A few stated that experience was obtained through the use of careers advisors.

"It's who you know, not what you know."

Female respondent, State School, South West.

It seemed that, where careers advisors were used, the careers service at school or college was the first stage of their efforts to secure work experience. In one case, a respondent drew upon contacts already made via the school through their links with Career Academies (a national charity that links schools and colleges directly with employers to help prepare young people for the world of work).

"In the first case I spoke with my Careers' Advisor at school. I also contacted a family friend who is a GP about arranging some other work experience. In another case I emailed a local Hospice to arrange some voluntary work."

Female respondent, State School, North East.

"I made contact with residential care homes and hospital through phoning and email. Visiting the GP and asking school careers advisor to contact various places."

Female respondent, State School, Wales.

Most of those providing additional information on the topic of how they had made contact with work experience providers indicated that they had emailed a number of sources. Some respondents expressed frustration that emails were not answered or responded to immediately, although others recognised that this may happen and a certain amount of persistence might be required in their pursuit of work experience.

"I emailed the work experience department at King's College Hospital 6 months prior to the summer holiday to request for a placement."

Female respondent, State School, London.

"Obtain email addresses of consultants at local hospitals from online and email them. Apply to work experience schemes. Send letters to local GP surgeries."

Female, Independent School, South East.

"Emailed hospitals/care homes etc. in my city asking if any could be arranged."

Male, State School, North West.

"... Of course, some emails I sent were completely ignored, but with persistence and sending applications to various organisations eventually I managed to obtain a wide range of useful experience."

Female, Independent School, East of England.

Other forms of contact included letters and approximately one quarter of respondents indicated that they had called various organisations to secure work experience. These included care homes, pharmacists, physiotherapists, GP practices and hospitals.

"Rang up GP practice managers, hospital receptionists and emailed consultants."

Female, State School, Yorkshire and Humber.

Many respondents indicated that they had used different contact strategies depending on the type of experience they were trying to gain. Regarding General Practice they tended to contact GP practices in their area. Some made visits in person, whilst others wrote emails and letters of introduction seeking placement.

"Applied via email/letters to local hospitals and GP's surgery, and approached a neighbour who is a GP."

Male respondent, State School, North West.

"Contact residential care homes and hospital through phoning and email. Visiting the GP and asking school careers advisor to contact various places."

Female respondent, State School, Wales.

"Emailed around, visited local places such as GP surgeries."

Female respondent, Independent School, Yorkshire and Humber.

The strategy for contacting hospitals appeared to be different. Some respondents made direct contact with Work Experience Officers or Coordinators in hospitals (although some stated that the value of these contacts were limited), others attempted to contact medical professionals directly, as well as administrative and other management staff in hospitals. It is interesting to note that on more than one occasion a respondent stated that if the official route tried was not successful they then used informal networks.

“Emailed Hospitals and other work places Phoned Hospitals and other work places. Went to Reception Desks at Hospitals and other work places ...”

Male respondent, State School, West Midlands.

“Emailed the work experience departments via the official route however this was unsuccessful so I had to use contacts that friends had given me.”

Male respondent, Independent School, West Midlands.

“... I looked on the websites of various hospitals to see whether they had a work experience scheme or to find the emails of doctors.”

Female respondent, Independent School, South East.

A strategy frequently adopted to secure suitable work experience involved utilising family/parent connections. This enabled some to secure an introduction that they then followed up via telephone call/email. One respondent summarised the predicament thus:

“After having obtained work experience thanks to a family friend I have found it extremely difficult to arrange more work experience elsewhere. I find that this element is only truly on offer for those who know or have a connection with someone in the NHS therefore making it unfair for those who have no access to this opportunity.”

Female respondent, State School, London.

Of those who had secured work experience, slightly less than half (45.7%) indicated that they had received support in finding their experience.

	Base	No reply	Independent	State	Not specified
	204	-	40	163	1
Parents/Guardians	98 48%	-	25 62.5%	73 44.8%	
Other family members	10 4.9%	-	1 2.5%	9 5.5%	
School	75 36.8%	-	11 27.5%	63 38.7%	1 100%
Other	21 10.3%	-	3 7.5%	18 11%	

Q22a: Who did you receive this support from?

“Emailed a contact given to me from school/contact received through family connections.”

Female Respondent, State School, East of England.

“Sent emails to w/e organisers at hospitals, asked my Mum (she was a nurse and now lectures in Biology) to contact her colleagues or students and spoke to medical family members.”

Female respondent, State School, South East.

“Work experience at local hospital: spoke to my parent's friend who worked as a nurse at the hospital and she put me in touch with the management administrator Volunteer work: emailed the person specified on the website.”

Female respondent, Independent School, South East.

"I made phone calls to GP surgeries and sent letters/emails of enquiry. Spoke to friends of parents (most fruitful) and applied for a structured programme at local teaching hospital."
Male respondent, State School, South West.

Those from Independent Schools were more likely to have received such support from their parents/other family members than those from State Schools. One respondent identified this difference.

"In my experience students attending independent schools are far more likely to have these connections."
Male respondent, State School, Yorkshire and Humber.

Mature students and graduates

We are reporting specifically the responses of mature and graduate applicants (those who reported their age as 21 or over) as their responses to the main pool of applicants who are straight from school, differed in relation to the way that they approached organisations, reflecting the differences in the networks that these individuals can have.

Comments received from this group suggest that their efforts to secure work experience tended to include more direct methods of approaching organisations including face-to-face visits and telephone calls.

"I wrote letters, called places, sent many emails and went to places in person to obtain work experience."
Mature female respondent, State School, East Midlands

"I wrote to different surgeries and contacted hospitals requesting a work experience placement. I also applied for various volunteering roles at hospitals, care homes and disability centres."
Mature female respondent, State School, Yorkshire and Humber

"I attended a Career's Fair at sixth form where I met a gynaecologist whom I contacted later seeking work experience."
Mature female respondent, State School, South East

Volunteering

The NHS careers website states the importance of volunteering to the NHS and how it can help individuals develop skills or explore a career in health (NHS Careers, 2014). The Social Mobility and Policy Commission stated *"we also believe that relevant experience such as caring responsibilities, part-time work and volunteering should be recognised, rather than just hospital or GP work shadowing, and moves in this direction from medical schools are welcome."* (Social Mobility and Child Poverty Commission (2013), p.248).

The line of definition between volunteering and work experience is not clear, particularly if it is carried out in a healthcare setting. A number of our survey participants applied for work experience and voluntary work in Hospital or other health-related or caring sectors within the same time period.

"I emailed the volunteers office at a hospital close to me. I also applied to be a volunteer at a hospice."
Female student, State School, South East.

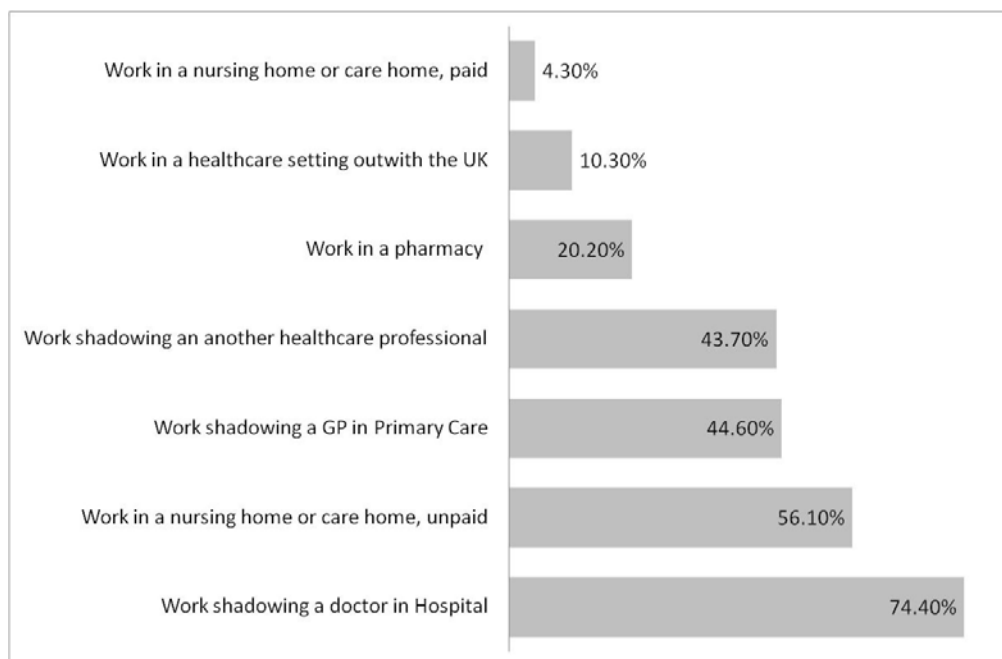
“I emailed several Doctors and researchers explaining to them that I was looking for work experience. When I applied for voluntary work at my local Hospice, I checked the website online to see how I could apply and found an application form which I needed to complete.”
Female respondent, State School, Yorkshire and Humber.

We return to volunteering later in the report where we explore issues raised from volunteering both within and out-with the NHS.

Securing work experience

Given their efforts to secure experience, we asked respondents if they had actually carried out any work experience and almost all (92.3%) had. This statistic may surprise some readers of the report although those who read personal statements or interview will recognise that most applicants include information relating to these experiences.

The most popular types of work experience carried out were: work shadowing a doctor in hospital (74.4%), work in a nursing home (56.1%), work shadowing a GP (44.6%), and work shadowing another healthcare professional (43.7%).



Q19a: What type of work experience have you had? (n=483)

Other work experience listed by respondents included voluntary work in other healthcare settings/care settings generally (such as Children’s Centres, supporting the administrative function in GP practices, volunteering in nurseries, residential homes). Some respondents mentioned within the ‘other’ work experience section that they had worked directly with consultants in hospitals.

There has been concern previously at Medical School Council meetings about ‘health tourism’. It is interesting to note that 10.3% had obtained work experience outside the UK. We were unable to ascertain how much of this was paid experience or through networks abroad although some respondents expanded on this section.

“In order to gain this experience I took part in a Gap Medics placement which was very costly.”

Female respondent, State School, East Midlands.

"I've had contact with a GP who I spent some time with. I also went on a programme to Czech Republic with gap medics."

Female respondent, State School, Wales.

Difficulty in finding work experience

The respondents differed in their perception of the level of difficulty in obtaining experience that was acceptable with some persisting for much longer than others. This would correlate with other findings on persistence and resilience in the medical student body.

"At first, it was extremely difficult trying to find work experience, however, with constant persistence, and after writing many letters of application, I finally managed to find some....it feels like a never ending process!"

Female respondent, Independent School, North West.

"It took me a year and a half to get experience which was lengthy and required mass amounts of CVs and letters being given out!"

Female respondent, State School, North West.

"On the two occasions when I contacted these people, I didn't receive a reply."

Female respondent, Independent School, South East.

"Many places were dismissive of me and brushed off any attempt at getting work."

Female respondent, State School, Yorkshire and Humber.

Only a few indicated that it was not difficult to arrange but the majority went on to say that this was due to the fact that they had medical connections.

"Work experience was not difficult to arrange, it just took a long period of time."

Female respondent, State School, South East.

"Work experience is easy to get if you try hard enough. You just need to put the effort in."

Female respondent, State School, South East.

"As long as you make an effort and are forward and polite, it is feasible to get plenty of varied work experience."

Female respondent, State School, West Midlands.

More than one person indicated that the process was stressful.

“There was so much competition for very few available placements that it was stressful and disheartening when I was turned down again and again.”

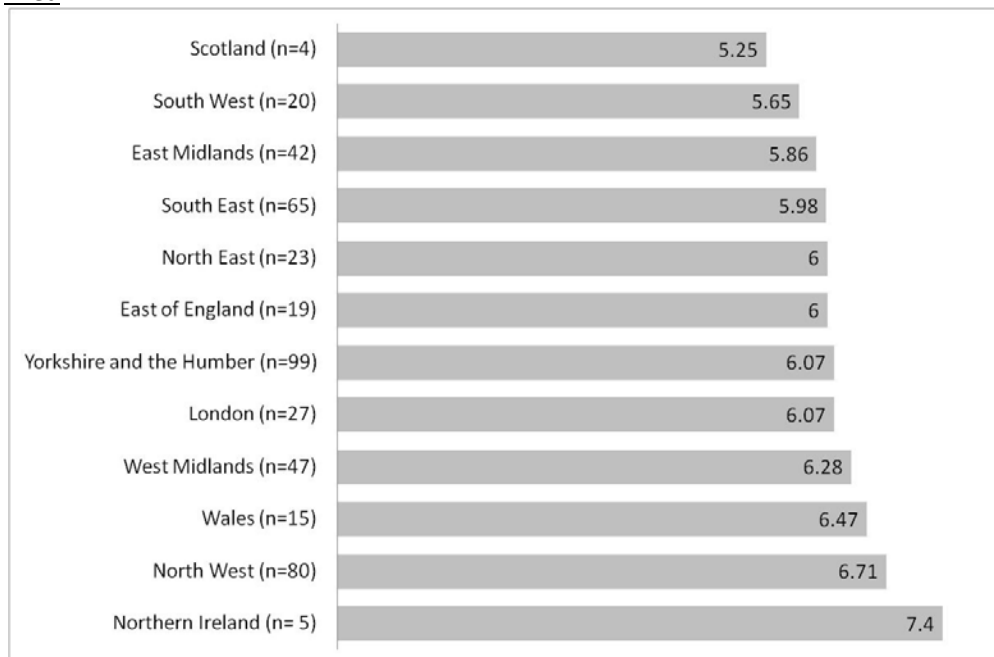
Female respondent, State School, West Midlands.

One respondent stated that finding it could be a measure of commitment.

“Finding work experience is a challenge and those that can find it are more committed to their chosen course.”

Female respondent, State School, Yorkshire and Humber.

Area



Q23: On a scale of 1 to 10 (1 being very easy and 10 being not at all easy), how easy was it to secure work experience? (by region of respondent) (n=446)

There were perceived differences in the difficulty in obtaining work experience in different regions. Our survey data show that the most difficult areas to find work experience are the North West, Wales and the West Midlands. The Northern Ireland and Scotland numbers of respondents are too small to draw conclusions from.

“When I talk to other students from different areas they seem to have found getting placements relatively easy.”

Female respondent, State School, North West.

The data from Wales is disappointing given that key stakeholders developed a Work Experience guide in 2011 that included a clear process of application (Skills for Health, 2011). We can only suppose that this bespoke guide was not known about by applicants which brings into question how it was disseminated.

We also collected some views that suggested access to opportunity for placement was more difficult and restricted for those living in rural areas.

"Travel was a big problem for me as I live in a rural area."

Female respondent, State School, Scotland.

"Living in a rural area I was unable to get any work experience with doctors in a larger hospital."

Female respondent, State School, West Midlands.

Type

There was generally more difficulty in obtaining GP rather than hospital placements and our results showed that 30% fewer respondents had a placement with a GP. Many applicants commented specifically on barriers relating to access to GPs.

"GPs are too busy and ignore everything."

Female respondent, State School, East of England.

"GPs will tend not to offer work experience, they often don't reply to letters or are unable to organise a placement".

Female respondent, State School, Yorkshire and Humber.

"I wish it was easier for GPs to offer work experience."

Female respondent, State School, Yorkshire and Humber.

"Gaining access to GP surgeries is near impossible."

Female respondent, State School, East Midlands.

Some stated that there were specific barriers relating to GP placement access in relation to confidentiality.

"Applied for GP work experience placement and refused if live too close to the area because of patient confidentiality."

Male respondent, State School, Yorkshire and Humber.

"When I tried finding work experience in GPs I was told that because of laws on confidentiality have changed they weren't allowed to take me."

Female respondent, State School, Yorkshire and Humber.

In comparison some of the secondary care placements were sometimes only offered to students who live within postcodes within that city.

"Hospital places through the normal work experience pathways are limited."

Female respondent, Independent School, West Midlands.

"Some hospitals in the area only let people do work experience if they had a certain postcode."

Female respondent, State School, West Midlands.

Time of work experience

Some applicants stated that the timing of work experience was key and that there was very little flexibility to allow them to take time out of school or college.

"Short notice given as to details and dates with little flexibility."

Female respondent, State School, Yorkshire and Humber.

Age of applicant

Many respondents stated that work experience settings were using age as a barrier.

"It is very difficult to get into a clinical setting if you are under 17."

Female respondent, State School, North West.

"Rejected by work experience as I was under 18 even though nearly all applicants are 16 to 17 years old."

Male respondent, State School, North West.

Other barriers stated included Disclosure and Barring Service (DBS) checks and health and safety issues. The variation in practise in these legal requirements is discussed in the next section of the report.

Inconsistencies between hospital trusts

The access to work experience, voluntary experience and support offered by hospital trusts is variable and inconsistent across the UK given the feedback from our survey and focus group participants. This may be one of the reasons that there are regional variations on how difficult it is to obtain work experience.

"I found the work experience departments at the hospitals I attempted to get work experience from extremely unhelpful and disinterested."

Female respondent, State School, West Midlands.

"It would help if [work experience officers in hospitals] had more of a medical background rather than the more generalist personal development management background. They need to be somebody who genuinely actually wants to do the role. If you have people like this in the post it won't seem like so much of a chore as it does at the moment for them to find work experience for us."

Female respondent, State School, South East.

In some of our focus group discussions, participants stated that work experience or placement officers in hospitals could be more aware of their requirements for effective work experience. Others suggested that those overseeing such placements should have a background in medicine.

"I think having somebody medical looking at the work experience applications supporting your application even, they'll understand how difficult it is. They'll probably have been through the process themselves and experienced the same difficulties."

Female respondent, State School, East of England.

The research team carried looked at the hospital websites within our own region to allow us to understand some of the differences in practise. There was a wide variation in the type of student accepted with a range of requirements in relation to age, DBS, home postcode, school/college allocation. The application process also differed, as did the time of year it was available, amount of contact time with staff and access to services within the trust. Some combined the hospital's work experience information with their volunteering opportunities whereas others had different processes for the two. A couple of hospitals stated that one of the categories from which a pupil would be considered was that they were the child of a Trust employee.

Quality of placements

As we have already stated, the experiences offered by trusts vary even if they are obtained through official routes but we have also seen that many are obtaining them by networking rather than through a pre-determined programme of activities. It is therefore not surprising that the experiences obtained were sometimes not of high quality. Some applicants stated that the quality of the placements were poor with menial or administrative tasks perceived as being of little use.

“Told to go home early in the day so that they can get rid of us.”

Male respondent, State School, Yorkshire and Humber.

“The work experience at the hospital was poorly organised which really put me off. Work experience at the GP was long and boring. I didn’t shadow any doctors and spent hours doing nothing.”

Female respondent, State School, South East.

“The constant comments of how I shouldn’t go into medicine or such, from the doctors/nurses I met, was a little disconcerting.”

Male respondent, State School, North West.

“Even when achieving the placements, when on them, I had to work to get to be able to experience things and if you didn’t persist then people would happily forget you were there.”

Male respondent, State School, North West.

“Often work experience was not relevant as no doctors around, others busy and not allowed to do much.”

Female respondent, State School, Yorkshire and Humber.

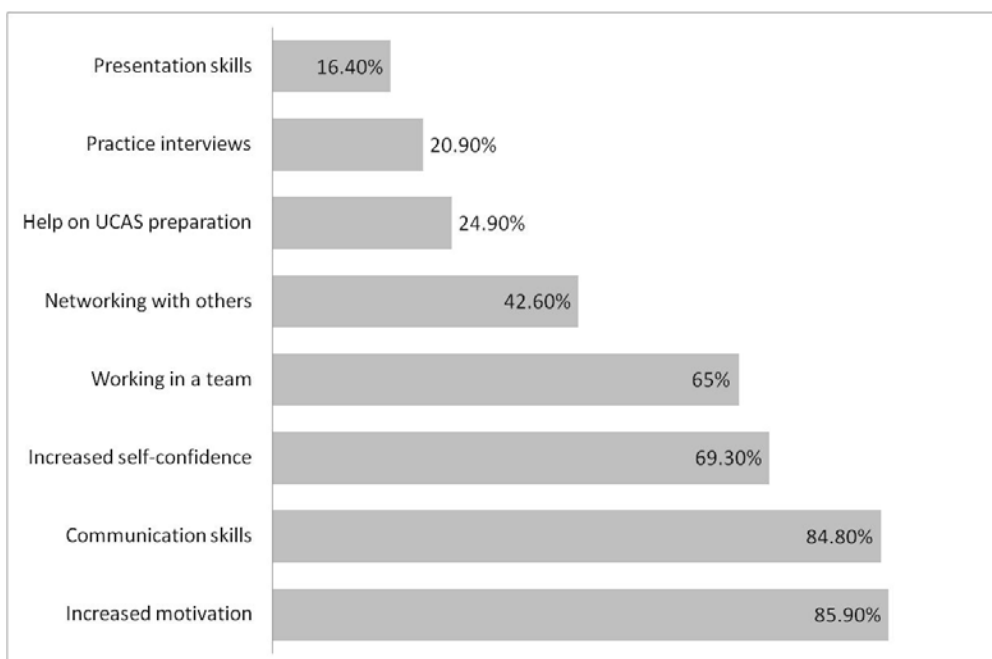
Appreciation of the benefits

“My work experience will always be with me throughout my medical studies and training.”

Female respondent, State School, South East.

Skill development

We asked respondents to specify which skills they had developed whilst undertaking work experience (these were chosen from a list). Increased motivation and communication skills were ranked the highest.



Q25: Did you learn any skills as a result of your work experience? (n=446)

Responses from the survey and focus groups included appreciation of career, communication, observing team work, understanding own characteristics, empathy, time management, professionalism including how to dress/act, ethics.

“Work experience, of any kind, is vitally important. I would highly recommend it to any person, particularly a potential medical student, as it allows massive skills and personal development.”

Male respondent, State School, East Midlands.

“Personal organisation and motivation but also confidence.”

Male respondent, State School, South East.

“How to communicate with a wide variety of people.”

Female respondent, State School, Yorkshire and Humber.

If there was more consistency across the country with regard to the quality of the work experience placements then the skills obtained could be maximised along with the understanding of the profession that have gained.

Career choice

We were interested to find out if career choice was influenced or altered as a result of work experience. Although 15% of respondents indicated that they did change their career choice as a result of their work experience, for many, it seemed to clarify and strengthen desires to become doctors.

Base	No reply	Yes	No
446	-	67	379
100.00%	-	15%	85%

Q24: Did you change your career choice as a result of your work experience?

“After completing work experience I felt much clearer about my career choice and it motivated me to work harder so that I could get a place at medical school.”

Female respondent, State School, Yorkshire and Humber.

“I would say that work experience was the single most effective method of understanding the role of the doctor for me.”

Mature Male respondent, State School, West Midlands.

“I think that without this I wouldn’t have been fit to decide on it as a career.”

Female respondent, State School, Yorkshire and Humber.

Some respondents stated that without gaining the appropriate work experience they felt unable to consider their future career choice whether that relate to the career in medicine as a whole or a specific speciality.

“I found completing my work experience crucial to gaining an understanding and appreciation of what a job in the NHS or healthcare entails, and without this experience I would perhaps not feel I would know enough about a career in medicine to apply to study the course.”

Female respondent, State School, South East.

“I also feel that my work experience will be helpful in the future....when choosing what area of medicine I should specialise in , as I have some experience from hospitals and GP surgeries to think about when I make that decision.”

Male respondent, State School, Yorkshire and Humber.

“It is extremely difficult to get work experience in a GP surgery but this is a sector I am considering working in and without work experience there, I have no idea what it would be like.”

Female respondent, State School, Yorkshire and Humber.

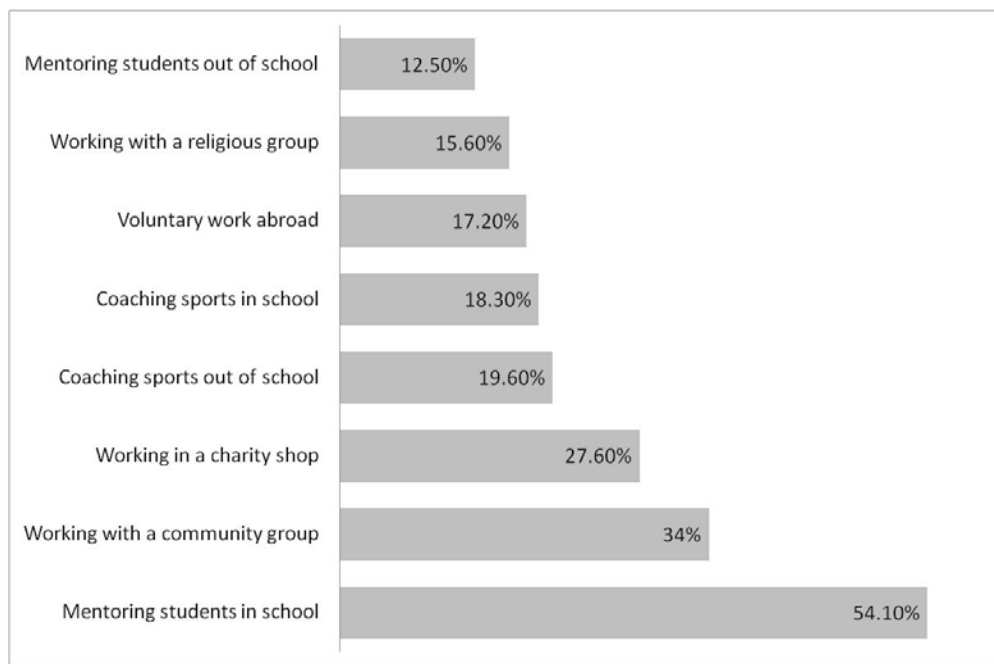
Voluntary work

We have already mentioned the role of voluntary work and it seemed to be relatively easy to obtain for most, 74% had undertaken some form of voluntary activity in addition to their work experience.

“It is easier to find voluntary work in care settings, as organisations are often actively looking for volunteers.”

Female respondent, State School, East of England.

As we have already discussed volunteering in a healthcare setting we will focus on other settings in this section. Over half of the volunteering carried out related to mentoring students in a school setting.



Q27: What type of experience [voluntary] was this? (n=377)

Applicants stated that it offered them something different to work experience or work shadowing.

“Medical work experience has given me an insight into the profession, but shadowing....has taught me very little in terms of skills compared to voluntary sailing instructing and helping in a care home.”

Male respondent, State School, South West.

“I have gained most experience and skills in my voluntary work in care homes, opportunities as head ambassador at my sixth form and other mentor opportunities within school.”

Male respondent, State School, West Midlands.

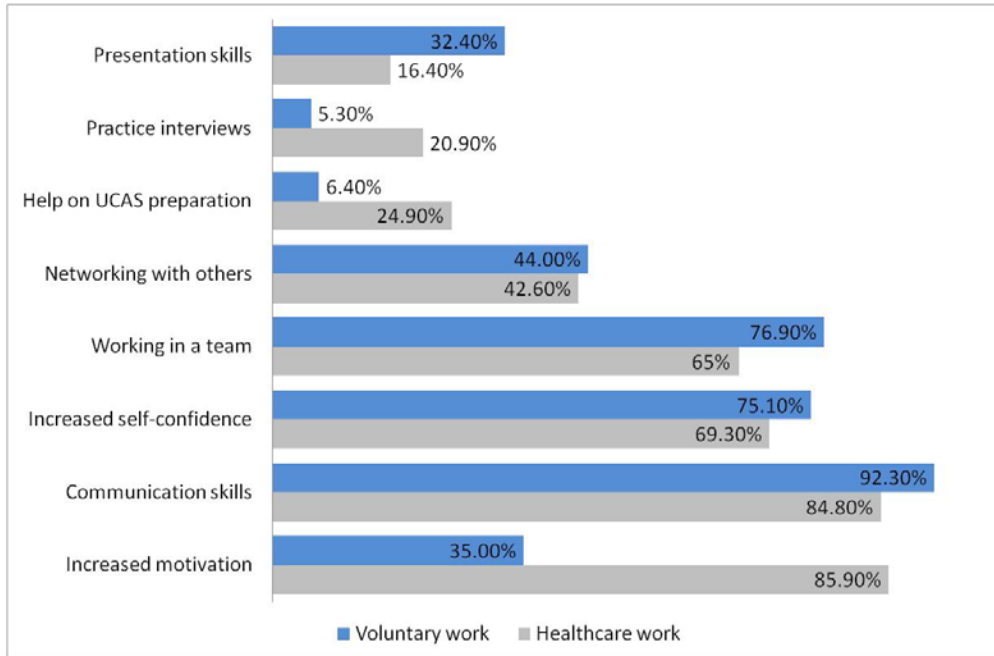
“I might have been able to get work experience at a care home but I don’t think it would have been as informative or as useful as shadowing a GP.”

Female respondent, State School, West Midlands.

“Able to get relevant volunteering but little relevant to life as a doctor.”

Female respondent, State School, South East.

In terms of specific skills developed whilst undertaking voluntary work, our survey respondents ranked communication skills and working in a team the highest. As the chart below highlights, many of the skills developed within voluntary work map across reasonably well to those developed during healthcare-related work experience. It is interesting to note, however, that respondents do not believe that voluntary work can add to or support UCAS application preparation.



Q25: Did you learn any skills as a result of your work experience? (n=446) with Q28: Did you learn any skills as a result of your voluntary work? (n=377)

Other comments on the process and suggestions for improvements

Lack of clarity from Universities

The lack of clarity in terms of what constitutes appropriate work experience has been commented upon by a number of respondents and what universities are looking for in relation to it.

“Every medical school seemed to want me to say different things about my work experience but none would specify what those things were and were unable to provide any helpful advice.”

Male respondent, State School, Yorkshire and Humber.

“It is unclear from universities which experience is better or worse so students could potentially waste time.”

Male respondent, State School, North West.

The student forums are playing a role in the rumours.

“The student room seems fairly helpful, but there’s a lot of rubbish around and you need to be careful. Particularly so when discussing UKCAT and BMAT. It’s useful for some things but you really know where to draw the line.”

Male respondent, State School, South East.

This must be addressed and is part of one of the recommendations below.

Recommendations for change

Many applicants have stated that the current system in gaining work experience is unfair, inequitable and results in an unjust medical selection process.

“How are we supposed to get into medicine without having the necessary experience?”
Female respondent, State School, Yorkshire and Humber.

“It needs to be more accessible or else universities shouldn't request it.”
Female respondent, State School, East Midlands.

“Within the current system of obtaining work experience there is a fair bit of injustice.”
Female respondent, State School, South West.

“It makes it harder for prospective student further down the socio-economic ladder to gain a place.”
Male respondent, State School, North East.

Some of our participants were eager to provide feedback on suggestions for improving the process and timetable for securing work experience and we have used this to inform the following suggestions. In relation to work experience there are some improvements already underway as part of the Selecting for Excellence Group work. The report authors suggest that there are four key areas requiring further development:

1. Work experience guidelines for applicants

It is essential that we provide clarity to applicants in what universities are looking for with regard to both work experience and volunteering including clarification of the terminology. This has been previously identified as an area of need and the Selecting for Excellence report stated: *“A common statement will help all applicants to medicine by clearly stating what all medical schools expect by way of work experience so that they can gain this experience and present it in a way acceptable to all the schools they apply to.”* (Medical Schools Council 2013, p. 25).

Only one individual stated that they had concern that a national guideline would increase the competition, otherwise if it was mentioned it was supported.

The draft guidelines should be critically reviewed in the light of the findings within this report.

2. Work experience placement provision

The work experience project PRACTISE is currently under development to provide work experience secondary care placements for WP students. The work is based on current practice, the experience of the legal profession (PRIME) and learning from the Social Mobility Foundation approach.

Using the results of this study the research team proposes that

- work experience placements should sign up to the same principles, using the same criteria for participant eligibility based on set widening participation criteria and a common toolkit that communicates clear messages to schools, pupils, parents, universities and placements.
- participants should be supported within the scheme by a host university who can help prepare them for their placement, so that they can gain the most out of the experience and signpost them to further support regarding career choice, admissions procedures, etc. There

should be a shared register of those enrolled in the national programme so that duplication of intervention does not occur.

- placements should be monitored on their participation in the scheme with an agreement that evaluation will be carried out by the host university and collated by the Medical Schools Council.

A suggested range of activities will be outlined based on current best practice and enhanced activities could also be suggested in the toolkit information for placements as is currently available in the PRIME initiative.

The target with PRACTISE is to have 100 secondary care placement providers signed up to the commitment by 2015 but there has been little work to look at primary care provision although it has been this area of medicine where applicants found it difficult to obtain experience.

It is our view that there should be a formal evaluation of the primary care projects taking place across the country including work done by the University of Leeds to evaluate best practice in primary care and influence national provision of placements through liaison work with the Royal College of General Practitioners and the Postgraduate Departments of General Practice.

3. Work experience toolkit

One of the barriers stated by placements when they are approached regarding work experience is that they have concerns regarding legal or ethical issues. A toolkit should be built in conjunction with stakeholders from both primary and secondary care based on

- the information currently available on the NHS careers website, Wales bespoke toolkit
- information gained from the PRIME initiative
- information from an evaluation of current best practice in medicine

Combining information contained within this report, data from other outreach that the team has been involved with and from the NHS careers website, Wales bespoke toolkit and PRIME initiative we have produced a content map for a toolkit of work experience for those wishing to pursue a career in medicine (see Appendix 2: Work experience toolkit).

We have already shown that one of the keys to success for any toolkit is appropriate dissemination. A clear communication strategy should therefore be developed.

4. Careers advice

"I felt that most of our teachers just had no idea about the application process of medicine. Some of my teachers didn't even know that it was an early application ahead of the other more general university applications. In terms of the date and things – they could be better informed."

Female respondent, State School, East Midlands.

Applicants, teachers, careers advisors and parents require easily accessible information in relation to their exploration of different careers in medicine and the admissions processes required to get into the respective courses. Further work needs to be done to enhance the information that is already available from the key stakeholders.

Proposals for further work

Our work exploring access to work experience opportunities has revealed a number of areas of importance to those wishing to progress to study medicine. It has highlighted, to us, a number of areas worthy of further research investigation due to the paucity of published research in these areas.

Rural applicants

Our evidence has found that some applicants face particular difficulties accessing meaningful work experience placements because they reside in rural parts of the country. Some of our survey respondents and focus group participants indicated that opportunities for those living in rural areas was more limited than for those living in urban areas. We suggest that work exploring issues around the quality of experience, and access to experience for those in geographically remote areas of the UK would be worthy of further investigation so that appropriate interventions can be designed to meet this need.

State and Independent schools

Within this report we have highlighted apparent differences in experience and opportunity for those from State as opposed to those from Independent schools. Our survey data provide that those from Independent schools tend to have clearer access routes into work experience (drawing upon family connections and school/college links to secure placements). We believe that because of the lack of preferential access arrangements for those from State schools, this restricts their opportunity to secure experience that would be of value in their pursuit of a career in medicine. In addition there are different experiences in relation to careers advice that require further investigation to inform future interventions.

Voluntary work

Interpretations of what constitutes meaningful work experience for the purposes of applying to study medicine varies, as has been evidenced by data presented in this report. We have also identified that activities and responsibilities covered by voluntary work might be undervalued by applicants to medicine. Skills and experiences being enhanced whilst undertaking voluntary work may match some of those being provided by hospital or GP-based work experience. Further research work in this area may assist the development of a typology of skill areas supported or enhanced by voluntary work experience and hospital or GP-based work experience.

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Appendix 1: Survey - 'Work experience: a deterrent to applicants to medicine from widening participation backgrounds?'

ABOUT YOU

Firstly we would like to know a bit about you. This helps us to see what type of person is likely to benefit most from work experience so that we can target the right people in the future.

1. Please tell us how old you are? (please write this in the box below)

2. What gender are you? (tick ONE box)

- Male
 Female

3. Please tell us which ethnic group you feel you belong to by ticking the appropriate box below.
(tick ONE box)

- White: English/ Welsh/ Scottish/ Northern Irish/ British
 White: Irish
 White: Any other white background
 Mixed/ Multiple ethnic groups: White and Black Caribbean
 Mixed/ Multiple ethnic groups: White and Black African
 Mixed/ Multiple ethnic groups: White and Asian
 Mixed/ Multiple ethnic groups: Any other Mixed/ Multiple ethnic background
 Asian/ Asian British: Indian
 Asian/ Asian British: Pakistani
 Asian/ Asian British: Bangladeshi
 Asian/ Asian British: Chinese
 Asian/ Asian British: Any other Asian background
 Black/ African/ Caribbean/ Black British: African
 Black/ African/ Caribbean/ Black British: Caribbean
 Black/ African/ Caribbean/ Black British: Any other Black/ African/ Caribbean background
 Other ethnic group: Arab
 Other ethnic group: Any other ethnic group

4. Did any of your parents/guardians complete a University degree or equivalent (e.g. BA, BSc or higher)? (tick ONE box)
- Yes
- No
- Don't know
5. Have any other immediately family members (such as a brother or sister) studied towards a University degree or equivalent (e.g. BA, BSc or higher)? (tick ONE box)
- Yes
- No
- Don't know
6. Did your household receive income support at any point during your school years? (tick ONE box)
- Yes
- No
- Don't know
7. Were you eligible for free school meals at any point during your school years? (tick ONE box)
- Yes
- No
- Don't know

ABOUT YOUR EDUCATION

It would be useful for us to know what you studied at school/college so that we can see whether people with certain grades and subject choices find work experience more useful than others.

8. Please tell us the name of the school you mainly attended between the ages of 11 and 16?
(Please tell us, in the box below, the name of the school and the town or city it is in. If you have the UCAS numerical code for your school, please tell us this)

School name:

Town / City:

UCAS numeric code (if you know it):

9. Which of these qualifications do you have? (tick ALL THAT APPLY)

- 5+ O levels , CSEs (grade 1) , GCSEs (grades A – C)
- 3 + A level
- Other UK qualifications (i.e. Scottish Highers, Bacculaureate, Cambridge International)
- Undergraduate degree (e.g. BA, BSc)
- Masters degree or Doctorate (E.G. MA, MSc, Phd)
- Other (please tell us what these are in the box below)

10. If you are currently studying, please indicate the level (.e.g. A Level)

ABOUT CAREERS ADVICE AND WORK EXPERIENCE

We would now like to ask you specifically about careers advice and any work experience that you have had.

11. Have you received careers advice **from your school**? (tick ONE box)

- Yes
- No (go to Q 13)

12. (If you received careers advice from your (school), on a scale of 1 to 10 (1 being very useful and 10 being not at all useful), how useful was the careers advice you received **from your school**? (tick ONE box)

Very useful

Not at all useful

- 1 2 3 4 5 6 7 8 9 10

13. Have you received careers advice **from another source**? (tick ONE box)

- Yes
- No (go to Q 16)

14. (If you received career advice from another source), can you tell us who provided this advice (please tell us in the box below)

15. (If you received career advice from another source), on a scale of 1 to 10 (1 being very useful and 10 being not at all useful), how useful was the careers advice you received **from this other source**? (tick ONE box)

Very useful

Not at all useful

1 2 3 4 5 6 7 8 9 10

16. Have you met a medical professional (for example a medical student or STEM Ambassador) for the specific purpose of talking/chatting about your career options? (tick ONE box)

Yes

No

17. Have you **tried to obtain** any work experience? (tick ONE box)

Yes

No (go to Q 19)

18. (If you have tried to obtain work experience), what did you do? (please tell us in the box below)

19. Have you **carried out** any work experience? (tick ONE box)

Yes

No (go to Q 26)

20. (If you have carried out some work experience), what type of experience have you had? (please tick ALL THAT PPLY TO YOU)

Work shadowing a GP in Primary Care

Work shadowing a doctor in Hospital

Work in a nursing home or care home, unpaid

Work in a nursing home or care home, paid

Work shadowing an another healthcare professional e.g. nurse, physiotherapist

Work in a pharmacy

Work in a healthcare setting outwith the UK

Other (please tell us what this was in the space below)

21. (If you have carried out some work experience), did you receive support in finding work experience? (tick ONE box)

- Yes
- No (go to Q 23)

22. (If you received support in finding work experience), who did you receive this support from? (tick ONE box indicating the main source of support)

- Parents/guardians
- Other family members
- School
- Other (please tell us who this was in the space below)

23. On a scale of 1 to 10 (1 being very easy and 10 being very difficult), how easy was it to secure work experience? (tick ONE box)

Very easy

Very difficult

- 1 2 3 4 5 6 7 8 9 10

24. Did you change your career choice as a result of your work experience? (tick ONE box)

- Yes
- No

25. Did you learn any skills as a result of your work experience? (tick ALL THAT APPLY)

- Communication skills
- Presentation skills
- Practice interviews
- Help on UCAS preparation
- Networking with others
- Increased self-confidence
- Working in a team
- Increased motivation to achieve my career goals
- Other (please tell us about these in the box below)

26. Have you undertaken any voluntary work that was not in a health care setting? (tick ONE box)

- Yes
- No (go to Q 29)

27. If YES, what type of experience was this, please tick all that apply?

- Coaching sports in school
- Coaching sports out of school
- Working in a charity shop
- Working with a community group
- Working with a religious group
- Mentoring students in school
- Mentoring students out of school
- Voluntary work abroad
- Other (please tell us what this was in the space below)

28. Did you learn any skills as a result of you voluntary work? (tick ALL THAT APPLY)

- Communication skills
- Presentation skills
- Practice interviews
- Help on UCAS preparation
- Networking with others
- Increased self-confidence
- Working in a team
- Increased motivation to achieve their career goals

29. Thank you for supporting this valuable work to explore the impact and effect of work experience. If you have any additional comments to make about your experiences, please tell us in the box below.

30. As part of this project work we are also undertaking a number of focus groups with medical school applicants/potential applicants. These sessions will last around 1 hour or so and will take place at the University of Leeds in early July. Expenses will be provided to those who participate to cover any travel costs. Would you like to be involved in this additional work (please tick one box)

Yes

No

31. If YES, please provide us with the following contact information so that we can include you in our focus group pool of participants.

Your name:

Your address:

Your email:

Phone number:

Appendix 2: Work Experience Toolkit

The outline for this toolkit has been based on the following documents and on the information gained from participants of this research study.

http://www.nhscareers.nhs.uk/media/1487492/Work_experience_in_the_NHS.pdf

<http://www.primecommitment.org/uploads/downloads/PRIMEYear2report-NFER.pdf>

<http://www.professionsforgood.com/wp-content/uploads/2014/05/SocialMobilityToolkit-2014-low-res.pdf>

<http://www.skillsforhealth.org.uk>

The key stakeholders should all have a different version of the toolkit developed for them: schools, pupils, parents, universities and placements. Working with each of these groups in the development state will ensure that different audiences are provided with information specific to their own needs.

Introduction

This would provide an overview of the scheme including the principles and criteria for participant eligibility. All parties should be informed of the importance of work experience including the range of skills that can be developed as a result.

Practical considerations

The application process should be outlined. It should be clear and easy to navigate.

A variety of placement activities should be listed that would be suitable for participants in different settings to undertake. These activities should be based on an evaluation of best practice across the country and should include enhanced activities which the placements could choose to offer if they are able.

DBS, indemnity cover, confidentiality and other legal and ethical questions should be answered.

Evaluation

The projects should have standardised evaluation processes to allow the Medical School Council to collate the activities taking place across the country. These should be outlined with standardised forms provided.

It is the research team's opinion that placements would provide the highest level of impact if they are housed within current outreach programmes by Universities. The toolkit could therefore include a workshop outline for a preparation for placement workshop and a follow up workshop reflecting on their experiences.