University of BRISTOL | PFRC

Future Quest Access to Medicine and the Professions

February 2026

Sara Davies
Jenny Street

An evaluation report from the University of Bristol with response from Future Quest

Future Quest Access to Medicine and the Professions programme

ABOUT THIS REPORT

This report was published by the University of Bristol in June 2026.

© University of Bristol, 2026.

ACKNOWLEDGEMENTS

This research was funded by Health Education England via the University of West of England (UWE). Thanks go to Jenny Street at UWE for her support with this evaluation, and for her written response (Chapter Six). Particular thanks go to all the students who gave their time to speak to us.

ACCESSIBILITY

Our reports are tested for accessibility before they are published to make them easier for people to read.

Please note that some PDF files cannot be made fully accessible to all screen reader software.

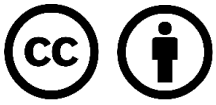
If this document is not accessible to you or you would like to read it in a different format, email pfrc-manager@bristol.ac.uk or write to us at:

Personal Finance Research Centre,
School of Geographical Sciences,
University of Bristol,
13 Berkeley Square,
Bristol BS8 1HB.

ABOUT THE AUTHOR

Sara Davies is Research Co-Director of the Personal Finance Research Centre (PFRC) and an Associate Professor at the University of Bristol

CITATION



This is an open access publication, distributed under the terms of the Creative Commons Attribution 4.0 International licence, which permits unrestricted re-use, distribution, and reproduction in any medium, provided the original work is properly cited.

Our preferred citation is: Davies, S & Street, J (2026) *An evaluation of the Future Quest Access to Medicine and the Professions programme*, Personal Finance Research Centre, University of Bristol.

CONTENTS

Contents 3
1 Introduction 4
2 Pre-16 findings 8
3 Post-16 findings 18
4 The impact of the programme 27
5 Conclusions 31
6 Future Quest response to evaluation findings 33
7 Appendix 45

1 INTRODUCTION

The Access to Medicine, Allied Professions and Pharmacy programme is funded by Health Education England (HEE) and is intended to support young people from areas of low participation and underrepresented groups in Higher Education who have an interest in medicine or allied professions to achieve their potential. The aim is to develop and deliver a progressive outreach programme which provides learners with meaningful and impactful experiences that increases the visibility of opportunities in these professions to them and their families, enable them to explore and understand pathways to medicine and allied professions and to understand and develop the skills and behaviours required to succeed in these roles.

1.1 Delivery of the programme

Building on Future Quest's established progression framework, the Access to Medicine and the Professions Programme offered a structured set of experiences supporting students from underrepresented backgrounds from Year 10 through to Year 13. It was designed to broaden awareness of healthcare career pathways, strengthen confidence and self-belief and support informed decision-making at key transition points into further and higher education. The delivery model combined in-school workshops, university-based experiences, mentoring and online learning, with healthcare student ambassadors providing first-hand insight into university life and professional practice.

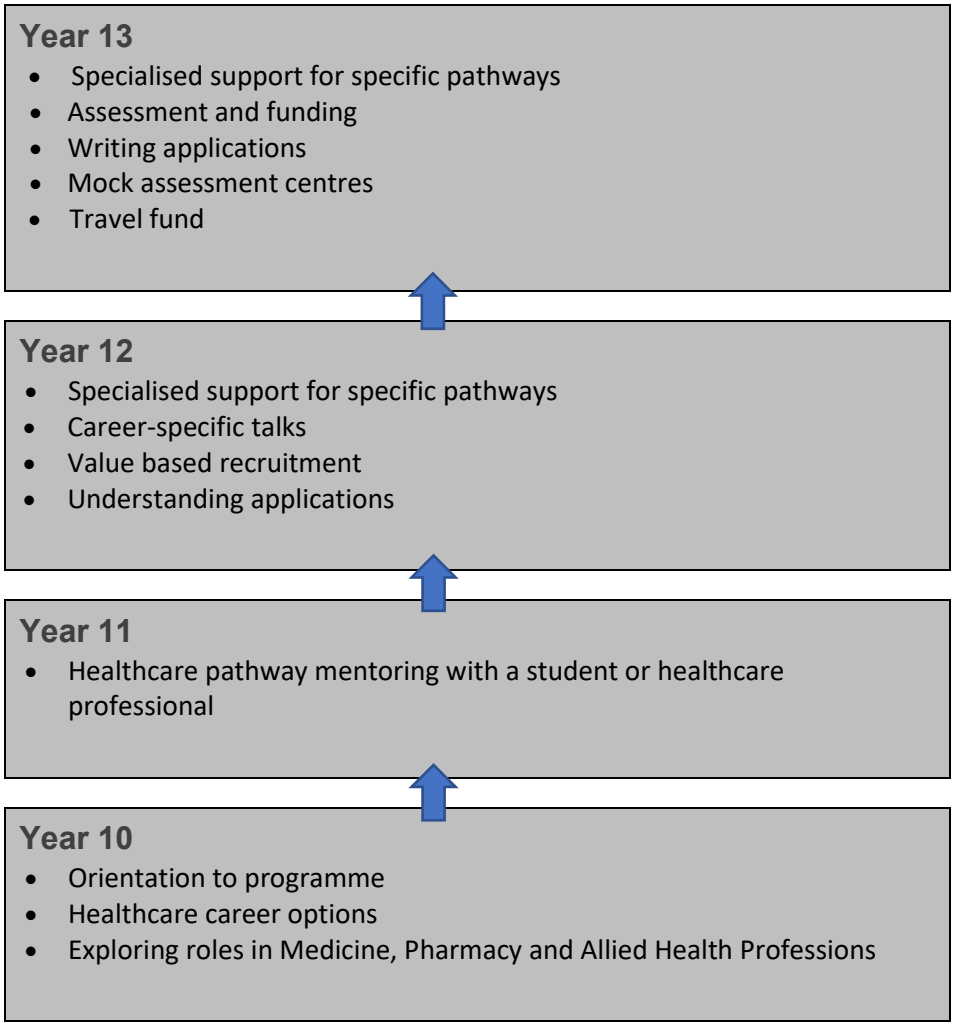
Future Quest aimed to engage with 350 students in a cohort programme of progressive outreach, using the Future Quest progression framework model. The programme works with students from Years 10 – 13 using a series of activities which build on each other to develop their understanding, skills and application in professional practice. However, given the impact of Covid in the initial years of the programme, the first year was delivered to a smaller number of students and schools than expected.

Table 1: Cohort progression through the programme

	2020/2021	2021/2022	2022/2023	2023/2024	2024/2025
Year 13				Cohort 1	Cohort 2
Year 12			Cohort 1	Cohort 2	
Year 11		Cohort 1	Cohort 2		
Year 10	Cohort 1	Cohort 2			

The programme encouraged repeated interactions with delivery staff, mentors and healthcare students on Higher Education courses. Opportunities are created to meet and ask questions of healthcare students and healthcare professionals and encounter hands on experience of study environments and healthcare settings.

Table 2: Key stage progression



Over the course of the programme, 1284 students took part in at least one NHS England activity.

Table 3: Number of activities undertaken by each participant

No. of activities	No. of students
1	705
2 – 5	410
6 – 10	129
11 and above	40

Of students who did their first activity in years 10-11, 71% did 2 or more activities. Those who did their first in year 12 or 13 only did multiple activities in 23% of cases.

In terms of accessing the Website, there were a total of 26,668 active users[1] between 2021 and 2025.

1.2 Methodology

This report details the findings of the evaluation conducted from the inception of the programme in 2020, until the completion in 2025. The report includes key findings from the interim report, submitted in 2022, which focussed on the pre-16 programme delivery. Since 2022, the focus of the evaluation has been on the post-16 delivery, although survey data continued to be collected from the ongoing pre-16 programme.

Pre 16 data

The interim findings were based on survey data collected from 72 Year 10 students who took part in the programme in 2020/21 academic year, of whom 14 completed a follow up survey. We also drew on longitudinal data from qualitative research with five students and one teacher from one of the participating schools, conducted in first in July 2021 and followed up in March 2022; informal feedback from another school, as well as analysis of 21 reflective journals of year 10 students from the 2021/22 cohort from one further school. In this report, we expand on this data, with the inclusion of baseline survey data from 211 students, and 59 follow up surveys from Sep 2021 and Dec 2022 respectively. We report each cohort's survey data both combined and separately as appropriate.

Post 16 data

The post 16 evaluation is largely based on qualitive data. Between Autumn 2023 and July 2025, semi-structured one-to-one or paired depth interviews were conducted with 50 post-16 students participating in the programme, along with three staff members. We also collected data from 760 initial survey responses, from which we report on the demographics of the students who took part in the programme and their expectations. Several different surveys were administered at different points in time, and not all the same data was collected from each student. As a result, the base sizes vary on different charts. Due to the format of the delivery of the programme, it was not possible to collect follow up survey data.

Approach to evaluation

This evaluation takes a realist approach to the analysis, triangulating the various forms of data to assess the role of the programme in achieving the intended outcomes. Realist evaluation aims to explore the "context – mechanism- outcome relationship"[2] which then

[1] *This figure is for website users with an event attached. For example, they clicked through multiple pages, and/or didn't exit the site straight away. It will not count those who don't accept tracking via cookies. If these were counted the figure could be 33,004 but these numbers are harder to verify.*

[2] *Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J. & Pawson, R. (2013), RAMESES publication standards: realist syntheses, BMC Medicine, 11(21), https://doi.org/10.1186/1741-7015-11-21*

allows us to consider how, why, for whom and in what circumstances the intervention may work. The intended outcomes of the programme are based on the Progression Framework below, as well as the Theory of Change (see Appendix). The data is used to understand the extent to which we can measure progress towards these outcomes.

Table 4: Progression Framework

ELABORATION PHASE: *PLANNING YOUR FUTURE*		
KEY STAGE 4 (PRE 16)	***Acquiring strategies for achieving future outcomes***	
	LO5: Demonstrate skills required for higher education eg academic and research	**Skills** for learning, life and work
	LO6: Link own personality traits and learning styles to a work environment	**Strengths**, differences and personality
	Forming a future identity	
	LO7: Identify educational pathways to career opportunities	**Encounters** with higher education, employers and lifestyles
	LO8: Create an action plan to achieve a future goal	**Pathways**, values and behaviours
EVALUATION AND ESTABLISHMENT: *BECOMING YOUR FUTURE*		
KEY STAGE 5 (POST 16)	***Experiencing and envisaging a future identity***	
	LO9: Reflect on and evaluate skills, knowledge and experience for a successful transition into HE and beyond	**Skills** for learning, life and work
	LO10: Describe a personalised view of life as a student eg accommodation, finances, lifestyle	**Encounters** with higher education, employers and lifestyles
	Reinforcing pathways to achieving future goals	
	LO11: Demonstrate ability to research options, identify personal preferences and plan a route to achieving career goals	**Pathways**, values and behaviours
	LO12: Articulate strategies to achieving success in academic assessment and HE applications	**Strengths**, differences and personality

2 PRE-16 FINDINGS

This chapter summarizes the interim findings from the evaluation previously reported in 2022, based on the first cohort, as well as the survey data subsequently collected during the 2022/23 academic year.

2.1 Motivations for taking part in the programme

Prior to starting the programme, students were asked what they were hoping to get out of taking part in the programme. The most common expectation was increased knowledge and understanding, of healthcare careers generally, particularly of the different career paths, but also of specific fields, such as medicine, or physiotherapy. For a few, it was to help them decide between healthcare or an alternative career, such as hospitality. In the 2021 baseline survey, several key themes emerged from the 211 responses collected.

Career Exploration and Clarity

Around two thirds of the comments were related in some way to exploring careers in healthcare. Many of the students were unsure about which specific healthcare path they wanted to pursue, indeed if they wanted to pursue a career in healthcare, and were using this course as an opportunity to find out a bit more

> *"I want to explore the options that I have in the health profession and want to know what is best for me"*

Gaining Knowledge and Insight into Healthcare

Around half of the students also expressed a wish to get a deeper understanding of the NHS, healthcare roles, responsibilities, and day-to-day experiences. For some, it was an opportunity to learn about lesser-known roles, not just doctors or nurses

Gaining Skills and Experience

For others, including those who may not have been as sure about healthcare as a career as others, it was a chance to develop transferable skills, improve confidence, and gain relevant experience for healthcare or other careers. Those who were firmer in their interest in healthcare mentioned that it might be a good preparation for work or future training routes.

Improving University or Job Prospects

Around a quarter of the students were hoping that the programme would help them to build a stronger CV/personal statement, or to prepare for UCAS applications. Many felt that the programme had the potential to gain an edge in a competitive field.

Pathway to a Specific Career Goal

Again, around a quarter of the students already had specific aspirations (e.g., doctor, nurse, psychiatrist, paramedic, radiologist, physiotherapist), and believed that taking part on the programme may provide guidance on how to pursue those goals.

> *"I hope to become a psychiatrist"*

Access to Higher Education & Widening Participation

Some of the students were motivated by the opportunity to learn about university pathways, qualifications, and subject choices. Indeed, a few responses **reflected the aspiration to be the first in their family to pursue such careers or attend university**.

> *"A clearer view on what subjects I need for sixth form"*

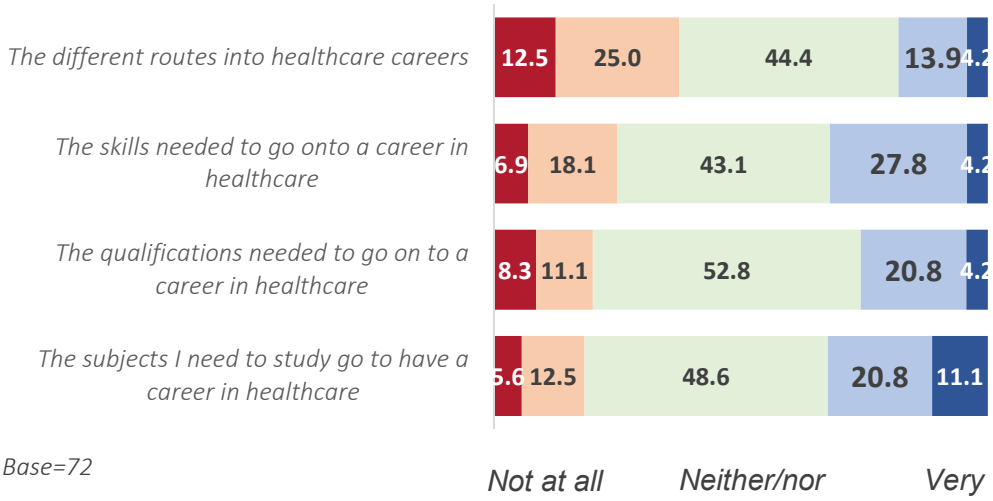
Curiosity or Uncertainty

Finally, a few students explicitly said they **don't know** what they want yet, but saw the programme as a way to explore their options; this groups were keeping an open mind about their future careers.

2.2 Understanding of healthcare professions

To establish the need for the programme, we surveyed all participants at the start to understand how much they already knew about careers in healthcare. We asked them to rate their confidence in their knowledge on a scale of 1- 5. As chart 1 below shows, there were gaps in the many of the students' knowledge about healthcare careers, with fewer than one in five feeling confident about the different routes into healthcare, and fewer than a third knowing about the subjects and skills needed.

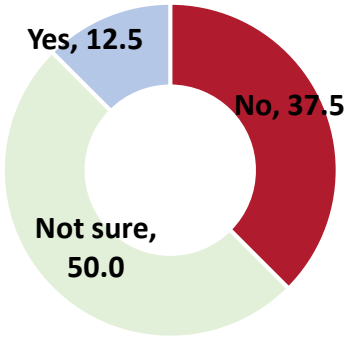
Chart 1: Confidence in knowledge of healthcare careers (%) 2021/22



Base=72

In 2021/22, we also asked whether they were aware of the six core values[3] of the NHS. Perhaps unsurprisingly, there was low awareness of these, with only one in six claiming to know them.

Chart 2: Awareness of the six core values at the heart of the NHS constitution (%)



Base=72

However, when asked to rate how confident they were in being able to demonstrate their understanding of the values, the students reported an unusually high confidence in their understanding.

[3] https://www.hee.nhs.uk/about/our-values/nhs-constitutional-values-hub-0

Chart 3: Confidence in showing an understanding of NHS values (rated out of 5)

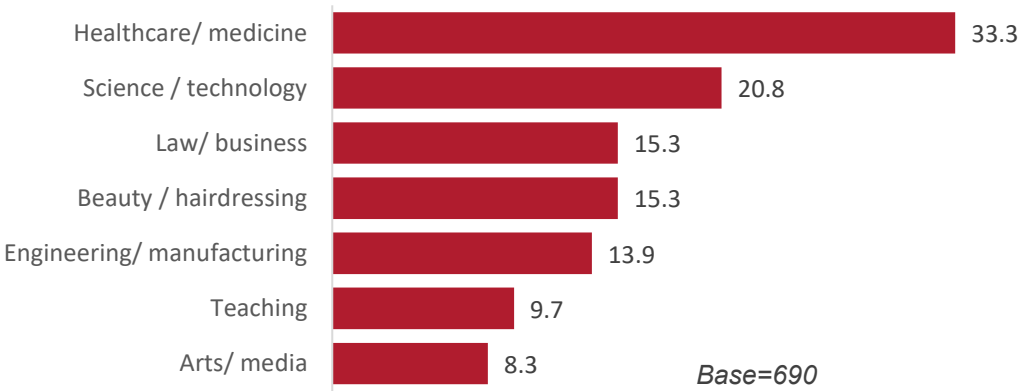


In the context of the ratings given for other questions, and particularly that of *awareness* of these values, it is likely that they were reflecting their own understanding of what the values may mean, rather than the understanding as the NHS constitution intends. Regardless, it is positive that the NHS values didn't appear to deter or intimidate the students as part of the programme.

2.3 Future intentions

The survey was also intended to establish the extent to which healthcare was a possible career for those who took part in the programme. While the participants were deliberatively sampled from within the schools, often through a pre- programme survey, of those who completed the targeting survey, only around one third reported healthcare or medicine to be one of the careers that they are considering for the future.

Chart 4: Which of the following jobs or careers would consider working in when you leave school or college? (%)

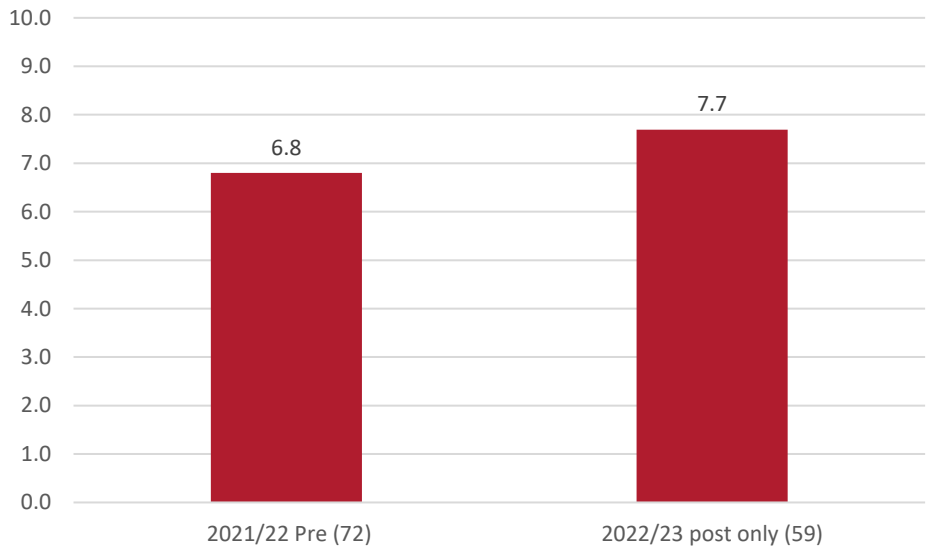


However, once they had been recruited to the course, students were more likely to consider healthcare as a future career; over half of those started the course reporting that they were likely to pursue this pathway, with fewer than one in five unlikely to.

In 2021/22, from the baseline survey of 72 students, the mean likelihood of pursuing a career in healthcare was 3.5 out of 5. In 2022/23, when asking (different) students at the end of the course, this figure was 3.4 out of 5. Together, these findings suggest that the impact of the programme may not lie in changing the minds of those not interested in a career in healthcare, but, as we discuss further down, in supporting those who are interested, in making better choices.

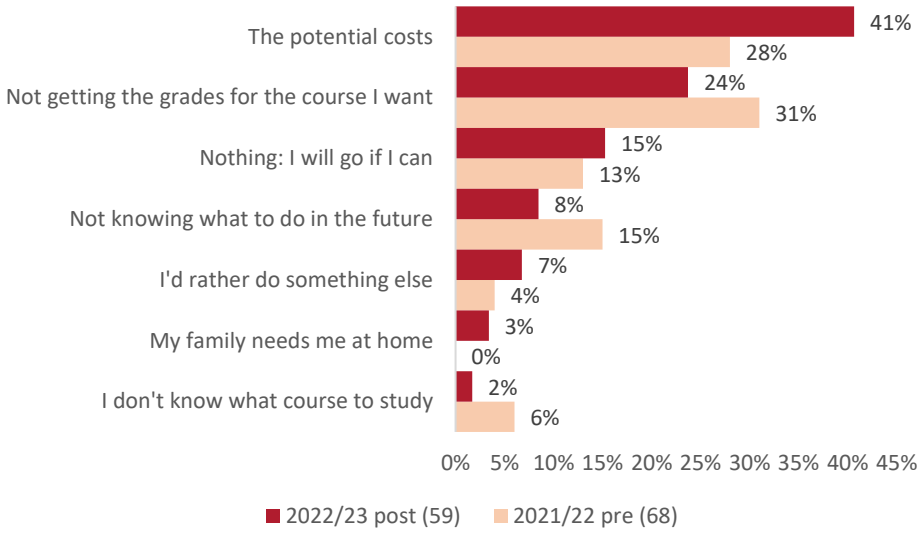
In terms of going on to study at university, the first cohort of students, at the start of the programme in 2021, reported an overall median likelihood score of 6.8 out of 10 (see chart 5 below). The second cohort of students, by the end of the pre-16 course in 2023, however, reported a higher likelihood, with a mean likelihood score of 7.7. Given the data is from two separate cohorts, it's not a fair comparison, nonetheless it is positive that those at the end of the cohort 2 Pre-16 programme reported a higher likelihood of progression to HE, than students at the beginning of the cohort 1 sessions.

Chart 5: How likely do you think it is that you will go on to study a higher education (university) qualification?



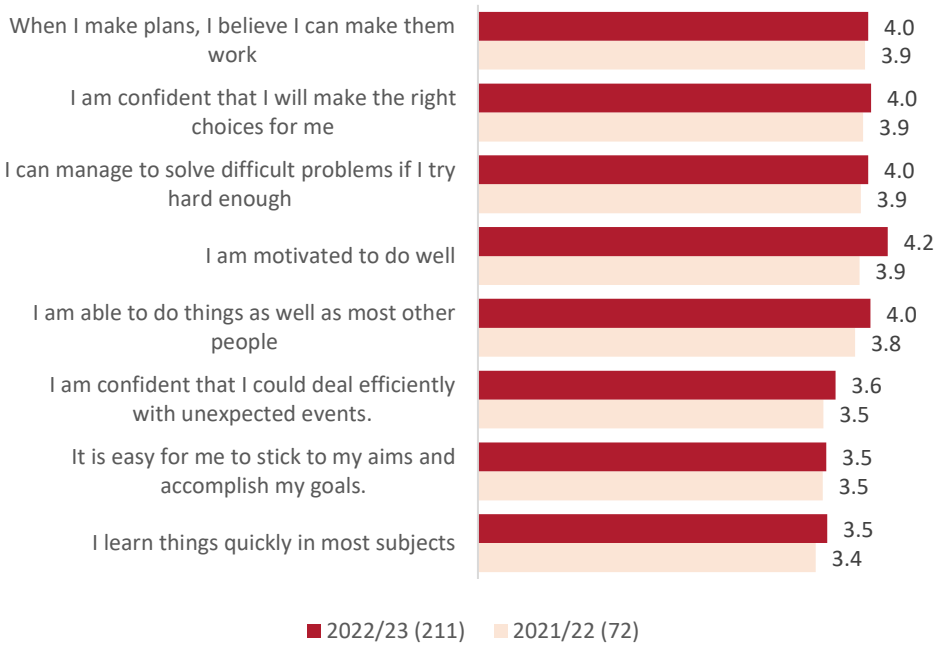
The main perceived barriers to going on to higher education for those at the start of the programme in 2021 were practical, with nearly a third (31%) concerned over not getting the grades needed, and over a quarter (28%) worried about the cost. However, once students had taken part in the programme, worry over money became a bigger concern with 41% of the 2022/23 cohort stating this at the end of the programme. Not knowing what to do in the future was more of a barrier to those asked at the beginning of the programme, with nearly twice as many claiming this than those asked at the end of their programme (15% Pre 2021 vs. 8% Post 2022). Again, we note that the data comes from two different cohorts.

Chart 6: What, if anything, would most put you off applying to study a higher education qualification?



The participants in both cohorts, however, were generally confident in their ability to navigate their future, with high scores given for most areas of future planning. Across both cohorts, there was slightly lower confidence in their ability to stick to aims, and to learn things quickly.

Chart 7: Confidence in ability to make future choices



2.4 Reactions to the programme

The **timing of the programme was thought to work well,** where it had been run as intended. For the year elevens, finishing the mentoring before Christmas worked well, as after the Christmas holidays, their GCSE exams needed to take priority. Clearly, external events have made it difficult to fully assess this aspect of the programme, as the impact of Covid meant that for some, the programme was delivered late in year 10, and in one instance, a number of sessions were delivered in one day.

Generally speaking, among both cohorts, the programme was well received among those who took part. Based on the follow up survey data for the 2022/23 cohort (n=59), all of whom received the programme in person, the most popular elements were **Paramedic science** and **Pharmacy,** with around half of all students mentioning each of these. **Diagnostic radiography, physiotherapy** and **occupational therapy** were the next most mentioned as their favourite element.

Sessions that were delivered face to face were much preferred to those delivered online. It was the **hands-on aspect** that students were most positive about, in the area-specific sessions.

> *"Bringing instruments in from the field to show and explain how they worked put into perspective what kind of jobs we would be doing when working in the field for real"*
>
> *"The session I enjoyed the most was physiotherapy because we actually got to use the equipment provided"*

This was the most common reason given in the survey data, most participants appreciated the practical, hands-on, or physical activities. The comments highlighted role-play, prescribing exercises, using equipment, and being actively involved rather than just listening.

> *"They were very interactive and let you actually understand what you were doing rather than listening to someone speak for ages."*

Participants also repeatedly described sessions as fun, entertaining, or enjoyable, which overlapped with the interactive elements, suggesting fun came from engagement, movement, and creative activities. Furthermore, both the delivery and content of the programme was seen as engaging and interesting.

The paramedic course was liked as it gave students **the chance to ask questions, and to feel engaged** with. This perspective was backed up by the school staff:

> *"I think it was the way the workshop was delivered…and because of the time, you know the students haven't met people for so long. We haven't been inviting people in for so long, so to see some new faces must have been an absolute joy… and it was a very informal session, they sat on the desks so they were much more informal themselves…it was probably a combination of things"*

The ‘Values’ session however, did not engage the students as well as hoped, and school staff felt it may be better aimed at post 16 students.

> *“The students were a little bit quieter after that one, and I just wonder if it was just because, as a concept, It's difficult”*

The unusual response in the 2021/22 survey data to rating understanding of these values suggests that it is not something that was easily absorbed by pre-16 students.

Survey respondents also like that the programme was informative & insightful. They valued learning new things and gaining insights into healthcare professions. Specific mentions include understanding career paths, different healthcare roles, and what each job involves.

The healthcare occupations covered were seen as appropriate, covering a good range of healthcare careers. However, there was a clear difference between those who were interested in studying medicine, and others, as those studying medicine were very informed about what they needed to study, and what they needed to do. This wasn’t the case for other healthcare professions, where the programme was giving new information. However, as the impact data below demonstrates, this could be of benefit to those who do not end up able to pursue medicine in the end.

School staff did question the absence of nursing as a healthcare profession however.

> *“I don't know why they haven't included it on this because I think a few of our students would think of nursing”*

There was a mixed reaction to the mentoring app; from a teacher perspective, the positives were that students were able to select the person they were speaking to: “*gives a bit more ownership*”, and saw a good level of engagement and enjoyment from those who use the app. However, it was noted that not all of students engaged with the app, and one or two had technical issues to begin with. From the student’s perspective, while they had liked the idea of it, it hadn’t worked as they had hope:

> *“my details took ages to get into …the advice given wasn’t as helpful as it could have been – I would have liked to ask more focused questions, rather than spending time getting to know each other*”

Others voiced concern over the asynchronism of the app; that it may have been better to have been on the app at the same time as the mentor, in order to be able to ask more questions, and to follow up the answers. The ratings from the subsequent cohort (Chart 8 below) highlight further issues with the mentoring.

In the 2022/23 post programme survey data, students overwhelmingly reported that the outreach programme had:

- Expanded their understanding of the breadth of healthcare careers.
- Clarified their interests and helped them decide whether healthcare is right for them.

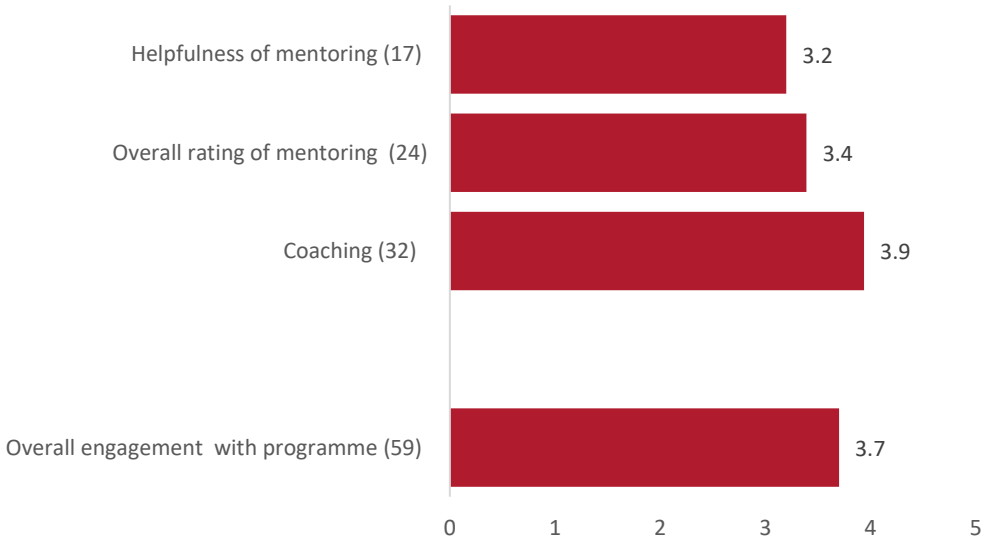
- **Increased awareness** of qualifications, routes, and the realities of healthcare work.
- **Built transferable skills** and **boosted confidence** for future decisions.

Participants had gained awareness of different healthcare careers, roles, and settings and had exposure to a variety of NHS jobs.

For this cohort, the elements that were considered the **least enjoyable** were the **Orientation video, Bristol Medics, exploring healthcare option,** and **occupational therapy**. Reasons given were that they were the least interactive, just sitting and listening, or that the participant just wasn't interested in them. It should be noted that the numbers who rated each of these as their least favourite was low: 16 out of 59 rated the orientation video as their least favourite, and that was the highest for any element. In total, 22 students responded with 'none'.

Around half of those who completed the follow up survey in 2023 recalled taking part in the coaching session (32), and slightly fewer (24) recalled the mentoring.

Chart 8: Rating of the programme elements



While many of those who took part in the mentoring found it helpful, there were several students who noted that their mentor did not get in touch with them.

The students were more positive about their experiences of coaching, and commented on the unusualness of the activity compared to previous experiences.

> *"Really engaging and interesting. I had never thought to going about knowing more about why I want to do the job I want to do"*

> *"It allowed for us to visualise ourselves in the careers we were interested in. It wad not medical centred which was helpful because lots of people were interested in things other than health care."*

We asked the 2021/22 year 11 students we interviewed about their expectations for the Post 16 programme: they wanted more of the hands-on experience relevant to the different professions, such as using a dummy for CPR, or, in the case of medicine, support to find work experience. To an extent, it was hoped that the programme would include elements that would help with university applications.

Overall, the programme was received well by both staff and students, with a few minor alterations or tweaks identified, but no obvious need for major changes found.

3 POST-16 FINDINGS

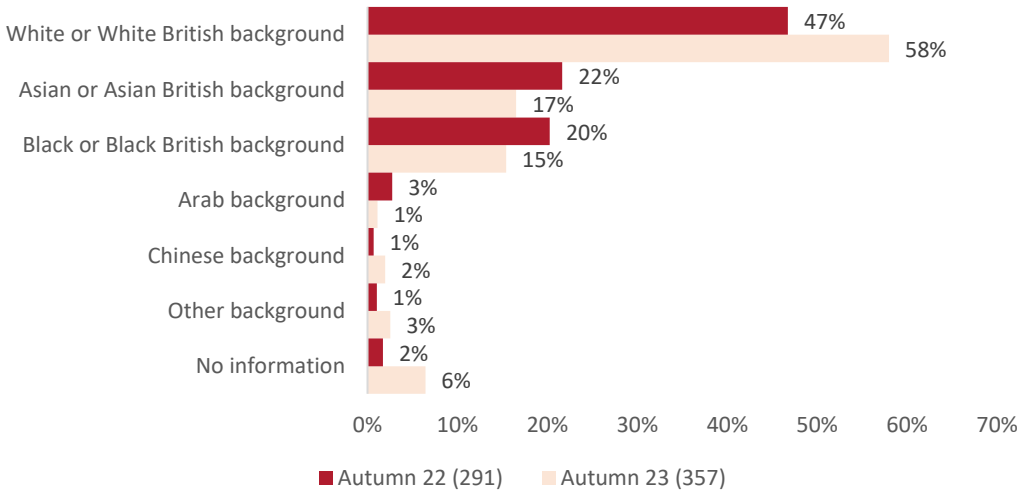
This chapter evaluates the post 16 programme, run in the years 2022/23 and 23/24, detailing who took part, motivations for taking part and reactions to the programme.

3.1 Who took part in the programme?

The post-16 students who we interviewed were a mix of those studying for A levels or those undertaking BTECs in Health and Social Care, or Science. Perhaps unsurprisingly, those who were undertaking vocational training were firmer in their decision to pursue a career in healthcare. Those who were studying for A levels tended to be less certain about what career they would be aiming for, with the exception of Medicine; a number of those we spoke to had been aiming for medical school since their GCSE choices.

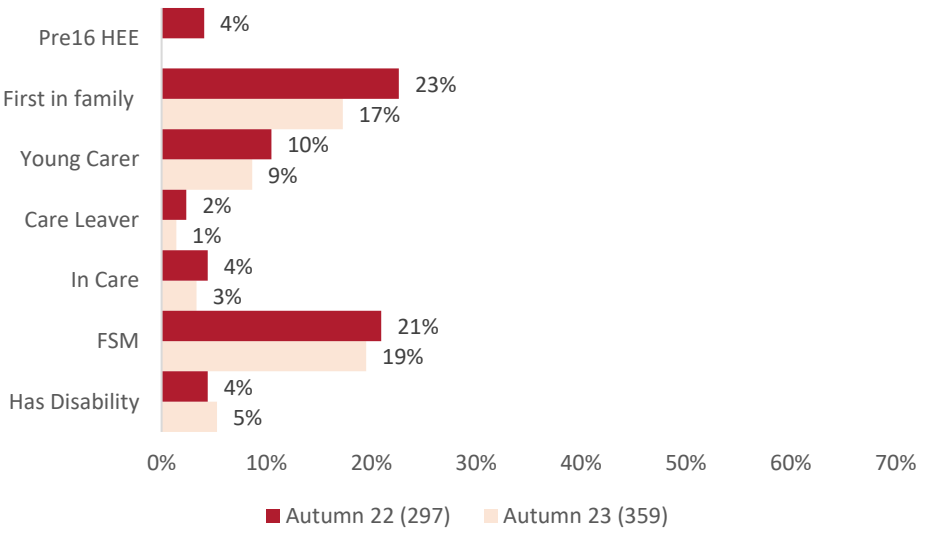
The programme attracted a broad range of students across both years, with just over half of students overall coming from a White background, and students from either a Black or Asian background comprising the remainder of the participants. We were unable to collate data on the gender of those who took part.

Chart 9: Ethnicity of Post 16 participants



The programme attracted a diverse range of participants. Overall, around one in five students who took part in the Post 16 programme were in receipt of Free School Meals (FSM) and a similar number would be the first in family to go to university. Approximately one in ten were young carers, and around one in twenty were care-experienced, or had a disability.

Chart 10: Other characteristics of the Post 16 participants



Very few, however, had taken part in the Pre 16 element of the programme: fewer than one in twenty of those asked in Autumn 2022 recalled taking part.

There was variation in terms of how advanced they were in making their post 18 choices. Many of the post-16 participants had already made choices that would lead them to a career in healthcare; some were very considered and ambitious in the choices they had made – one student had chosen to study in one specific post-16 college over another as they had looked into the detail of how the course would be delivered.

> *"We have to find our own placements, which is good for independence, whereas [other college] just finds them for you - it means you're more likely to get a placement where you want".*

While this level of ambition was perhaps rare, many we spoke to were already determined to find the right route into the right area of healthcare. Some were already working in care homes, or had experience in other healthcare roles.

Others, however, were less sure, although most were at least considering healthcare as one potential option. This was perhaps more common in those studying A levels, who weren't planning on medicine; For example, some studying for Psychology A level were considering careers in that area, rather than healthcare.

3.2 Motivations for taking part

The reasons given for joining the Post-16 programme were clearer and more focussed than the motivations for joining the Pre-16 programme. This is to be expected given the different stages of the students; those in the Post-16 programme were giving more serious thought to not just what they wanted to do after they left school or college, but how was the best way to do this.

From the survey data collected from students, several key themes were identified, on why participants wanted to join the course, or why they wanted to pursue healthcare as a career:

Career Exploration and Clarity

There were still post 16 students, particularly in their first year of study, who were unsure about which specific healthcare path they want to pursue and were using opportunities like summer schools or programmes to explore different healthcare roles (e.g. medicine, nursing, dentistry, pharmacy), or to better understand what studying healthcare entailed and how to get there

For those who had not focussed on healthcare related studies, the programme offered the opportunity to find out what healthcare careers and routes were open to them. For example, one girl had chosen to study social science subjects post 16, but had since discovered that she was, in fact, more interested in science; the programme offered her the opportunity to see if there were still routes into healthcare with the A levels she was studying

> *"I do psychology, sociology, and business. But I'm kind of regretting some of my choices, and I wish I went like, more down, a bit more sciencey route. So I'm kind of like trying to discover more options… We do Bioscience in psychology, so it's like biology and I feel like that's like quite interesting because we do like a lot of the brain and like the human body and like the nervous systems".*

Another participant was studying both drama and health and social care, and was now starting to consider which of those routes to go down,

> *"…now it's coming close to the time to decide like what you actually want to do, where to go, what courses and where… I'm like starting to take more interest in it [outreach]".*

Gaining First-Hand Experience / Insight

Many of the participants wanted practical exposure to what a healthcare career is like, especially through interaction with professionals and students already in the field.

> *"I've never had the experience of going to see professionals at work so I would like to take this opportunity to gain new experiences"*

Unmet Support or Opportunities at School

A few mentioned that they don't get enough support or guidance from school and see enrichment programmes as vital for their aspirations. Some noted the importance of connections in getting the work experience often needed to pursue a career in healthcare, and hoped that this programme might help

> *"My school doesn't offer me much of a chance/help to achieve this"*
>
> *"I feel like I would benefit from this programme as I have no family members in medicine"*

Other students, however, focussed on *why* they wanted to go into healthcare, as this was their motivation for taking part in the programme:

To continue to pursue an interest in Science and Medicine

Many of the students had a strong interest in science, particularly Biology and Chemistry, and this was a common motivating factor for exploring healthcare , often tied to a fascination with the human body or medical challenges.

> *"I have enjoyed challenging myself and gaining understanding beyond GCSE and A-level biology"*

Desire to Help Others / Altruism

Some of the students were drawn to healthcare because it allowed them to help people in meaningful ways—particularly in vulnerable moments—by combining empathy with technical skill.

Those we spoke at the sessions mirrored these motivations, in particular the hope that taking part in the programme would enable them to start narrowing down some of the paths that they were considering; turning long held dreams into a concrete career plan.

> *"When I was younger, I was just like, oh, I want to be like, doctor, I just wanted to be a doctor or nurse, like, just to be in healthcare. I didn't mind what specifically that was, but then I think as I grew older and realised, oh, you can't just be a doctor, you have to be specific with what you want. I'm still exploring. I'm like figuring out the different sides of medicine and healthcare. Like, OK, I'm interested in this. Do I want to do this, like, still figuring it out?"*

Unsurprisingly, most of the participants were generally very positive about healthcare as a profession, but noted that personal factors aside from lack of knowledge could be a hinderance to succeeding in a career in healthcare. The programme therefore may help students to overcome these.

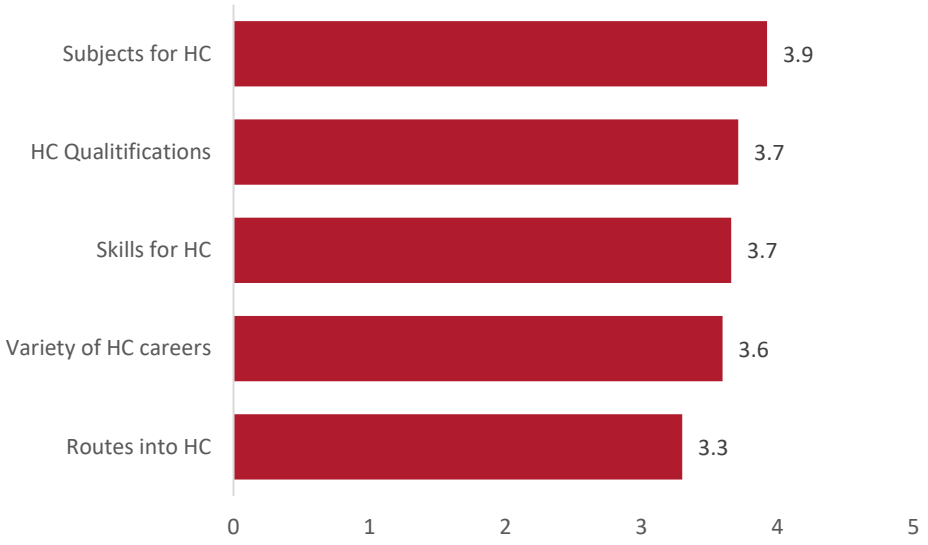
> *"I think it's just getting past yourself really. Like just telling yourself that you can actually do it and I feel like a lot of people just tell themselves 'Oh, maybe this isn't for me', even though that's what you really want to do. I feel like you should just tell yourself this is what I want to do. There's a spot for me her"*

This particular student hoped that the programme would build confidence in those taking part that they were 'good enough' to aim for a career in the healthcare.

However, overall, most were primarily attending to help gain clarity over *how* to move forward with a career in healthcare. One student noted that, amongst her friends, those who already had a clear route to their chosen careers were the ones who chose not to attend "*they didn't find it necessary to come for it and see what it was about"*

And as Chart 11 below shows, while confidence in their understanding of the how to get into the healthcare professions wasn't as low as Pre-16 students were at the same point (see Chart 3 on p. 9), there was definite room for improvement. The scores were lower than those given by pre-16 students at the end of their participation.

Chart 11: Prior understanding of the healthcare profession (rated out of 5)



3.3 Reactions to the programme

In general, most participants were positive about the programme, albeit not to the extent that the pre-16 students were. The was a consensus that the programme was interesting, and, as many had hoped that it would, provided knowledge and information that would help students to make career decisions

> *"The talks have been very informative - I've been to a few, [they] set out what the course would be like, how to apply, they've set out the finance side of it as well, as that's a big worry for those who are going… I feel it's mainly extra knowledge - what the courses involved look like, so I can make an informed decision if I get to the end of the year, and need to decide what to go on to"*

The students we spoke to gave further detail on why they felt the programme would help them to explore healthcare careers. For some, it was to learn more about the area that they were most interested in; for others to find out about alternatives. For some, it was to help gain clarity on the best *route* into healthcare; whether that be through university or apprenticeship

> *"I was leaning more towards apprenticeships and because I'm more practical based than academic, I struggle with writing quite a bit and like making sense on paper. But now that I've visited UWE, I know the structure, I'm leaning more towards Uni. I know that you will do practicals, just not all like sitting down lectures" (June 24 int 1)*

Many talked about how the programme gave them a greater insight and knowledge into the various healthcare careers they were considering. One student who was interested in Physiotherapy realised how little they knew about the subject before they had attended the programme; that they weren't aware of the requirements to study Physiotherapy specifically.

Other students noted how it was helpful in clearing up misconceptions about healthcare that they, or others, may have. One student noted that she felt many people thought that social care was just about working in care home, and that this programme could help people to see the broader roles within that field. Another student commented on how he had believed that you needed to be rich to study medicine, and coming along had allowed him to see otherwise.

The programme also provided a deeper insight into the connections between the different roles within the healthcare sector. There is a tendency to see the different roles as separate to each other, so it was beneficial to see how they connected. One participant, who was aiming to go into midwifery, was interested in finding out more about other healthcare roles, to help contextualise the role of the midwife within the wider healthcare settings.

> *"It's given me an insight, especially the paramedic science… Apparently midwives and paramedics work quite closely together, so it's good to look at look at it from that way."*

Others found that the programme helped them to find out about broader options within healthcare careers, allowing them to consider options that they may not have beforehand.

> *"Right now, that's [medicine] what I'm thinking of but I think coming to this I'm able to see like different like pathways … we had a physiotherapy session earlier and pharmacology work. So yeah, so just being able to see is there like something else that might be better suited"*
>
> *"it certainly made me think about more options than just nursing…there's so many things like behind the scenes that we don't know about"*

Others found it invaluable to be able to experience directly the type of activities that they may be doing if they ended up pursuing a particular career path.

> *"if I was going to be a paramedic, I'd know what I'm signing myself up for. Because I've already experienced it, whereas if it wasn't present, I wouldn't know; I'd go blind"*

This perhaps highlights the importance of offering experience in as many different healthcare professions, both direct and allied, to allow as many participants as possible to benefit from this element.

Others noted how helpful it was to visit the university, to experience what university life was really like, and to see the halls of residence where they might live. Several students mentioned the importance of holding the sessions in situ, to crystallise their understanding of what going to university entails. This appears to demonstrate progress against one of the learning objectives from the framework (*LO10: Describe a personalised view of life as a student e.g. accommodation, finances, lifestyle).*

In general, the format of the course was liked by the majority of those we spoke to; it offered a good variety of different healthcare careers for the students to experience, and,

as with the Pre 16 Programme, the hands-on method of delivery was considered to be an effective way of providing real life experience of healthcare careers.

> *"I liked how each teaser was how a lesson would be…they would kind of give you a part of a lesson, which made you feel how a class [at university] would be, how they actually use examples and classrooms!"*

3.4 Improvements to the programme

In comparison with the pre-16 programme, the participants raised more areas for improvement within the post-16 programme. These comments perhaps stemmed from the greater level of diversity of needs among the students who took part. Notably, differences emerged between students who were in their final year of post-16 study compared with those who were in their first year, and further differences emerged, albeit to a lesser extent, between those studying vocational BTEC qualifications, and those who were studying A levels.

Many second-year students noted that the programme didn't appear to be aimed particularly well for where they were in terms of application to university, as the sessions held later in the academic year may well have been after they had started the process, at the very least, and most had already narrowed down the healthcare field that they were interested in. Therefore, it is vital to understand the priorities of different age groups.

> *"Knowing about it now kind of prepares you for signing up for Uni, because in year 13, you're gonna focus on exams, you're not gonna wanna hear from what uni you're going to and going to visit them. You want it all done out the way…in year 12 you have more time to think about what you want to go into"*

The programme as delivered, therefore, was unlikely to have any concrete benefits to a student in that position. One student commented on what would have been useful to her given where she was in the application process

> *"I think it would have been beneficial if it went through more of… maybe the application process of what happens after the we've got our UCAS applications for and things like that".* (yr 13

It is important to recognise that the second year of post-16 qualifications are harder and more intense than in the first year. Students noted that the workload is more pressured, and they were already having to choose between having a social life and studying. As a result, taking time out for an outreach activity can be more of a burden, so students need to feel that they will be gaining something of real value from the programme.

> *"Very helpful for first year, but we're second years … what we did today, about learning disabilities, it be helpful if it's something you want to go into, but I don't think any of us do., By second year, you know what you want to go into, but beneficial for the first years. A lot of what he talks about will be useful to their assignments, we won't use any of that now"*

This comment also highlighted the importance of structuring the programme to support learning within the qualifications. As noted below, this may involve differentiating between those studying for A levels with those studying for the BTEC in Health and Social Care.

In terms of what may be useful for those in the second year, one student pointed out that more focused outreach days, based only on the routes that each person was already on, may also be more suitable for second year Post 16 students, and offer

> *"doing a day just in nursing… So you can kind of prepare yourself for it. It's quite a big change…so doing [the day] shadowing [is helpful]."*

Another noted that the start of the decision-making choices come even earlier that the beginning of post-16, and that you may have already ruled yourself in or out of courses through the choices made, and emphasised the importance to get access to this course in year 10, or at least year 11.

> *"I thought maybe earlier I feel like there should be more like insight on what to do post compulsory education…year 10 and year 11, because that's when you start to choose what's actually going to like the rest of your life because the A levels that you actually choose, they are going to have an impact"*

> *"[if] I was have something like this in secondary school, I'd make me look more into university at that age because obviously I didn't realise until I got to college that once you decide on like what you want to do, you kind of need to get the right grades in, in secondary school to then get into the right college courses to then get into the right Universities … so I think if I had something similar like this in secondary school than I might have been more inclined to look at universities"*

Those who were studying for vocational BTECs, particularly those who were studying Health and Social Care, may also benefit from a different approach to the programme to those who were studying for A levels; generally speaking those doing BTECs had more hands-on experience and, perhaps unsurprisingly, given the nature of their studies, were already more committed to a career in healthcare. They also had to balance studying with placements, and this could put an added burden on trying to fit in a programme such as this one. Thought needs to be given to any adaptations that may allow more students to get most of the programme.

> *`they've got their placements, they've probably got part time jobs they're studying here. So they've got a lot on and … I suppose that motivation isn't there sometimes, but in a way, it's understandable because they have so much else on" (staff member)*

More broadly, several students noted how they would appreciate hands on support with *taking* the next steps, not just in helping support them choose which route they would like to go down. A considerable number of those on the programme were first in family, so may not have anyone to guide them in their application, or support them to get it completed and submitted successfully.

"It's just really competitive and a lot of people say like, oh, the best way to, like do it is to get a get work experience and it's like, it's really, really hard to get work experience in any healthcare. Like it doesn't matter if you're like cleaning in a hospital. To actually following a doctor around like it's so hard to get any sort of experience without like knowing people…So actually, some practical support on that front would be good"

> *"I think it would be like also quite helpful if people helped us with applying for an apprenticeship, because I think if people wanted to be to do an apprenticeship, they wouldn't know how to like apply for it"*

Other participants felt there was a lack of information about apprenticeship options, and would have welcomed some focus on this route in the various healthcare careers that were showcased.

A few students also noted the programme was not embedded into their college course. There were calls to align the HEE programme better with the post-16 course that they were studying, in terms of timings, as mentioned above, and in terms of aligning with the course aims.

Engagement from the school or college staff could also be a barrier to the effective delivery of the programme. One Future Quest Coordinator noted how important it was to give the right message to the tutors, to increase the attendance by students.

To be more direct with the tutors about bringing students along, so not necessarily focusing on students who say yes, I definitely want to be a nurse, but actually bringing the cohort of students along to inspire them (FQ co-ordinator)

Ideally, from the perspective of both students and FQ delivery staff, the sessions would be timetabled in, so that students can plan around them, and they are seen as an important event to attend. One student commented on the tutor's lack of interest in the programme, and how that downgraded the value of the programme.

Say a hypnotherapist is coming is, the tutor just gives us the date, doesn't tell us anything, and feels like it's not relevant, and for her benefit – they don't tell us what its about, they just say it's a guest speaker

4 THE IMPACT OF THE PROGRAMME

4.1 Impact of Pre-16 Programme

The biggest impact of the programme to date is in **introducing the participants to a wider range of Allied Healthcare professions than they were aware of previously, and giving a reasonable idea of what they might involve as a career**. This impact reflects attainment in the intended Learning Objective (LO7: ***Identify educational pathways to career opportunities)*** from the progression framework. The students who were interviewed were mostly intending to study medicine, however, were positive about finding out more about other healthcare pathways.

> *"Before the course, I didn't really know a lot about the allied health professions,…[there was] a lot of information about the different routes, not just being a doctor, but paramedic science, or music therapy – they're all part of medicine, just different paths"*

Data from the reflective journals also confirmed this; a number of students who had initially only indicated an interest in medicine, also reported an interest in a career in other allied health professions, such as pharmacy, physiotherapy or occupational therapy.

While we should be wary of drawing conclusions based on a small sample size, the data does suggest that it has **given more options to those who took part**, particularly for those who were considering medicine, as this is usually decided in advance of year 10. It should also be noted that most of those who filled in the reflective journal were able to name at least six healthcare careers at the start of the programme, and some many more than that. Qualitatively, some of those who were working towards studying medicine also has existing 'back-up' options prior to the programme, such as pharmacy or psychology. Nonetheless, these students were keen to learn of more options that they hadn't been so aware of.

The data from the reflective journal also suggests that students were beginning to **distinguish between the different types of career choices**, including elements such as salary, physicality of job, level of teamwork required, skills required, and starting to understand the consequences of each choice, reflecting movement against another learning objective (LO6: ***Link own personality traits and learning styles to a work environment),*** from the Progression Framework. This suggests that the programme had managed to convey a fairly accurate and nuanced understanding of the different roles. To give examples, it was noted that pharmacy was unlikely to involve shift work; that radiography could involve 'boring' set up and analysis; or that physiotherapy would require a lot of empathy.

The programme may also have helped encourage students to consider healthcare as an option after leaving school. In the 2021/22 cohort. Of the 14 students who answered the

follow up survey, 13 were considering a career in healthcare or medicine once they left school or college, with the next most common career – science/technology – only mentioned by five respondents.

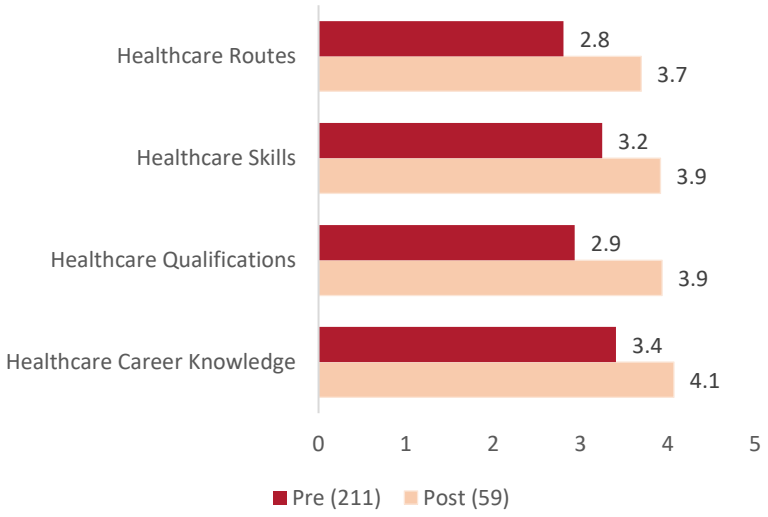
There is also evidence that participation in **the programme increased knowledge (know how)** in terms of understanding the pathways to healthcare careers. For the 2021/22 cohort, caution should be applied as the numbers involved are low, however, it does indicate a positive direction.

Figure 1: mean confidence in understanding the pathways to healthcare careers (out of 5)

	Pre (72)	Post (14)
The subjects I need to study go to have a career in healthcare	3.2	3.9
The qualifications needed to go on to a career in healthcare	3.0	3.8
The skills needed to go onto a career in healthcare	3.0	3.6
The different routes into healthcare careers	2.7	3.4

For the 2022/23 cohort, however, the numbers are higher, and we still see the same changes, at even greater levels, suggesting that the impact of the programme on knowledge was attributable.

Chart 12: mean confidence in understanding the pathways to healthcare careers (out of 5)



4.2 Impact of Post-16 Programme

As we were not able to collect follow-up survey data, it is not possible to *measure* any impact of the post 16 programme. We do know that of the 1284 students who did an

NHS England activity, 203 applied to a course at UWE, of which the majority (143) applied to do a healthcare-related or life sciences course. This represents about 70 % of those who took part in the course and applied to UWE, whereas among non-participants from participating schools, only around 30% of applicants who applied to UWE, applied for a life science course. Many other participants may have applied to do a healthcare course in other Higher Education Institutions, but we do not have the data.

Furthermore, among students from the participating schools who applied to study a life science programme at the University of West of England (UWE), NHS-E participants were more likely to be from areas of deprivation – over half (55%) of those who had taken part in NHS-E programme who then applied to a life sciences programme at UWE were from households in IMD quintiles 1 or 2, compared with around a third (34%) of students from the same schools overall who applied for the same courses.

from participating schools	*% of applications by IMD quintile*				
	1	2	3	4	5
Non-participants (77,122)	16%	18%	21%	22%	23%
NHS-e Participants (143)	35%	20%	14%	17%	14%

Nonetheless, the interviews gave many examples of how participating in the programme has impacted on their eventual choices. As detailed in Section 3.3, there were clear examples of how **participating in the programme had increased their knowledge of different healthcare routes**, and in doing so, demonstrated movement in *LO11: Demonstrate ability to research options, identify personal preferences and plan a route to achieving career goals*

At this stage, students were at the point of applying to university, and for a few, it was clear the role that the course played. There were examples of how attending the programme **helped to firm the decisions that some of the students were making**, at a key point in the process.

> *"An insight into not only what I want to do [paramedic], and kind of reaffirming that that is not what I want to go into [radiography], but also just kind of knowing that there is other stuff out there and knowing that it's so closely linked if I ever decided to change my mind in the future."*

The programme also helped students to understand the connections between the different roles, which opened up more possibilities. At an earlier stage of the process, we also found evidence of the programme **providing a different perspective on the different healthcare options**, through the hands-on nature of the delivery of the course. The consistency between how the healthcare careers is demonstrated and the way in which the career would be practised

> *"I've been set on doing biomedical at Uni, but just I've just come out of session doing paramedic science, which was really interesting. Learning about CPR as I've*

witnessed it being in the public, not done it myself, but how? Like there's like a lot around to doing it and if you do it right, you can like, save someone's life"

One student had initially intended to apply for medicine, since a young age, but wanted to have a 'back-up' healthcare option in case she didn't achieve her grades. *"when I attended that event I was just trying to figure out like, what other healthcare option am I actually interested in".* By taking part in the programme, she identified pharmacy as an alternative, and eventually applied to and was accepted at Swansea University to do pharmacy,

> *"I think like from the programme, I realised like how many options there were because in my head like I had kind of placed medicine as like my top choice and then like I was kind of just I feel like I was confused for like a whole year on what to actually put as my second"*

For another student, attending the course gave them not only greater knowledge to help them make their decision, but material support to improve their chances of achieving their goals, showing progress on *LO12: Articulate strategies to achieving success in academic assessment and HE applications.* One participant had been accepted to study for a diagnostic radiography degree at the University of Portsmouth, and described how attending the therapeutic radiography session had provided an experience that strengthened both their decision-making and performance at interview.

> *"Therapeutic radiography was like very good, especially for me and I had definitely brought that up an interview when they asked me 'how do you know you wanna do diagnostic radiography?', like it's very oddly specific anyway and I was able to talk about… I was able to say like I've had these like experiences in both. And I know this one's for me and like that really helps solidify my decision".*

5 CONCLUSIONS

Overall, the programme has been successful in achieving its aims, at both pre and post 16 programme level. From the Theory of Change, two of the main intended short/ medium term outcomes for participants were that:

- Learners increased understanding of careers, pathways, roles and skills required in future careers in healthcare
- Learners developing a richer and more compelling narrative of themselves in future careers in healthcare

There is clear evidence that at both pre and post 16, those who took part in the programme have shown improvement in both of these outcomes. The Pre-16 sessions had a clear impact on improving participants' knowledge and understanding of future healthcare careers, and by doing so, supporting them to make better career choices. Across the Post 16 qualitative interviews, a similar story emerged; the opportunity to take part in hands-on sessions improved understanding of future career options, and in many cases, supported applications to study healthcare subjects at university. There was also lighter evidence that at least some students at both age groups had rethought their perceptions of healthcare as a potential pathway for themselves. Furthermore, there is evidence of progression on many of the intended learning outcomes from the progression framework:

- describing a personalised view of life as a student,
- identifying educational pathways to career opportunities,
- linking own personality traits and learning styles to a work environment
- articulating strategies to achieving success in academic assessment and HE application

However, as with many outreach programmes, the Healthcare Futures programme was perhaps better at meeting the expectations of those on the Pre-16 programme than the Post 16 programme. There are fewer competing pressures on students still at school, and they are less likely to have previous healthcare experience already. The programme offered the type of hands-on experience across a range of careers that was well suited to the needs of those who took part. The targeting of the programme appears to have been effective, in that there was a broad demographic of students attending, and a mix of those who were interested in the pursing healthcare and those who were less so.

The post-16 programme, on the other hand, needed to deliver to a more varied group of students, at very different stages; in terms of their commitment to a career in healthcare, and in terms of the nature of their studies. It may be that, in the future, different strands of the programme could be developed to target different groups more closely. The programme as it stands appeared to work very well for those studying A levels, offering a range of career options for those unsure, as well as those looking for a 'back-up' in case they are unsuccessful in applying to study Medicine. It did meet the expectations of some BTEC students, however, for others, offering the opportunity to spend a day focussing on

an already chosen career option might be more appropriate, particularly one that might help feed into their BTEC studies. It was clear that some would like the programme to complement their studies. More practical support could also be built into the second year of the programme, given the number of participants who would be the first in their family to go to university. Offering support in completion of UCAS forms, and in post application support could be of real benefit to these students. Furthermore, there was less chance for the students to achieve the number of meaningful encounters that is believed to drive behavioural change and progression outcomes.

On a practical level, again, as with many other outreach programmes, finding a way of embedding the programme within the timetable of the school or college would increase the ease with which students could access and engage with the programme.

One final question remains on the progression between pre- to post- 16 elements of the programme. The original intention was for students to participate across all four years, yet very few students have done so. Whether this is possible or desirable needs to be interrogated further.

6 FUTURE QUEST RESPONSE TO EVALUATION FINDINGS

6.1 Programme Delivery Against Agreed Deliverables

The programme was delivered in line with the original funding agreement and ran as intended across the full delivery period, including during the disruption caused by COVID-19. All four agreed deliverables were met.

- WP1: Access to Medicine and the Professions, progressive programme

A progressive programme was delivered to enable students to explore Medicine, Pharmacy and Allied Health Professions at pre-16, and to support access to these professions at post-16.

- WP2: Understanding and Facilitating Access to Medicine and Professions

A dedicated website was developed to showcase healthcare professions and provide supporting resources for learners, schools and the wider programme.

- WP3: Evaluation and dissemination

The programme was evaluated in line with the agreed evaluation plan, with findings used to inform reflection, learning and future programme design.

- WP4: Management and oversight

Regular reporting and programme meetings were maintained with NHS partners, ensuring delivery remained on track, within agreed timescales and within budget.

The programme originally set out to engage 350 learners. In practice, participation exceeded this figure, demonstrating both demand for the programme and the effectiveness of the delivery model in reaching widening participation learners.

What follows reflects our response to the evaluation findings and how learning from delivery has shaped thinking about future programme design.

6.2 Response to Evaluation Findings

The evaluation provides a strong and balanced assessment of the Access to Medicine, Pharmacy and Allied Health Professions programme. It confirms that the programme achieved its core aims, particularly in widening access for learners from

underrepresented backgrounds, while also identifying a number of structural and delivery-related challenges that offer valuable learning for future programme design.

Overall, the findings closely reflect delivery experience, as captured in our quarterly highlight reporting and ongoing programme monitoring. They reinforce where the programme has been most effective and help clarify where changes in approach would strengthen reach, equity and long-term sustainability.

Identifying and Reaching Target Groups More Effectively

The evaluation confirms that the programme successfully reached learners from widening participation backgrounds, including a high proportion of students from IMD Quintiles 1 and 2, global majority backgrounds, and those who are first in family to progress to higher education. Participation data and learner feedback indicate that targeting was effective and well aligned with widening access priorities.

At the same time, the evaluation highlights challenges in sustaining engagement across multiple years and institutions, particularly post-16. A key limitation is the reliance on identification points that occur relatively late in a learner's journey. By post-16, many students have already made subject choices that narrow access to certain healthcare routes, or have developed a limited understanding of options.

The findings clearly point to the value of earlier engagement. Introducing healthcare-focused activity before Year 9 would allow learners to explore pathways before GCSE options are finalised, supporting more informed decision-making and helping to keep routes open for longer.

The evaluation supports a more layered and realistic approach to identifying and engaging learners. This includes earlier interest-led engagement at KS3; the use of multiple indicators (such as IMD, FSM, care experience, gender, first-in-family status and global majority background) and flexible entry and re-entry points that recognise how aspirations and circumstances change over time. This approach better reflects the realities of young people's journeys and reduces reliance on a single identification moment.

Gender and Participation

While gender was not a primary focus of the evaluation, delivery experience indicates that attracting and sustaining engagement from young men remains a challenge, reflecting wider national patterns across healthcare education and workforce entry.

Where young men did engage, delivery that was practical, hands-on and focused on applied healthcare roles, particularly within Allied Health Professions, proved more effective than information-led sessions. This reinforces the importance of early, experiential engagement that challenges stereotypes and broadens perceptions of healthcare careers.

Structural Challenges at Post-16

A recurring theme throughout the evaluation is the impact of institutional structure on delivery and progression tracking. In Bristol and South Gloucestershire, many of the secondary schools in targeted areas, particularly in South Bristol, do not have post-16 provision. At 16, students move on to a wide range of colleges and sixth forms. This means that learners who engaged with the programme pre-16 often disperse across multiple institutions.

The evaluation makes clear that this is not about the value of progressive outreach. The challenge sits in how progression is understood and tracked within a system where young people physically move settings at a key transition point. When students change institutions, continuity becomes harder to maintain, and movement from pre-16 into post-16 cohorts is naturally reduced.

Progressive outreach over several years remains educationally sound. However, once students reach 16, school-based tracking becomes more complex. By the time learners are visible again post-16, many have already chosen subjects, started courses or shaped their thinking about possible routes. The evaluation therefore encourages a more flexible way of thinking about progression and impact. It also strengthens the case for consent-based contact with learners directly, so that support can continue where appropriate, even when institutions change.

Reliance on Institutions and Access to Post-16 Support

The evaluation highlights that where delivery relied heavily on schools or colleges to book, promote or prioritise activity, access for students became uneven. This was particularly evident in Year 13, where support around personal statements, UCAS applications and interview preparation was offered widely but taken up inconsistently.

In some cases, institutions already provided similar support in-house; in others, timetabling pressures or limited engagement reduced take-up. Where institutions did not actively engage, students, particularly those who are first in family, were less likely to benefit, despite clear evidence of need.

This reinforces the importance of ensuring that access to key information and guidance is not wholly dependent on institutional facilitation, particularly at critical transition points.

Applied Learning

Across both pre-16 and post-16 delivery, students consistently identified hands-on, applied learning as the most impactful element of the programme. FutureXplorer workshops, experience days and practical activities enabled learners to understand not just what healthcare roles exist, but what those roles involve in practice.

These elements were particularly effective in broadening awareness beyond medicine alone, supporting exploration of Allied Health Professions, and helping students make realistic comparisons between different routes into healthcare. Learners reported that applied activities helped them to visualise themselves in healthcare settings and to better understand the skills, behaviours and working environments associated with different roles.

The evaluation reinforces the importance of practical learning and highlights the value of embedding outreach within curriculum time, particularly within Health and Social Care, science and careers provision, rather than positioning it solely as enrichment. Where outreach activity was clearly linked to curriculum delivery, engagement was stronger and learning more sustained.

Variation in Post-16 Learner Needs

The evaluation clearly demonstrates that post-16 learners are not a single, homogenous group. Differences between Year 12 and Year 13 are significant. Year 12 learners benefit most from exploration and route-mapping, while Year 13 students require highly targeted, time-sensitive support linked directly to applications and decision-making.

There are also clear differences between learners studying A levels and those on vocational pathways such as BTECs or T Levels. Vocational learners often have clearer career intent and greater practical exposure, but also face additional pressures linked to placements and assessment schedules. A single post-16 offer cannot effectively meet all needs, and the evaluation supports the case for differentiated approaches aligned to learner stage and pathway.

Work Experience

Access to meaningful work experience remains a significant barrier, particularly for post-16 learners who do not have informal networks to rely on. This came through clearly in the evaluation. Too often, opportunities depend on who a young person knows, rather than their interest or potential.

This finding sits clearly within current national policy direction. Government guidance is explicit that work experience is a core component of a high-quality careers programme, supporting the development of work-ready skills and smoother transitions from education into skilled employment. There is also a clear expectation that young people should have access to a wider range of workplace experiences to support informed decision-making, with renewed focus on ensuring that every pupil can access two weeks' worth of work experience during Key Stages 3 and 4.

For learners from IMD Quintiles 1 and 2, access to workplaces is often more limited, making structured and supported work experience particularly important in breaking down barriers to opportunity. The evaluation therefore strengthens the case for embedding work experience within healthcare outreach activity, rather than treating it as an optional or additional element. Integrating work experience into outreach offers a practical way to widen access, build confidence and support more equitable progression into healthcare pathways.

Mentoring and Coaching

The evaluation highlights mixed effectiveness of mentoring and coaching. It was generally well received by learners, particularly when it was clearly structured and aligned to specific decisions or transition points. However, there was variation in its impact, with challenges linked to timing, platform limitations and mismatched expectations between learners and mentors/coaches.

These findings suggest a need to move away from open-ended or loosely defined mentoring models and towards more structured, time-bound approaches that are clearly linked to particular stages in a learner's journey. Where mentoring or coaching is used, it is most effective when it is purposeful, well-scaffolded and closely connected to decision-making moments such as subject choices, applications or transitions into post-16 and post-18 pathways.

Flexibility Through Digital and Hybrid Delivery

Timetabling pressures at post-16, particularly in Year 13, were a consistent barrier to engagement. Many learners are balancing study with part-time work, caring responsibilities or long travel times. Even where interest is high, additional in-person activity is not always accessible.

The evaluation supports a hybrid approach that combines high-impact, in-person delivery with accessible digital provision. Webinars, recorded sessions and online follow-up resources help reduce practical barriers while maintaining quality. These elements work best when they reinforce applied learning rather than replace it.

Website engagement data reflects this need. Students made strong use of values-based recruitment resources, particularly content linked to interviews and applications. The completion of personalised action plans suggests learners were actively applying guidance to their own progression, not simply browsing information.

Organic search accounted for the majority of traffic, indicating that the website extended beyond directly recruited cohorts. This is particularly important in the context of uneven institutional engagement at post-16. Learner-direct access to digital resources reduces reliance on schools and strengthens equity at key transition points.

Digital provision is therefore most effective as part of a blended model, complementing practical learning and providing flexible support when needed.

Inclusion of Nursing and Midwifery Within the Programme

The evaluation identifies the absence of nursing within the programme, with some schools highlighting this as a gap. This is a fair observation and one that Future Quest recognises as an important area for future development.

While the programme intentionally focused on Medicine, Pharmacy and Allied Health Professions, the findings reinforce the importance of ensuring that young people develop a fuller understanding of the breadth of roles that make up the healthcare workforce. Including nursing and midwifery would strengthen students' understanding of how healthcare operates in practice, where care is delivered through multidisciplinary teams rather than individual professions working in isolation.

This is particularly important for learners exploring vocational or applied routes, for whom nursing and midwifery represent clear, accessible and highly skilled career pathways. Expanding the programme in this way supports a more realistic and inclusive view of healthcare careers.

Pharmacy Delivery as a Case Study of Structural and Relational Constraints

The evaluation highlights important learning specific to pharmacy delivery within the programme, which provides a useful case study of how structural and relational factors influence impact.

At pre-16, pharmacy engagement through FutureXplorer sessions was effective, particularly where hands-on, applied activities were used to explore the role. These sessions were well received and supported early awareness of pharmacy as a healthcare pathway. At post-16, however, delivery proved more challenging. Pharmacy courses were not delivered at the partner universities most closely linked to the programme, with the nearest provision located at the University of Bath. As a result, delivery relied on building new and more distant relationships, which limited opportunities for co-design, integration and access to facilities and teaching staff.

This affected both the consistency and depth of delivery. While pharmacy remains a critical healthcare profession, post-16 sessions were not always able to offer the same level of immersive, interactive experience as those delivered in partnership with universities where the programme team had established relationships and direct access to authentic learning environments.

This learning reinforces a key conclusion of the evaluation that the most impactful outreach relies on strong, embedded relationships with course providers and access to authentic learning environments. Where these relationships are weaker or more distant, there are clear limitations to what can be offered, despite best efforts to compensate through alternative delivery methods. Importantly, these findings do not reflect a lack of learner interest in pharmacy. Rather, they underline the central role of applied delivery and institutional partnership in supporting meaningful engagement across all healthcare professions.

Supporting Teachers and Careers Staff Through Healthcare Networks

A further learning emerging from delivery, and reinforced by the evaluation, is the importance of supporting schools and colleges alongside direct student engagement. It became clear through delivery that many Health and Social Care teachers and careers leads are not specialists in healthcare by background. In practice, these roles are often held by staff with experience in PE, science, design and technology or broader vocational education.

While these teachers are highly skilled practitioners, many reported a need for additional support when delivering specialist healthcare content, including up-to-date information on roles, routes, values-based recruitment and workforce expectations. This was particularly evident at post-16, where curriculum content and student questions become more applied and specific.

In response, Future Quest has begun delivering Health and Social Care teacher and careers network meetings. These networks provide opportunities for staff to access specialist input, share practice and build confidence in delivering healthcare-related curriculum and guidance. Early feedback indicates a strong appetite for this support and reinforces the role of healthcare outreach programmes in building capacity within schools

and colleges, not just supporting individual learners. This learning strengthens the case for a sustained healthcare outreach offer that operates at both learner and institutional level.

Integrating Outreach into the Curriculum

A further learning emerging from delivery, and reinforced by the evaluation, is the importance of positioning outreach activity as an integrated part of schools' curriculum delivery, rather than as an optional or additional offer.

Through delivery, Future Quest observed that engagement with outreach programmes varied significantly between institutions. In many cases, participation depended on individual staff members who had both the time and the understanding to see how outreach could support their students. Where such champions existed, engagement was strong. Where they did not, securing institutional buy-in required sustained promotion and explanation.

In the early stages of the programme, a considerable amount of time was spent promoting and, in effect, convincing schools and colleges to engage. This included explaining how outreach activity aligned with curriculum priorities, careers education and student outcomes. While this relationship-building is a necessary and valuable part of outreach delivery, reliance on individual goodwill and capacity creates inconsistency and limits scale.

The evaluation supports the conclusion that outreach is most effective where it is embedded within existing school structures, particularly the careers curriculum and delivery aligned to the Gatsby Benchmarks. Where outreach activity was clearly linked to curriculum time, careers learning or benchmark delivery, engagement was stronger, more consistent and easier for institutions to prioritise alongside competing demands.

This points to a wider institutional level opportunity. If government guidance were to explicitly recognise participation in high-quality outreach programmes as contributing to curriculum delivery, particularly within careers education and Gatsby Benchmark achievement, this would remove a significant barrier to engagement. Clear national endorsement would help schools and colleges to prioritise outreach activity with confidence, reduce reliance on individual staff advocacy and support more consistent participation across institutions.

Such an approach would reflect the reality of how successful outreach operates in practice. Effective outreach relies heavily on long-term relationship building and the use of existing networks within schools and colleges. Government recognition of outreach as a legitimate and encouraged component of curriculum and careers delivery would strengthen these relationships, support institutional buy-in and enable greater reach, equity and impact.

6.3 Proposed Future Delivery Model

This proposed delivery model builds directly on the findings of the five-year evaluation. It reflects what has worked well, where limitations were structural rather than delivery-led, and where adaptations would strengthen reach, equity and impact. The model is modular, flexible and scalable, while retaining the high-impact, practical elements that students and schools consistently value.

The model aligns with the NHS Long Term Workforce Plan by supporting earlier engagement, widening participation and diversification of the healthcare workforce, while recognising the practical realities of the secondary and post-16 education system.

Design Principles (informed by the evaluation)

- Earlier engagement, introducing healthcare pathways before GCSE options are taken
- Targeted but flexible identification, without reliance on a single entry point
- Modular progression at key decision moments rather than continuous cohort participation
- Differentiated post-16 support aligned to learner stage and pathway
- Hybrid delivery to reduce barriers linked to time, finance and outside-school responsibilities
- Experiential learning retained as the core pedagogical approach

Reflection on Programme Design

The evaluation confirms that the programme model is adaptable and capable of scaling across different local and regional contexts. Its modular structure allows delivery to respond to varying institutional landscapes and learner needs, while keeping a clear focus on widening participation and applied learning.

At the same time, delivery experience showed that impact is closely tied to proximity and relationships with higher education institutions offering healthcare provision. The elements that resonated most strongly with learners were those rooted in hands-on, applied learning within university settings, where students could see and experience what studying healthcare might actually feel like.

Partnerships with the University of the West of England and the University of Bristol demonstrated the strength of this approach. Learners were not simply receiving information about healthcare careers; they were engaging with real facilities, meeting current students and staff, and experiencing environments that made progression feel tangible rather than abstract.

This raises a broader question about how similar programmes operate in areas without nearby healthcare provision. Where local university partnerships are limited, in-school interactive delivery becomes even more important. There also needs to be greater consideration of transport, access and regional collaboration to ensure that learners are not disadvantaged by geography.

Overall, the learning reinforces that outreach of this kind is most effective when delivered in close partnership with healthcare-providing universities. Where that proximity is not available, additional support and creative partnership models are needed to maintain equity of access for learners in under-served areas.

Programme Structure: Future Quest, Routes into Healthcare

The programme is designed as a modular, non-linear model, allowing learners to enter at different points depending on age, interest, readiness and opportunity. This reflects the evaluation finding that young people's pathways are rarely linear, particularly within fragmented post-16 systems.

Phase 1: Early Exploration (KS3 / Pre-Year 9)

Target group:

Students in Years 7–8, with priority given to schools serving high proportions of learners from IMD Quintiles 1 and 2 and global majority communities.

Purpose:

To introduce healthcare careers early, challenge stereotypes, and support informed GCSE option choices before routes begin to narrow.

Delivery model:

- Short, interactive in-school workshops focused on:
    - what healthcare looks like in practice, beyond medicine and nursing
    - teamwork, problem-solving and real-world impact
    - Use of relatable role models, including male healthcare professionals and Allied Health Professions students.
    - Light-touch digital follow-up activities to support independent exploration and reflection.

Early work-related learning:

- Introductory, curriculum-linked activities that mirror workplace skills (e.g. communication, empathy, decision-making), aligned to careers education and Gatsby Benchmarks.
- Early exposure to "what work looks like" in healthcare settings, building familiarity before formal work experience.

Rationale:

The evaluation shows that by post-16 many students have already made subject choices that constrain access. Earlier engagement directly addresses this.

Phase 2: Pre-16 Pathway Building (KS4 / Years 9–11)

Target group:

Students expressing interest in healthcare and/or meeting widening participation criteria (IMD Quintiles 1–2, FSM, care experience, first-in-family, global majority background).

Purpose:

To build understanding of routes into Medicine, Pharmacy, Nursing, Midwifery and Allied Health Professions; develop confidence; and support informed decision-making at key transition points.

Core elements:

- Online Welcome Event (live or recorded)
    - Introducing pathways, values and routes, with student ambassadors and healthcare role models.
- FutureXplorer Workshops (in-school)
    - Hands-on patient journey sessions (e.g. first response, treatment and rehabilitation).
- Experience Day (campus-based)
    - Applied healthcare tasters and exposure to learning environments linked to healthcare study.
- Digital resource hub
    - Values-based recruitment, role profiles, work experience insight and independent activities.
- Work Experience integration:
    - Structured, supported work experience opportunities aligned to Gatsby Benchmark 6.
    - Preparation and reflection activities embedded within the outreach offer to ensure work experience supports learning, confidence and progression, particularly for learners from IMD Quintiles 1 and 2 who are less likely to access informal opportunities.

Minimum engagement model:

Welcome Event plus at least one hands-on activity and digital engagement. This ensures flexibility while maintaining programme integrity.

Rationale:

The evaluation confirms that hands-on, experiential learning is the most impactful element at this stage and that embedding activity within curriculum and careers provision improves engagement.

Phase 3: Post-16 Exploration and Route Confirmation (Year 12)

Target group:

Year 12 students across A-level, BTEC and T Level pathways, with targeted outreach to widening participation learners.

Purpose:

To support exploration, clarify routes, and prevent premature narrowing of options.

Differentiated delivery:

- Route-mapping sessions (in-person or webinar):
    - university and apprenticeship routes
    - subject requirements, alternatives and progression pathways
- Applied tasters aligned to pathway:
    - A-level learners: broader exploration, comparison of routes and “plan B” options
    - vocational learners: deeper insight into specific professions and applied roles
- Hybrid access:
    - live webinars recorded for later access
    - online activities that can be completed independently and revisited as needed
- Experience Day (campus-based)
    - Access to university facilities, staff and current students provides a tangible understanding of healthcare study and expectations at post-18.

Rationale:

The evaluation highlights that Year 12 learners benefit most from exploration, while post-16 timetabling pressures require flexible, hybrid delivery.

Phase 4: Post-16 Application and Transition Support (Year 13)

Target group:

Year 13 students applying to healthcare routes, particularly those who are first in family or from IMD Quintiles 1 and 2.

Purpose:

To provide time-sensitive, practical support at the point of application and transition.

Core offer:

- Targeted application support:
    - UCAS and personal statements
    - Apprenticeship pathways and application processes
- Values-based recruitment preparation:
    - NHS values webinars

    - interview preparation resources
- Learner-direct access:
    - webinars and recorded sessions not dependent on school booking
    - clear signposting to digital resources

Rationale:

The evaluation shows uneven institutional take-up at Year 13. Learner-direct, hybrid delivery mitigates this risk and supports equity of access.

Entry Points and Participation

Learners can enter the programme at multiple stages, depending on need and readiness:

- KS3 interest-led engagement
- KS4 pathway exploration and work experience
- Year 12 route clarification
- Year 13 application and transition support

This flexible entry model reflects the evaluation finding that sustained engagement should not rely on continuous cohort participation.

Targeting and Participation Approach

Across all phases, targeting will be strengthened through:

- Use of multiple indicators (IMD, FSM, care experience, global majority background, first-in-family).
- Interest-led engagement, particularly at KS3 and early KS4.
- Flexible entry points that allow learners to engage at different stages.
- Continued focus on engaging young men through practical, applied activity and visible male role models across Allied Health Professions.

Evaluation and Tracking

- Modular tracking based on meaningful encounters rather than continuous cohort participation.
- Consent-based learner contact to support engagement across institutional transitions.
- A mixed-methods approach combining baseline and endpoint surveys, digital engagement data and qualitative feedback.

In Summary

This delivery model responds directly to the evaluation's findings. It retains the programme's strengths, hands-on learning, strong reach into widening participation groups and clear alignment with healthcare workforce priorities, while adapting structure, timing and delivery to better reflect institutional realities and learner needs. It provides a clear, scalable framework that can continue to evolve without losing what has made the programme impactful.

7 APPENDIX

7.1 Core Delivery Features

Several consistent components ran across both pre-16 and post-16:

- **Bookable in-school workshops call FutureXplorer** – these sessions were co-delivered by Future Quest staff and healthcare student ambassadors, offering insight into specific professions. They followed a similar structure: an introduction to the profession, two interactive activities either using equipment, role-play scenarios or case studies and ending with a Q&A session with student ambassadors.
- **University campus visits** – these provided immersive experiences of higher education study and healthcare course facilities.
- **A dedicated healthcare website** – featuring information on career pathways, application timelines, student life journeys and NHS values.
- **Online and independent learning resources** – schools and students could use these flexibly to maintain engagement between events.

7.2 Pre-16 modules

General HE Information	Careers Related	A2MP - Welcome Session
HE Campus Visit	Subject Specific	A2MP - Healthcare Experience Day
Mentoring	Meeting	HEE mentoring orientation
Mentoring	Job Mentoring	A2MP - Coaching Workshop
Skills and Attainment	Careers Related	Access to Medicine and the Professions Programme - Bristol Medics
Skills and Attainment	Soft Skills	Access to Medicine and the Professions Programme - Values Based Recruitment
HE Subject Insight	Course Related	FX Occupational Therapy
HE Subject Insight	Course Related	FX Physiotherapy

HE Subject Insight	Course Related	FX Pharmacy
HE Subject Insight	Course Related	FX Paramedic Science
HE Subject Insight	Course Related	FX Diagnostic Radiography
HE Subject Insight	Careers Related	HEE Healthcare Options
HE Subject Insight	Subject Specific	FX10 Midwifery
Other	Research/Evaluation	A2MP - Round-Up

7.3 Post 16 modules offered

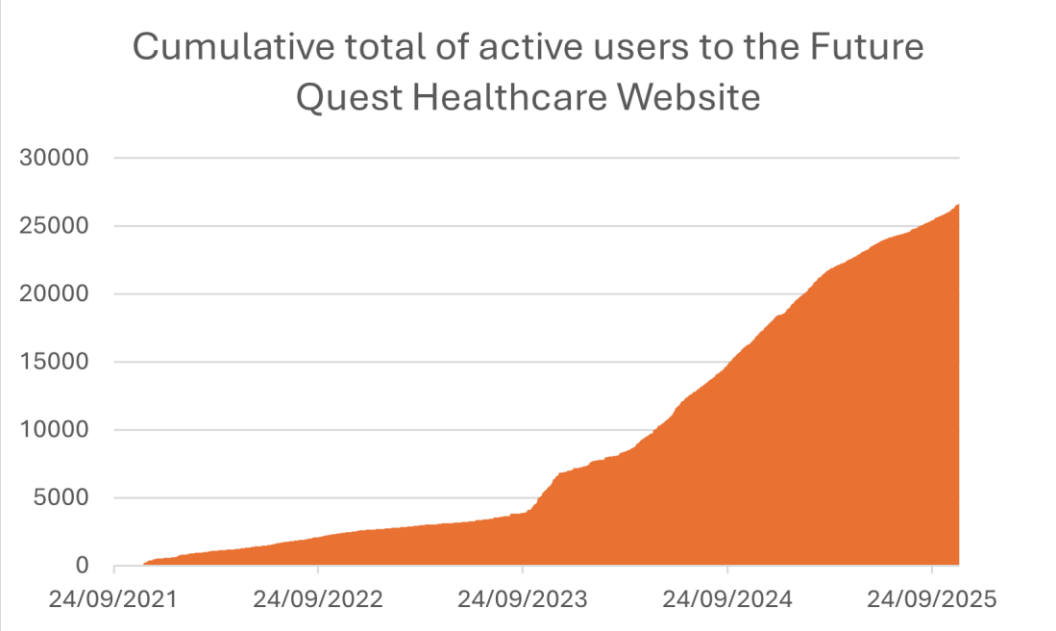
General HE Information	Subject Specific	A2MP - Welcome Session
General HE Information	Careers Related	A2MP & Nursing - Welcome Session
General HE Information	UCAS Application/Statement Support	a2mp - Applying to Medicine
HE Campus Visit	Subject Specific	A2MP - Healthcare Experience Day
Mentoring	Job Mentoring	A2MP - Coaching Workshop
Mentoring	Job Mentoring	A2MP - Healthcare Mentoring Orientation
Mentoring	Undergraduate Mentoring	A2MP & Nursing - Explore & Apply Mentoring
Mentoring	Job Mentoring	A2MP - Healthcare Mentoring Programme
Mentoring	Subject Specific	A2MP - Explore & Apply Mentoring:
HE Subject Insight	Course Related	FX Paramedic Science

HE Subject Insight	Course Related	FX Pharmacy
HE Subject Insight	Course Related	FX Physiotherapy
HE Subject Insight	Subject Specific	FX10 Midwifery
HE Subject Insight	Course Related	FX Occupational Therapy
HE Subject Insight	Course Related	FX Diagnostic Radiography

7.4 Future Quest Healthcare Website Statistics

Total active users: 26,668

This figure is for website users with an event attached. For example, they clicked through multiple pages, and/or didn't exit the site straight away. It will not count those who don't accept tracking via cookies. If these were counted the figure could be 33,004 but these numbers are harder to verify.



Source	Users
Organic Search (Google)	19875
Direct	10326
Referral	999
Organic Social	274
Email	98

Page Views

Total Page Views: 43,246

Groupings:

NHS Values – 19,352 views
Vast majority of our views are for our NHS values pages. Users can build model answers for interview questions using our action plan template. We have had over 150 action plans completed.

Allied Health Professions (AHP) – 1,812 views

Medicine – 1,192 views

Nursing & Midwifery – 1,054 views

Pharmacy – 413 views

Breakdown for specific AHPs

AHP	**Views**
Art Therapists	45
Dietitians	33
Drama Therapists	33
Music Therapists	22
Occupational Therapy	222
Operating Department Practitioners	27

Orthoptists	27
Osteopath	23
Paramedic Science	162
Physiotherapy	192
Prosthetists and Orthotists	27
Diagnostic Radiography	47
Speech and Language Therapists	25
Therapeutic Radiography	103

The total here differs from the above AHP figure as this doesn't account for general AHP content.

Top 20 pages:

Page	Views
How to Demonstrate the 6 Core NHS Values at Interview | Future Quest Healthcare	15360
Homepage	4165
Healthcare Experience Opportunities | Future Quest Healthcare	1810
NHS Values Based Recruitment Introduction | Future Quest Healthcare	1599
Working Together for Patients | Future Quest Healthcare	1564
Respect and Dignity | Future Quest Healthcare	847
Allied Health Professions | Future Quest Healthcare	697
Demonstrating the 5 NHS Core Values | Future Quest Healthcare	664
Commitment to Quality of Care | Future Quest Healthcare	653
Compassion | Future Quest Healthcare	628
Improving Lives | Future Quest Healthcare	578
Everyone Counts | Future Quest Healthcare	575

Blog | Future Quest Healthcare	529
About Future Quest Healthcare | Future Quest Healthcare	525
My Values Notebook: Working Together for Patients | Future Quest Healthcare	505
Timeline and resources | Future Quest Healthcare	400
Medicine | Future Quest Healthcare	370
Interactive Activities | Future Quest Healthcare	353
Careers in Medicine | Future Quest Healthcare	343
Explore the Allied Health Professions | Future Quest Healthcare	318

7.5 Theory of Change

Routes into Medicine and the Professions: Future Quest Healthcare

Situation	Health Education England widening participation programme has supported students from disadvantaged and under-represented backgrounds into medicine. HEE wish to continue support for medicine but broaden the focus to include pharmacy and the allied health professions, enabling young people to see the breadth of opportunity available within the NHS. HEE wishes to support a workforce that is representative of the community it serves, where progression and opportunities are based on merit, not social background, and equal opportunities and accessible to all.
Aim	Future Quest will support 350 young people from areas of low participation who have an interest in medicine, pharmacy or AHP to achieve their potential. FQ will develop and deliver a progressive outreach programme (over 4 years) that provides learners with meaningful and impactful experiences that increase the visibility of opportunities in these professions to them and their families to understand pathways to medicine, pharmacy and AHP. The project will deliver highly targeted activities within the Bristol area, provide online resources for learners, school staff and parents/carers and facilitate access to outreach opportunities nationally.

PROCESS			IMPACT		
Inputs	**Activities**	**Outputs**	**Short-medium term outcomes**	**Long-term outcomes**	**Wide impact**

HEE Funding (across 5 years) Future Quest Staff Time (UWE, UoB, Pre HE) for facilitating the programme Website Development WeAreDNA UWE Academic Time bought out for Year 1. FutureXplorer and Online Resources 4 x Student Interns (FutureXplorer) Physio, Paramedic Science, Radiography and OT) University of Bristol Evaluation Team FQ Targeted Delivery – Healthcare Heroes	Whole Year Group disseminated to minimum 10 schools (Year 10) to support targeting. Exploring Options workshops Understanding Values Workshops Work Experience live, online sessions delivered via Blackboard Collaborate. Facilitating access to existing outreach and WEX programmes (signposting and negotiating access to specialist outreach programmes i.e. Sutton Trust Summer Schools)	350 learners engaged in an effective form of progressive outreach (Cohort 1 – 150, Cohort 2 – 200, Year 10) At least 10 Bristol schools engaged in the programme. Development of minimum 10 FutureXplorer kits (over the life of the programme) 6 in Year 1. Future Quest Healthcare microsite developed to host online resources and information on outreach and work experience opportunities – national reach. Online activities and resource packages to	Increased academic capital. Learners increased understanding of careers, pathways, roles and skills required in future careers in M,P,AHP. Learners developing a richer and more compelling narrative of themselves in future careers in M,P, AHP. Increased school staff and parents/carer knowledge about health careers and pathways. Improved understanding of how to support young people on pathways to health careers in S/C.	Strong evidence of what works (and what doesn't) and measurable impact of programme. National and local sharing of practice between HEI's, S/C, NHS and HEE. Increase in applications to Medicine, Pharmacy and AHP from low progression areas/ areas with limited medicine or health professions engagement.	More diversified student body at individual HEI's and more diversified sector-wide student body. Diversified NHS/Healthcare staff body that reflects communities it serves. Sustainable ongoing partnership linking university outreach with NHS recruitment and HEE widening participation targets.

		support learners, parents and carers.			
Rationale & Assumptions	**Rationale**: Research shows that outreach is most effective when delivered as a progressive, sustained programme of activity and engagement over time. Existing research also shows that attending careers events and activities that utilise relatable role models that support the development of a 'possible self' influences young people's life choices. **Assumptions:** That targeted schools and cohort of students will engage in all aspects of the programme. That students will achieve the necessary GCSE and A Level/BTEC grades to progress into HE.				

/PFRC