Pre-ARM briefing – Widening participation in the medical profession

This briefing:

- provides an overview of widening participation in the UK, and work that has been done by medical schools, the BMA and other key stakeholders
- identifies some of the key issues members may want to consider in developing and submitting motions on widening participation
- signposts to further useful information.

The BMA has long-held concerns about the low-numbers of students from lower socio-economic backgrounds and other under-represented groups entering medicine. In 2018, just 11% of medical school entrants were from the most-deprived decile (IMD1), compared to 19.1% from the second-least deprived (IMD4) and 14.4% entrants from the least-deprived decile (IMD5). The Social Mobility Commission has said medicine is one of the least accessible professions in Great Britain. [2]

Medical schools are required to run widening participation initiatives as part of a regulatory obligation on higher education institutions to support widening participation. All medical schools in the UK are represented in a Selection Alliance , co-ordinated by the Medical Schools Council, which monitors progress made on widening participation against the 2014 Selecting for Excellence recommendations.

What is widening participation?

Widening participation has traditionally focused on increasing the numbers of medical students from lower socio-economic backgrounds.

In our February submission to HEE, the BMA defined widening participation as:

"Enabling all students with the capability and desire to study medicine to have an equal opportunity to do so and believe there should be a broader definition of widening participation that includes all groups who may be underrepresented in the medical workforce.

These groups include, but are not limited to:

- Students from lower socio-economic backgrounds
- Students from state schools
- Disabled students –
- Looked After Children
- Some ethnic minority students (in certain geographical areas)
- Mature students"

Future work on the topic of widening participation could further explore this definition. For example, to potentially include students with Education, health and Care Plans.

We believe there are a number of elements to widening participation.

[2] Social Mobility Commission (2016) *State of the nation 2016: social mobility in Great Britain*

Wider education context - Equity of access to subjects required and preferred by medical schools as well as equity of resources in schools.

Outreach: aspirations - Inspiring and encouraging prospective medical students to consider medical education and raising awareness about medical careers.

Outreach: advice and support programmes - This includes providing advice on the application process, mentorship, and programmes that build students capability and skills.

Routes to entry and selection processes - Each medical school has different entry requirements and routes for people wishing to study medicine. For example, 19 schools currently provide a Gateway Year route, which is more commonly used by students from under-represented groups.

Support for students - The BMA position is that ongoing financial and pastoral support should be available for students from under-represented groups, and students on formal widening participation programmes.

Why is widening participation important?

There are multiple benefits to widening participation in medicine. A diverse medical workforce that reflects the population it serves benefits patients and staff.

Having multiple and diverse doctor viewpoints and experiences allows for the best possible care to be delivered to, and the best system understanding of the needs of, a diverse patient body. Patients seeing themselves reflected in the workforce can also help to achieve better patient engagement with health services across different groups.

Widening participation also allows the medical profession to have access to the widest talent pool available.

Recommendations for improving widening participation to medicine

In our March 2021 submission to HEE, we affirmed our support for contextual admissions processes [3]and asked for:

- Greater transparency on where and how individual schools are implementing contextual admissions processes
- Clear and accessible communication from each school about their application process and what applicants can expect from an interview.
- More communication from schools explaining why they have chosen specific selection criterion as this could help prospective students to better match their attributes with medical courses.
- Funding for more academic staff at medical schools to ensure that all students receive the learning support needed and best medical education possible. We noted that the expansion of medical school places has coincided with a reduction in the number of medical academic staff.

Key issues to consider

In submitting motions to the ARM, members may wish to make proposals or set out views on the following:

- are medical schools sufficiently resourced to run widening participation initiatives?

[3]. There is a large amount of discretion in how individual schools apply contextual admissions.

- should medical schools be required to reserve a certain number of places for students from under-represented groups?
- how could the financial barriers to studying medicine be tackled?
- should there be stronger regulatory and legal requirements on medical schools to support widening participation and what organisation should enforce this?

Further information

BMA (2021) *Response to HEE call for evidence on widening participation*

BMA (2015) *The right mix – how the medical profession is diversifying its workforce*

BMA (2019) *People like us don't become doctors*

Medical Schools Council (2014) *Selecting for Excellence final report*