Widening Access and Participation

About the BMA

The BMA (British Medical Association) is a professional association and trade union representing and negotiating on behalf of all doctors and medical students in the UK. It is a leading voice advocating for outstanding health care and a healthy population. It is an association providing members with excellent individual services and support throughout their lives.

Summary

We welcome Health Education England’s call for evidence on widening access and participation initiatives in healthcare education.

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. Improving diversity in medical education is needed to ensure the UK has a diverse workforce.

The BMA has long-held concerns about under-represented groups in medicine - we run a number of outreach initiatives to inspire prospective students from diverse backgrounds and equip them with knowledge about medical careers (see below for more details). Alongside outreach programmes, we believe that there must be increased efforts to remove barriers to entry to medical education, improve the communication and transparency of selection processes, and support students from under-represented groups once they are at medical school.

Chief executive officer: Tom Grinyer
Background

The BMA participated in the 2015 Selecting for Excellence project, led by the Medical Schools Council. We supported all the project’s sixty-eight recommendations for widening participation of students from lower socio-economic backgrounds in medicine. We continue to follow the work of the Selection Alliance in implementing these recommendations with interest.

Our definition of widening access/participation

We recognise that the legal obligations on medical schools are focused on widening participation of students from lower socio-economic backgrounds.

We want 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)

As outlined, in our 2019 article on widening participation, People like us don’t become doctors, we believe that widening participation initiatives should target mature students from these groups, as well as school students.

We will be taking work forward in 2021 aimed at broadening our definition of widening access/participation and calls on what is needed to make progress for the participation and support of currently under-represented groups. We look forward to further engagement with HEE and the Medical Schools Council on this.

We believe there are a number of elements to widening participation. These are outlined below, accompanied by our recommendations for improvement.

Wider education context:

A key barrier that needs to be addressed is equity of access to subjects required and preferred by medical schools as well as equity of resources in schools. For instance, independent schools are, on average, three times better resourced than state schools. Students in deprived areas are also less likely to have access to the science A-level subjects they will need to apply for medical school admission. This was identified in The Right Mix, our 2015 report on widening participation, and similar issues remain today.

We are also concerned about how the Covid-19 pandemic could impact on barriers to entry for prospective medical students. All students have been affected by school closures and disruptions to learning, but there have been widespread disparities in students’ access to resources, particularly IT equipment, and support whilst learning from home. We hope that future work on widening participation will consider this, as well as the opportunities for virtual learning to improve

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1 Social Mobility Commission, State of the Nation 2018-2019 Social Mobility in Great Britain (April 2019)
2 Ibid.
3 UK Parliament, Covid-19 and the digital divide (December 2020)
prospective students’ access to information and opportunities that may benefit them in their medical school applications.

**Outreach - aspirations**

This involves 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.

**Selection processes**

Interview and selection processes should be fairly applied as well as clearly communicated by individual schools. We note that the significant differences in how individual medical schools run their admissions and interview processes can be confusing for applicants. Clear and accessible communication from each school about their process and what applicants can expect from an interview would help to mitigate this.

We also suggest that more communication from schools explaining why they have chosen specific selection criterion would help prospective students to better match their attributes with medical courses.

We believe that taking into account applicants’ social and educational backgrounds via contextual admissions processes are a hugely important tool for addressing the under-representation of certain groups in the medical profession.

The BMA’s Medical Students Committee has called on medical schools to:

i) ensure they are applying best practice, as described by the Medical Schools Council, for contextual admissions in their policies;

ii) ensure their contextual admissions policies are clearly defined and clearly communicated to prospective students;

iii) ensure these contextual admissions policies are implemented fully and fairly, including for admissions through clearing.

**Support for students**

As recognised by HEE, students’ access to economic and social capital are contributing factors to differences in educational attainment. This, in turn, impacts on long-term career pathways and progression. We believe there should be ongoing support available to medical students on widening participation programmes, as well as for students from under-represented groups.

We would support efforts to improve access to intercalated degrees and diplomas to ensure students have a broad range of career choices available to them. The BMA’s Medical Students Committee has previously passed conference policy calling for improved financial support for intercalated degrees, as well as more accessible information about financial support available.

We would also like to take this opportunity to raise our concerns that the expansion of medical school places in recent years has coincided with a reduction in the number of medical academic staff. More academic staff are needed at medical schools to ensure that all students receive the learning support needed and best medical education possible.
Whilst the BMA’s racial harassment charter for medical schools is primarily focused on race equality, we believe that the actions it asks schools to take to develop more inclusive and supportive school cultures will benefit all students.

We suggest that schools take an intersectional focus in considering the needs of their students and note that some students may face multiple areas of disadvantage. For instance, the BMA’s recent report into the experiences of disabled medical students and doctors found that white disabled doctors and medical students reported a more supportive environment than disabled doctors and medical students who are from an ethnic minority background.

**Monitoring and evaluation**

It is essential that there is comprehensive monitoring and analysis done of student attainment data collected by UKMED. We would like to see regularly published analysis of attainment between students that are formally on widening participation programmes, as well as students from all under-represented groups.

**Why widening participation is important to us**

There are clear benefits of improving diversity in medical education and in the medical workforce – it allows for doctors to be more understanding and representative of the populations they serve and thereby helps to ensure better patient engagement with health services.

We see widening access and participation in education as a moral imperative. It is also a legal obligation for medical schools under the Public Sector Equality Duty, although we note that legal obligations do not extend to socio-economic status as it is not a protected characteristic under the Equality Act 2010.

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

**BMA support for widening access and participation in medicine**

Our activities are primarily focused on outreach - inspiring students to consider medicine and providing advice on pathways.

As part of our commitment to widening participation in medicine, the BMA runs two widening participation initiatives: the ARM school engagement events and the BMA aspiring doctors programme.

Every year as part of our ARM (held in a different city each year), we invite local students to attend a school engagement event. During the event, local students meet with some of our members (representatives from each branch of practice) and hear about their experience of studying and working in medicine. Through medical-themed group activities, games and quizzes, students have the chance to ask questions about studying and working in medicine. Around 80 local students have attended the event each year since 2017.

In 2020 the event was held as part of Black History Month. It was a virtual event, making us able to increase both our student and geographical reach significantly, with over 100 schools attending on the day. The event was recorded and the video has received over 500 views. We have consistently received positive feedback from schools and students for these school engagement events. We evaluate the events each year to ensure we keep them engaging and informative for students.
In addition, we run the BMA aspiring doctors programme through which we encourage doctors and medical students to give back to their community by helping students from diverse backgrounds get into medicine. Through the programme, we use our network of doctors and medical students to help schools whose students are interested in applying to medical school.

We hold an annual induction session for members interested in joining the programme. Members hear from school representatives on the challenges young people may face when considering a career in medicine, what kind of support they need and how to engage with schools virtually. The next induction session will be held virtually which will enable us to engage with many more members, and in turn, reach more schools.

The BMA has also produced guidance for aspiring medical school students:

- BMA Cymru Wales guidance for school students – Why haven’t you thought about studying medicine yet?
- Guidance for aspiring medical students on how to get medical work experience

We hope that our submission is useful – please do not hesitate to contact us for more information if required.

Yours sincerely

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Professional Policy and Activities