Widening Access to Medical School for the clinician: our responsibilities

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There is a widely held belief that doctors should be as representative as possible of the society they serve in order to provide the best possible care to the UK population[1,2]. However, currently, people from lower socioeconomic backgrounds are underrepresented in medicine, with only 11.5% growing up in households that received income support, 8.3% receiving free school meals and just 6.3% having been brought up in the most deprived areas of the UK[3,4].This is regrettable not least because when it comes to both gender and race, medicine has made impressive progress over recent years. Its success in recruiting more women and ethnic minority doctors indicates that with the right level of intentionality the medical profession can also throw open its doors to a far broader social intake than it does at present[2].

Between 2003 and 2008, the top three socio-economic classes represented between 71% and 74% of accepted applicants to medical school, but only between about 52% and 55% of the UK working population. In contrast, lower socioeconomic classes have represented between 14 and 15% of accepted applicants to medical school, compared to between about 44% and 45% of the UK working population[1]. Anecdotally, it appears that access remains based on who applicants know rather than any other more objective criteria[2]. If students from a wider background are influenced, educated and supported by widening access to medical school (WAMS) ambassadors, they can be motivated to choose to apply to study medicine early, this could help to improve their chances of entry into medicine – not least by taking advantage of the existing interventions such as the lower WAMS entry criteria that are only available for those who have applied

Factors potentially preventing the lower socioeconomic groups applying and gaining access to medical school are complex and multifactorial. Many of these barriers need to be addressed at secondary or even primary school level. Medical school admission teams are now being required by the GMC to play a much broader role in widening participation. However often the major hurdle for students from less advantaged backgrounds failing to apply to medical school is the lack of support and guidance during the application process[1]. This is where clinicians can play a vital role. This role is invaluable to the student applying to medical school, as I will testify below.

My personal history places me in the lowest socioeconomic class according to UCAS[1]. Having grown up on a council estate in a low income household, being the first grandchild out of 21 to go to university and with no professionals in the family let alone a doctor the odds of getting into university, particularly medicine were stacked against me. Add this to the fact there had been no student from my secondary school who gained entry to medical school in the last ten years, and subsequently nobody else in the more recent ten years and it seemed a more or less an impossible task. However I am now currently an anaesthetic trainee, almost ready for registrar training. How? Stubbornness fuelled grit and determination, driven by the resolution not to live up to my career teacher's expectation or rather lack of it.

In today's climate, medical school applications are becoming a vocation in itself, and given that the average number of applications to medical school placements is now 3:1 at interview it is becoming an increasingly more competitive process. If academic grades were enough, the majority of these applications would warrant a place in medical school thus selection is now in the form of other supplementary evidence that show you are a well-rounded individual with vehemence for medicine. The UCAS forms for medical school applications are designed to show how dependable, sensible, committed and versatile you are, the only down side to this is accessibility of all these activities, either cost or inclusion.

Given the accepted high academic requirements for medicine, achieving the grades in your chosen A levels is understood and objective. Ultimately getting an interview at medical school depends on your personal statement, and this in turn depends on your experience. This is the problem, children from low socioeconomic backgrounds, Ofsted failing schools, or those with no academic family backgrounds ultimately have little or no scope for the insight, motivation, encouragement or financial backing to achieve these experiences and ultimately diversify their personal statement. How do I know this, because I was one of those children, and if I had to apply for medicine in the current climate, I strongly suspect wouldn't even be shortlisted?

Given the economic climate, increasing tuition fees and requirements for more objective

measurements for universities to justify interviews, there are some groups in the population that are going to be deterred to the point of exclusion from medical school applications and hence a career as a doctor. How can we help keep the medical profession diverse? Widening Access to Medical School schemes are part of the answer. WAMS is not designed to give these students an advantage, just to level the playing field with more fortunate students in our society. As a WAMS mentor, my role has involved questions and answers, advice on personal statements structure and content, work experience, courses and ideas, open days, personal statement writing workshops, and sometimes just words of encouragement.

WAMS started life in many universities as a student led group in and around 2002, often just participating in school open days and sporadic workshops; this was certainly the case when I started medical school 10 years ago. However in the last 5 years it has matured significantly, mainly due to the encouragement of the GMC and the government. There are about 12%[7], of all students in the UK eligible to participate in the WAMS scheme, making 18%[7,8] of all medical student applicants. Of the UK medical schools with a WAMS scheme , many now have a designated member of staff running the WAMS programme full time with student body support. Each university offers different experiences, locally derived through their scheme, but often have common themes. They often offer "special deals" for underprivileged children for example, lower grades and guaranteed interviews if they attend the summer school. They offer mentorship schemes through a secure 3rd party site such as 'brightjournals' ensuring child and mentor protection, and workshop days, often centring on personal statement writing and interview preparation. As these schemes are still in there relative infancy, there is much more to achieve. I am currently involved in the development of interactive sessions for years 7-8 and teacher workshops to help them identify the children this scheme will most benefit.

I initially became involved by being on the alumni mailing list when my old medical school needed help, I have since volunteered at my local medical school, by contacting the WAMS admissions officer, often listed on the schools website. As each scheme is locally run and managed, there is no central administration, and from my own experience, the medical schools are often grateful for your help.

What does this give the student, my current mentee has offered her own insight to the value of WAMS: "The application process of medical school is the thing that worries me the most as once you've got through that, the rest of it is doing the work and not fighting for your place in medical school. I don't have anyone who can personally give me advice and no matter how many internet forums you look at or conventions you go to, there's always something that you can't find out or that you forget to ask. So having a mentor there who you can message whenever you have a question and to know that they are specifically there to help you is a big help". What does this give us as professionals? A sense of giving back to our community as we all work in inner city deprivation and personally I think it keeps us grounded as these students succeed despite the odds stacked against them, and achieves the objective of diversifying our workplace.

Useful Resources

1. **http://www.medschools.ac.uk/AboutUs/Projects/Widening-Participation/Pages/WideningParticipation.aspx**
2. **http://www.hyms.ac.uk/documents/WP/strategy2010-2013.pdf**
3. **http://www.wanttobeadoctor.co.uk**

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