The Royal Society of Medicine

Journal of the Royal Society of Medicine; 2014, Vol. 107(9) 342–346
DOI: 10.1177/0141076814538786

Successfully widening access to medicine. Part 1: recruitment and admissions

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Introduction

Widening access programmes aim to create a more diverse and representative workforce. Some, but not all of these programmes are focused on increasing the representation from low socioeconomic backgrounds, and increasing social mobility.[1] The Social Mobility and Child Poverty Commission highlight the need for Russell Group universities to do more to increase fair access to higher education (HE) and the medical profession.[1–4] A key recommendation of the commission's most recent report, State of the Nation 2013,[4] is 'We urge the professions to open their doors to a wider pool of talent... We urge top universities to do the same by using contextual data'. The Medical Schools Council's (MSC) newly formed Selecting for Excellence Executive Group[5] aims to determine how to implement recommendations from these key reports regarding selection and widening access to medicine.

A key aim of the BM6 widening access to medicine programme delivered by the Faculty of Medicine at the University of Southampton, a member of the Russell Group, is to increase representation of lower socioeconomic groups in its medical school while providing the appropriate level of education and support to enable these students to succeed in their studies and future profession, thereby increasing social mobility. Cleland et al.[6] state that 'When a society is mobile, individuals have an equal chance of progressing in terms of income or occupation'.

For the past 12 years, the BM6 programme has been demonstrating many areas of best practice in accessing HE and medicine for students from low socioeconomic backgrounds. This paper aims to add to the limited existing literature in this area and illustrate key aspects of the BM6 programme's recruitment and admissions process that supports students from low socioeconomic backgrounds in accessing medical school.

Background

The BM6 programme was introduced in 2002 alongside the existing traditional entry five-year programme (BM5). It provides an additional year, Year 0, and an additional 30 places, which means that applicants are not competing for places with traditional entry medical applicants. Students apply and enter the BM6 on a six-year 'ticket', which has no further selection process after Year 0 and has similar end-of-year progression requirements to future years of the programme. This status is crucial to the students in making them feel accepted and valued within the medical school.

The BM6 admission process differs from the BM5 in that it requires specific eligibility criteria relating to socioeconomic background, lower academic attainment, no expectation of healthcare work experience and tailored interviews. In 2013, interviews and group tasks were introduced for BM5 applicants whereas BM6 applicants have undergone interviews since it started in 2002. The UKCAT is also used differently between the programmes. A score of 2500 or above is required for BM5, in BM6 it is only used to discriminate between students with equal admissions scores.

Through the use of contextual data, widening access programmes can help address some of the disadvantages that reduce fair access to medical schools.[4] Accepting lower grades for General Certificate of Secondary Education (GCSE) and A2 levels can overcome problems of lower attainment, offering entry to students without qualifications in science can help students who have made inappropriate subject choices for studying medicine and accepting other life experiences can compensate for a lack of exposure or work experience in healthcare environments.

> Contextual information and data is used as part of the undergraduate admission process, in order to assess an applicant's prior attainment (academic or

otherwise) and potential to succeed in higher education in the context of the circumstances in which their attainment has been obtained.[7]

The Panel on Fair Access made specific recommendations for medical schools, which included the use of contextual data and a broader range of work experience be taken into account in assessing applicants.[8] The BM6 initiative at Southampton has a tailored admissions process in which the use of contextualised data and acceptance of broader work or work-related experience has been in practice since its inception.

Applications

Having started as a small pilot programme in 2002, BM6 is now greatly oversubscribed. The programme had a dedicated outreach officer from 2000 to 2005 who worked closely with local schools and colleges, although applications from all UK regions were considered. In 2004, the application process went nationwide and was undertaken through UCAS. The programme was promoted through two main approaches. First, through information from sources including the UCAS, the university prospectuses and the MSC and British Medical Association's WA guide. This information sits alongside organised outreach events including the BM6 summer school and the University's WA summer school for healthcare, FE2HE. The second and probably most influential method of promotion is through our own students who are undoubtedly our best ambassadors. Current students and our alumni promote the BM6 programme through viral marketing[9] via social media websites, e.g. the student room. BM6 students frequently visit the schools and colleges they attended and this promotes the programme in different regions and in different cultures.[10]

The highest number of applications per place was in 2012 when there were 26 applicants per place which was an 18% increase from applications in 2011 despite the increase in tuition fees. The number of applicants to places is higher for BM6 than BM5 (for example, there were 15 applications per place for BM5 in 2012) meaning it is a more competitive programme for entry than BM5. The introduction of higher entry criteria for BM6 (BBC from BCC at A2 level) saw a slight reduction in applications in 2013 and increasing the required number of eligibility criteria in 2014 from two to three has also resulted in fewer applications. However, even with the change in the academic and eligibility requirements, there were still 18 applications per place in 2014.

The large number of applications to the BM6 programme is indicative of its success in raising aspirations among students who might not otherwise have considered medicine as a career and that other Russell Group Universities have been reported as not being very successful in attracting.[11,12]

Eligibility criteria

The BM6 programme specifically targets students from low socioeconomic backgrounds and requires applicants to provide evidence of three of the eligibility criteria to ensure that it is meeting its target group. Socioeconomic status is usually defined through income, occupation and education,[13] and the BM6 eligibility criteria provide specific evidence to establish the low socioeconomic background of the applicants. The current eligibility criteria are listed below:

- first generation applicant to HE;
- parents, guardian or self in receipt of a means-tested benefit;
- young people looked after by a local authority;
- in receipt of a 16–19 bursary or similar grant;
- in receipt of free school meals in Years 10–13;
- living in an area with a postcode which falls within the lowest 20% of the Index of multiple deprivation (IMD) authenticated by the University, or a member of a travelling family.

In 2012, the number of eligibility criteria increased from five to six and the criteria of being in receipt of a 16–19 bursary or similar grant and being in receipt of free school meals replaced the criterion of being in receipt of educational maintenance allowance. The profile of students in relation to these criteria for four years of the programme is provided in Table 1.

Verification of the evidence submitted for the means-tested eligibility criteria and for being looked after by a Local Authority occurs through externally referenced and validated documentation, e.g. award of family tax credits. For the criteria of first generation applicant to HE, the statement from the parents is verified by the head of the student's current institution and our institution verifies the evidence for the IMD.

In all, 99.4% of the students who enrolled on the BM6 programme between 2008 and 2011 fulfilled at least one of the means-tested criteria, and 64% fulfilled two of the means-tested criteria. The eligibility criteria aim to ensure students enrolled on the BM6 programme are from low socioeconomic backgrounds.

In order to apply for maintenance grants and tuition fee waivers, students have to provide household

Table 1. The total number of submissions of five eligibility criteria from 2008 to 2011.

	Cohort year			
	2008/2009	2009/2010	2010/2011	2011/2012
1. First generation higher education	27	18	29	22
2. In receipt of means-tested benefit	25	24	22	26
3. Looked after by local authority	0	1	0	0
4. In receipt of education maintenance allowance	25	26	32	22
5. Living in area of lowest 20% index of multiple deprivation or travelling family	8	9	8	10
Total number of students	30	31	33	30

Table 2. The number of BM6 students in the household income categories 2008–2012.

	Cohort year				
Household income[a]	2008/2009	2009/2010	2010/2011	2011/2012	2012/2013
£25,000 or under	25	23	26	25	30
£25,001 to £40,000	2	2	6	3	1
£40,000 and over	2	2	0	2	1
HHI not declared	0	1	0	0	0
No info available	1	3	1	0	0
Grand total	30	31	33	30	32

[a]Household income data not available before 2008.

income data (Table 2). The household income figure for receiving a full maintenance grant and tuition fee waiver is £25,000[14] the lowest household income category. Table 2 shows that the large majority of BM6 student households are in this category. These household income data provide strong evidence that the BM6 applications process is effective in recruiting students from lower socioeconomic backgrounds.

Academic criteria

Failure to achieve good grades at GCSE level has been cited as a reason for fewer students from low socioeconomic backgrounds gaining places at HE and Russell Group Universities.[2,6,15] The academic entry requirements for the BM6 programme are comparatively low – currently, five GCSEs at grades C or above, including mathematics, English and double award science (or equivalent) and A2 level grades BBC including chemistry and biology (or equivalent qualifications). The lower grade requirements for GCSEs and A levels increase the chance of successful entry to university.

Discussion

There is currently sparse literature available demonstrating effective methods of widening access to medicine and those papers which are available are limited in their level of detail.[16,17] This paper adds to the existing literature by presenting one method of widening access through effectively contextualising admissions to medical school. While local context is a consideration, the evidence presented here will be useful to other medical schools in terms of planning programmes or contextualising admissions, areas

that are currently highly relevant to UK medical education.[5,6]

This article clearly demonstrates the effectiveness of the approach at Southampton with respect to the comprehensiveness of the eligibility requirements, and the detail concerning criteria in practice. However, it must be taken into account that the data presented are from one medical school, where widening access has full institutional support and adequate funding. From the outset, the BM6 had institutional backing and was developed in line with the Faculty's and University's strategic plan. The programme achieved Higher Education Funding Council for England recognition for the additional places and SIFT funding was secured for the healthcare placements as well as for the post of Placement Coordinator. This was crucial to enabling the key features of professionalism and healthcare placements in the BM6 programme.

Nationally, students from low socioeconomic backgrounds are still very much under-represented in Medicine. Criticism has been levied at Medical Schools and Russell Group Universities that, despite additional funding, significant progress has not been made in increasing their representation.[3,8,11] Widening access to medicine programmes can address some of the disadvantages in accessing HE by using appropriate contextual data in the admissions process. The curriculum and support provided to students also helps to overcome many disadvantages and the companion paper to this article (part 2) outlines the curriculum of Year 0 and the success rate of the course.

There is a real need for further research into widening access to medicine, including the perceptions of students and staff and markers of success for these programmes and courses if there is to be a genuine commitment of medical schools to increase diversity in its student population. The Medical Schools Council SEEG states 'For medicine, it is especially important to ensure that people with the right attributes from a range of backgrounds have the chance to become doctors'.[5] This is what the BM6 programme has achieved.

Declarations

Competing interests: None declared

Funding: None declared

Ethical approval: Ethical approval was not required for this study. Due consideration was given and advice was sought from the Faculty Ethics Committee.

Guarantor: SC

Contributorship: SC and CB made substantial contributions to the conception and design of the work, the acquisition, analysis and interpretation of data. CP and LT contributed to the article. All authors were involved in critical revisions and gave final approval of the version to be published.

Acknowledgements: The authors would like to thank Jen Cleland for her advice and guidance regarding the structure and presentation of the article.

Provenance: Not commissioned; peer-reviewed by Karen Foster.

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