What resources do prospective medical school applicants want and use?

C4ME SUPPLEMENT

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Background

Medicine was traditionally considered an elite profession studied by white, middle class men. (1) However, whilst progress towards equality has been noted in the representation of women and those from ethnic minority backgrounds, medical school places in the United Kingdom (UK) are predominately filled by students from high socioeconomic status (SES) backgrounds. (2)

Compared to other UK nations, Wales has proportionately fewer applications to medicine, (3) with many doctor posts vacant. (4) With research suggesting home-domiciled students are more likely to continue into postgraduate training in the same country, increasing application numbers from Wales could solve this problem. (4)

Applicants make use of many resources when researching a career in medicine. Resources can be defined as anything that may assist a potential applicant when applying to medicine, including school staff, family, friends and various fee-paying options. From admissions test revision courses to personal statement and interview advice, these demonstrate the commercialisation of the admissions process. As Wales has the highest levels of poverty in the UK, (5) widening access initiatives could be key. Current initiatives in place in Wales include the Welsh Government's Seren Network, which provides university application assistance to pupils with the highest GCSE grades, and local initiatives such as Cardiff University's Step-Up Scheme and the student-led Widening Access to Medicine Mentoring Scheme. However, there is a lack of data surrounding what prospective applicants find most useful when considering a career in medicine.

This project aimed to identify what resources prospective applicants use when applying to medicine and assess their perceived effectiveness, in order to facilitate the production of a future resource available to pupils of all SES backgrounds.

Methods

A mixed-methods approach was used collecting qualitative and quantitative data through questionnaires and focus groups. (6) Participants were pupils aged 16 to 18 from schools across South Wales with an interest in studying medicine as a career. Schools were categorised into high, low and no applicant groups according to the number of applications to medicine received by Cardiff University from 2014-17. Two schools were randomly chosen from each category.

A questionnaire was developed using JISC online surveys and distributed to pupils by a member of staff at each school to avoid collecting pupils' contact data. Responses informed development of the focus group topic guide.

Semi-structured focus groups were chosen to gather the opinions of the group of participants. Focus groups were audio recorded on school premises and later transcribed verbatim. Thematic analysis was employed to identify patterns in the data. (7) Data were double-coded and a coding framework was developed by members of the research team.

Ethical approval was obtained from Cardiff University School of Medicine Research Ethics Committee.

Results

Thirteen schools were contacted by email. Of those, six (46%) responses were received from members of staff reporting they had forwarded the invitation to participants. As the member of staff at each school forwarded the email to an unknown number of pupils, it was not possible to calculate a response rate. There were 18 questionnaire responses and nine participants across two focus groups (n=3 and n=6). Due to COVID-19 related school closures, it was only possible to hold two of the scheduled six focus groups.

Participants perceived medical students as the most valuable resource due to their relatability. Pupils with social capital such as friends and family members in the medical profession regarded these connections as extremely useful, especially when acquiring work experience. Participants without networks of contacts expressed finding experience, placements and information difficult.

Schools facilitate applications to medicine from pupils. Pupils perceived teachers as approachable and accessible but were aware of their limited knowledge of the process. Delivery of information regarding details of requirements to study medicine to facilitate adequate planning, subject choices and development opportunities was deemed an important influential factor. Participants described financial concerns and perceptions of medical students typically having a high SES background as pivotal in other pupils' decision to not apply to university. However, students presented with student finance information at an earlier stage were aware funding is readily available.

Pupils wanted a centralised resource with information including entry requirements and assistance with interviews. These perceived gaps in available information are available on the Medical Schools Council (MSC) website, (8) though no participants were aware of its existence when asked. Poor knowledge of this no cost resource is captured in a quote by participant 2.3f: *"Well, if I had known about it, definitely. It sounds useful. It just needs a lot more advertising in schools, because I've never heard of it"*.

Discussion

Widening access initiatives, including use of medical students, should continue in order to increase contact with low SES pupils who lack social capital, as there is currently inequity of opportunity. Access to work experience remains a key barrier to low SES pupils. (9) Evaluation of initiatives are missing but should be employed to examine their impact.

The range of resources that prospective applicants seek is available on the MSC website, yet awareness of such resources remains poor. (8) As such, production of a new resource may be unnecessary.

Improvements in advertisement and communication of existing MSC resources to pupils and school staff should be made. Teachers could more effectively inspire applicants if they are informed and upskilled in the process of applying to study medicine. Delivery of information to pupils at an earlier educational stage may increase aspirations in pupils of low SES that medicine as a career is achievable.

Whilst these methods will improve awareness of requirements of medicine courses, the impact of COVID-19 has meant that guidance on gaining work experience has led to change in the expectations of medical schools. (10) The new resources/advice is much more pragmatic and widens access to those from all SES backgrounds.

Lessons Learnt

As a former Welsh-domiciled applicant, this project was of personal interest. This was a new experience to me as for the first time in a research project I had insight into the experiences of many of the participants and was required to ensure I reflect on my own role, so as not to affect the data I was analysing.

There were difficulties, namely in contacting and recruiting schools to take part – email proved to be an inefficient and frustrating recruitment tool! Initial plans for six potential focus groups were squandered when the COVID-19 pandemic resulted in unexpected school closures before scheduled visits. Whilst this limited the range of schools from which I was able to collect data, I believe that my results are representative of the views of a very hard to reach group of participants in sixth form aged pupils.

Nevertheless, this project ingrained into me the importance of appropriate planning. Towards the end in particular, checklists and reminders ensured I not only accomplished what I set out to do but also separated the large task into manageable sections allowing me to track my progress.

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