

Ed Whittaker, Rosie Patterson Ryan Devlin, Prof Colin Macdougall, Dr Louise Alldridge, Alex Clark,
 Luke Zhu, Wentin Chen, Jun Yu Chen, Maria Chowdhury, Hithin Noble

Webinar date: 29.09.2020



What makes a successful Widening Participation programme?

Transcript of webinar:

ED

Ok I think we'll get started. So, welcome everyone to our latest ASME BITESIZE session on what makes a successful Widening Participation programme? I'll start with a few housekeeping notes just on how this is all going to work. The session will last approximately 50 minutes to an hour. If you wish to ask a question, please use the chat field on Zoom. This feature is available by clicking on the chat button at the bottom of your screen. And if we don't get time to answer all the questions, we will provide a document after the webinar with any questions we are unable to address. The chat field will also serve as our way of you contributing to the conversations and we may invite some participants to expand on their comments by asking their permission to make their audio and video live. Please respond via the chat feed that you are happy for us to do this if we ask. The webinar is being recorded and a video of the webinar will be available on the ASME website along with any other support materials. If you're having any technical problems, we ask that you make ASME aware by emailing events@asme.org.uk rather than adding it to the comments field. So that's events@asme.org.uk. We are going to be on Twitter as well so please do tweet along with us today by keeping an eye on the #asmebitesize and JASME's Twitter page. So, without further ado I'd like to introduce some of our guests this evening after a brief intro to Widening Participation from me we'll be hearing from Rosie Patterson and Alex Clark, each speaking about a local WP initiative they've been involved in in their areas. Followed by teams from AspireMEd UK and Scrubbed Up who have started national WP initiatives online. This will be followed by a panel discussion where we'll also bring in Professor Colin Macdougall who is Chair of ASME's EDC and head of Medical Education at Warwick Medical School, and Dr Louise Alldridge representing the National Medical Schools WP Forum who is Peninsula Medical School's WP Lead and also Programme Lead for BMBS with Foundation. So welcome again everybody to this webinar. Of course, I'd like to briefly introduce JASME who've organised this webinar. JASME is the Junior Association for the Study of Medical Education and is a career group of ASME run by juniors, so medical students and FY doctors, primarily for junior healthcare professionals interested in medical education. Do visit our social media pages to get more of an idea of what we do and feel free to contact us on the email address there. A particular opportunity I'd just like to really highlight for UK medical students is that we're currently recruiting for local reps for JASME. Ideally trying to get a couple in each university, there's some information on this slide but please do just get in touch if you think this may be of interest, or you want some more information. Ok, we'd like to start off with a very quick series of polls just to try and gauge where people's experiences are so far in Widening Participation so I think if I launch the poll now you should be able to answer the questions on your own computers. Ok so that's

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a good proportion of people aware of WP initiatives. I'd like to ask another question now whether you've ever actually been involved in a WP initiative, either providing or receiving. Ok, so that's actually looking like pretty similar numbers. And just one final question, just to start us off, we'd be interested to hear how many of you would feel confident creating your own WP initiative. Ok so we're about 50/50 there. Thank you very much so that's interesting for us it looks like there's actually a fair bit of knowledge out there in the audience already, in which case I'll try and make this introduction fairly brief so we can get on with the presentations and the discussion which I'm sure will be far more interesting and engaging for you. Any questions that you would like to ask as I go through this very quick introduction, please do just post them on the chat and then I think what we'll do is we'll just add them to the panel discussions later on just to stay on top of timings. Ok, so what is Widening Participation? It's a term that's used for different things and this is something we can potentially discuss a bit more later on, but a pretty clear definition I often go by is that it's the process of encouraging under-represented socio-economic groups to apply for higher education. And this has specific relevance to medical education, and this is the stuff that always gets me, three times as many medical school applicants come from the most affluent fifth of areas compared to the most deprived fifth of areas. To expand on this a little bit more in graphical form, and apologies I'm not too sure how well you'll all be able to see this, hopefully you can make out though that there's a pretty marked social gradient of applicants and applications with accepted offers. With the most affluent IMD centiles on the right of each of these figures. In particular shown here is it's not just the applications which are so skewed but almost identically so are those with accepted offers. The bottom line being that those from less affluent backgrounds are less likely to apply and gain an accepted offer to study medicine. Furthermore, not shown on this slide but one quarter of applicants to medicine went to a private school with the equivalent in the general population being 6-7% of the population going to private school - this is in the UK. So why is Widening Participation important? Well to help illustrate this I've put some figures here which are taken from McKimm's Medical Education at a Glance. Starting here on the left a core ethos that I certainly get behind is this image of intercepting identities. The idea that valuing and celebrating differences and diversity actually adds to a richer educational experience for all. And we can then think a bit more in practical terms of equality versus fairness. Widening Participation aims to overcome problems such as low home or school support, financial barriers to medicine and to increase social mobility. And while this means not every applicant will be treated equally what we can do is strive for creating a fair system that treats everyone as individuals and reduces the barriers stopping those from more disadvantaged backgrounds entering into medicine. So, what strategies does WP currently consist of? This is a very broad and basic summary and in reality, it's more complex than this obviously. And I'll just mention briefly each in turn. So, starting with pre-application; outreach is something that all medical schools are required to provide and it's about raising the aspirations of school students prior to making subject choices, and can consist of high intensity activities such as mentoring programmes, to lower intensity activities such as providing application information and open days. Access courses are part of further education and are delivered for free for people without the academic requirements to apply for medicine. At the application stage it's important to use contextual data which consist of indicators to identify disadvantaged pupils such as postcode or access to free school meals and so on and to

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consider offering lower entry requirements for these groups. And then using more standardised selection tools is also important such as using MMIs which are supposed to be less biased and involve more markers, and SJTs which should be less coachable in theory than other tools. Then we have foundation courses or gateway courses. Foundation years are often exclusive to candidates of lower socio-economic status and although they're clearly a large financial and time investment they have been effective at increasing socio-economic diversity. Unfortunately, that's not enough in itself. Support needs to be continued throughout medical school. What I'm showing here are the mean normal deviate schools of over 4,000 Kings College London, Southampton and Norwich medical students on finishing med school by type of entry where EPM is the Educational Performance Measure, and PSA is the Prescribing Safety Assessment. So, clearly the difference compared to standard entry students is pretty stark which is why this last point on the summaries diagram is so important, which is support during medical school. So, this can consist of financial advice, support with social aspects of learning, and very practical things such as ensuring access to free resources and tutorials. So, in conclusion hopefully from some of these data I've convinced you that medicine has a long way to go in addressing WP but I'm sure I'm preaching to the choir for a lot of you. Widening Participation benefits medical education more broadly than you may think and as you can see here a multi-pronged approach is needed pre, during and post application. So, thank you for listening to this first little bit and I'm now delighted to move on to hearing about various WP initiatives hopefully gaining some valuable learning points from each. So, I invite Rosie firstly if you'd like to share any slides please do. Are you using slides?

ROSIE

Yeah, I'm just working out how to share my screen. Hopefully you'll all be able to see this in just a second. Have we got some slides? Yeah, good. Hi, everybody my name's Rosie. I am a Foundation Year 2 doctor down in Brighton and I'm here this evening representing the Brighton and Sussex Medical School outreach programme, BrightMed, which I was a part of during my time at medical school. It formed a massive part of my medical school experience and I've stayed involved with as a Foundation doctor. So, it's just to introduce you to that really. And the reason I'm talking about BrightMed is because it is quite well recognised as an example of good practice, it's won lots of awards and been used as a model for some of the new medical schools coming through. So, I mean I'm biased but I think it is quite a good outreach programme. So, it's a good example to talk about tonight. So, a little bit about Brighton just to give you a bit of background, Brighton is one of these funny places where we have a massive, massive variation in wealth. So, we have some quite wealthy areas, but we have some of the most deprived areas in the country almost on the doorstep. It's quite shocking the variation we have here. So, we have quite an important region that needs covering in terms of widening access. And BrightMed and its associated programmes cover almost, well the whole of Sussex into West Sussex. And there's three different strands to the way that the Brighton and Sussex outreach works. There's BrightMed which I'm going to talk about tonight which is for children aged between sort of 13 and 17. And then there's BrightWAMS which is aimed at the littler ones in primary school and BrightIdeas which is a more virtual system. So, it's a very multi-pronged approach with some high intensity and some low intensity initiatives. But, BrightMed so it looks at students between Year 9 and Year 13 and the criteria for students coming to join BrightMed is that they must be identified as having academic

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potential so that means they're usually part of a gifted and talented programme or they've been identified by their teachers as being a bright spark. And then they need to be from a disadvantaged background. And BrightMed have a lot of criteria for how that works. They're quite strict on those criteria because we get a lot of people interested. But there's a lot of different things that we use to define someone as disadvantaged. And then within that people can either self-nominate, they can identify themselves as being interested or they can be nominated by their school, and year upon year it's kind of grown and become bigger and bigger as more and more people know about it. And we provide lots of different activities which I'll talk more about in a second but on the bottom of this slide, hopefully if the slides are still working, you can see a kind of overview of our curriculum that we have. So, in the earlier years we talk more about kind of general science, anatomy, we kind of keep things modelled alongside the curriculum. And then as the students get a bit older and get a bit more interested in medicine hopefully, we start to diversify the curriculum and go a bit more outside of what they're learning in school. And then as they get into Year 11, Year 12 we start focussing on personal statements and applications, that sort of thing. And really there's two main focusses to BrightMed. The first is raising these kids' confidence levels and their aspirations and giving them a bit of insight into what life is like as a medical student and a doctor. And the second thing is about actually saying it's ok not to be a doctor and to realise that no this really, really isn't for me. So, we think it's just as important for young people to get an understanding that maybe this is nothing to do with what they want to do. And the day's work, so different year groups come in on different weekends all throughout the year. So, they get kind of between 8 and 10 days each year and they spend 4 days in the BSMS Med School building almost exactly as if they were first or second year medical students. They go to lectures, they have seminars, there's small group work, there's lots of activities you can see in some of the pictures some of the sorts of things we do. We get them practising real clinical skills, examining each other, doing living anatomy. And I think one of the key things about this is it's taught by medical students, many of whom are from WP backgrounds although not exclusively. And these medical students are paid to do it so for a lot of them it is their part time job, which I think helps with modelling. And then finally to finish off when they get to Year 13, we have a residential. So, the students spend a week with us staying in University, in Halls, really simulating the life of a medical student or a Foundation doctor and that we hope gives them a really realistic insight into what life is like as a medical student. So that's it really, that's a quick summary of BrightMed. I could talk about it for hours, but I think probably there's more interesting chats to have here. So, I'll leave it there. Any questions pop us a tweet.

ED

Great, thank you very much. We'll just keep rolling for the time being just to give maximum time for the second half of this session on the panel discussion. So, Alex would you like to talk a little bit about our second kind of local initiative that we're showcasing this evening?

ALEX

Hi, can people hear me? Wonderful. So, AIM, which stands for Accessibility in Medicine is a Widening Participation programme based in Edinburgh that's just going into its third year of operation. I'm Alex, my pronouns are they, them and I founded AIM and acted as its president for two years. So, just a bit of background. AIM has three teams, the schools team, resources and tutorials. The resources and tutorials are our attempt

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to provide three peer-led academic help to all medical students in Edinburgh. This was intended to, and does, fill a need caused by the only other available academic peer-led support in Edinburgh requiring a pretty hefty membership fee to access prior so we were created kind of with that in mind, to fill that need. The schools team is a Widening Participation scheme in a bit of a more traditional sense. It was created to recognise that widening access in Edinburgh, often provides fantastic general help to a large number of pupils which is absolutely fab., but many people have access to individual tailored help like older siblings, or parents, friends, private school alumni, the kind of thing that's very difficult for large widening access groups to provide. You know things like personal statement checking, career advice even just like knowledge of what med school is like or having a role model close to you that you can talk to. So, we realised it was actually from our position as medical students quite easy and cheap to pair up medics with a one-to-one online mentorship relationship with local students disadvantaged by circumstance. We started small. So far, we've had 26 such successful relationships with more on the way this coming year and the potential to expand out to other areas of Scotland. So, from AIM what have we learnt about running a Widening Participation scheme? Well the first thing would be co-operation, and this is both within your scheme and out with it. Within the scheme I'll say to anyone that'll listen that AIM would never have gotten off the ground from my initial idea if it wasn't for the committee. Each sub-team - you know those three teams - has designated leads including our wonderful host Ed and as a control freak it was both difficult and hugely important for me to learn to rely on them and trust them. But also, out with your scheme one of the biggest things we learnt is that there is just no point in running a Widening Participation scheme if there are other people already working on what you're trying to do. Right so if you have a new niche to fill, brilliant, but if there are already other people in that niche offering them help is the best thing you can do. You know, lots of people doing a job inconsistently in different areas is never going to be as helpful as a big group doing it really well working together. You know we benefited for example from working with Access to the Professions which is the University of Edinburgh's main widening access group, you know we met with them a lot. And they also were able to provide us with experience, resources, contacts that we could benefit from. And it's easy to get sort of territorial or proud and to want to have all your work under your own banner but having this Widening Participation community really did help us so much. The second thing would be continuity, and this is the concept that disadvantage isn't left at the door which has already been pretty brilliantly explained by Ed in his introduction. What AIM does therefore is we provide these tutorials and resources under the same banner that we help high school pupils under, therefore particularly as we expand those pupils who have already received our support in the past feel able to ask for help from an organisation that they already know has their best interests at heart. So, it's just a great sort of concept to bear in mind that we've put a lot of thought into. And finally, sustainability; the kind of continuity we want to provide and the kind of efficacy we're aiming for it requires years of growing and experience. When I first started to think about AIM, I'd applied to Med School the year before and when we went public it had been three years and now it's five. Right the UK CAT isn't even called the UK CAT anymore so these new schemes, these schemes that just need like new ideas and blood and people familiar with what entry to medicine is actually like today. So, it's just really important to stay future focussed which is what we've been dealing with right now. So, the things I learnt were to work with the

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| committee, work with other schemes, work with the same pupils for as long as you can and do what you can to ensure that the scheme outlasts you. Thank you so much, I'm looking forward to hearing from everyone else. |
| ED Brilliant thank you very much Alex. Just a quick note while I'm speaking is just to say that I think some of the comments and discussion that are coming through are just coming through to the panellists at the moment on the chat. So do make sure if you would like everyone to see rather than just the people who you can see on the screen at the moment to select 'all panellists and attendees'. Brilliant. I'm just trying to remember who I suggested went next. The Scrubbed Up team would you like to if you're using slides..? |
| HITHIN Do you mind if we share our website at the end after we speak but for now, we're all cool. |
| ED Perfect. |
| HITHIN Hey guys my name's Hithin Noble, I'm a 3rd Year medical student at the University of Manchester and I'm joined by ... |
| MARIA Hi everyone, my name's Maria Chowdhury, I'm also a 3rd Year medical student at the University of Manchester. And me and Hithin started the Scrubbed Up website in May this year. |
| HITHIN Yeah, so we co-founded the website with basically two primary aims. So, firstly to provide advice we wished we had known ourselves in the application process you really can't find anywhere else. |
| MARIA And also, to provide a realistic insight into what life at medical school is actually like. Whether that's through articles, vlogs, or our student-run forum. |
| HITHIN The strength of Scrubbed Up is the fact that it's been a collective effort with over 200 medical students that have contributed to the website whether that's actually being part of the team, or contributing to the website itself so articles, vlogs. These articles are from people from a variety of different backgrounds, experiences and medical schools across the UK. And the aim of Scrubbed Up is essentially to be a representative platform for all. |
| MARIA We've got articles on mental health, commuting from home, dyslexia and medical school, everything on what Foundation Year is like because medical school is a unique environment where people have different experiences and that's what we really want to showcase. |
| HITHIN It's been a pleasure to see Scrubbed Up grow from strength to strength with support from some incredible organisations, from local student societies, to organisations such as the RAF, and Careers Wales, as well as the University of Manchester. |
| MARIA |

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| <p>Something that we've felt was really important was to make sure that our services were free and accessible for everyone. So, for example we've got a free personal statement checking service, and we also conduct webinars throughout the year to individual schools across the country.</p> |
| <p>HITHIN We also believe in the ethos of giving back and therefore we've been partnered with the David Nott Foundation since our launch. They do fantastic work training surgeons and doctors across the globe in areas of natural disasters and conflict.</p> |
| <p>MARIA We'd really like to thank the team at JASME and ASME for inviting us so that's Ed, Rosie, Ryan and Leigh as well, for inviting us to this conference. We really appreciate the opportunity to speak alongside these incredible Widening Participation initiatives.</p> |
| <p>HITHIN Maria, myself and the rest of the Scrubbed Up team are hugely passionate about Widening Participation. Firstly, we believe that medical students whether doctors or students should be representative of the population they are can eventually treat.</p> |
| <p>MARIA There are so many challenges that come with applying to medical school from a Widening Participation background such as finding work experience, having other applicants to speak to, even just having role models like Ed mentioned, like medical students and doctors that you can speak to. And then other things like financial difficulties.</p> |
| <p>HITHIN We believe there's not enough support for medical students from a WP background once they actually reach medical school. Starting university is a very exciting but daunting prospect and each individual has their own challenges to overcome.</p> |
| <p>MARIA So, imposter syndrome is something that a lot of medical students are faced with, especially if they're from a WP background and we really want to tackle these issues head on and show students that if you are good enough to get into medical school then you're good enough to be there.</p> |
| <p>HITHIN To help support students with the application process we've partnered with local WP initiatives which is Pathway to Health in London, helping the BAME community in Tower Hamlets. We conduct Q&A with webinars where students have the opportunity to ask questions about any of their specific concerns with regards to their medical school application process. Furthermore, we've made resources on the website designed to guide students through the process of application itself.</p> |
| <p>MARIA Something that we're really lucky to be able to work with the University of Manchester is on a new WP mentorship scheme that's designed not only to help ease the transition for first years that are starting this year but also to support them throughout their years at medical school on their journey to becoming a doctor. And we've made sure that the mentors are from a WP background themselves so that the students have got a role model that they can actually relate to.</p> |
| <p>HITHIN We're also in the process of designing a dedicated page on the website with resources on how to deal with various challenges for WP students, travel to medical school,</p> |

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| accommodation, financial advice and various support networks. We essentially want to create a community where students feel comfortable discussing such issues. |
| MARIA And that's basically Scrubbed Up in a nutshell. |
| HITHIN And yeah and we hope you can all continue to support us when we continue our work. And please contact us if you'd like to get involved whatever that may be from contributing articles, and vlogs to participating in our forums, there's so many possibilities. |
| MARIA Thank you very much for listening and if you've got any questions, we'd be really happy to answer them. |
| HITHIN I'm happy to screen share just to give you guys a sneak preview of our website as well. Yeah so this is our homepage and we tried to make it as sort of as aesthetically pleasing as possible. As you can see our forum, we've got about 150 articles, our blogs, our statement checkers as well as our partner charity as well. So yeah feel free to explore guys and hopefully a link to the website on socials will be available after the talk and stuff. So yeah that's us. |
| ED Brilliant. Thank you very much. And thank you to everyone so far for sticking so well to the timings as well. It makes my job a lot less stressful. So last but not least would the AspireMEd team like to give their presentation. |
| JUN Hi everyone. Thank you to JASME for inviting us to speak it's such a pleasure to speak here. So, we're three medical students who co-founded AspireMEd and my name is Jun and I'm a fifth year medical student at the University of Glasgow. |
| LUKE And I'm Luke I'm also a fifth year medical student at the University of Glasgow. |
| WENTIN And I'm Wentin, an integrated medical student at Imperial and I'm just finished 3rd Year at the University of Birmingham. So, we founded AspireMEd just over three months ago. From the onset of the Covid-19 pandemic in lockdown we saw a rapid and large increase in the amount of free online resources, information and teaching available for medical students. But however, we didn't see that this was replicated or mirrored for pre-medical students. |
| LUKE We witnessed a cascade of events following school closures such as cancellations in outreach programmes while paid-for options rapidly increased, and we were concerned about the potential implications for equality across the medical applicant cohort. In particular with how students from Widening Participation backgrounds might be disproportionately affected. |
| JUN So, we set up the AspireMEd Medicine Applicants virtual conference. This was a one day event on Saturday 8th August that ran from 9am to 5.15pm. The target audience was all aspiring medical students regardless of background and we held it on Zoom. And best of all it was completely free. |
| WENTIN |

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So, with AMAVC we aim to host a free online conference providing an overview of the medicine application process. We hope to democratise information, resources and support by removing barriers to access and cost. So, we started the day with four goals for our participants to inspire, motivate, inform and prepare them for applying to medical school. And also, to collate, showcase and signpost free resources from WP societies and organisations.

LUKE

To achieve these goals, we collaborated with speakers and organisations as well as Widening Participation societies from universities across the country. Following our ethos of Widening Participation, we invited students from state schools to register for the conference first before opening it up to other schools. And we were grateful to be joined by inspirational speakers such as Dr Enam Haque, Professor Dame Parveen Kumar, UCAT, BMAT MSC and GMC and it was followed by interactive workshops in the afternoon. We also had speakers from access to medicine programmes represented in both England and Scotland. To facilitate access for all we held this as a free, recorded Zoom webinar, and we included a research element as we wanted to understand the main barriers that applicants felt they face and how this links with opportunity and resources.

WENTIN

And these are some of our results. We had almost 1,500 attendees join us throughout the day. Our fantastic team of dedicated ambassadors, speakers, and workshop hosts answered over 1,300 questions from our attendees in the Q&A. We were delighted to work with over 58 organisations. This included 35 WP initiatives and societies who sent in 2 minute videos showcasing their work which we showed throughout the day. And in total across all the attendees throughout the day we had almost a year of watch time.

JUN

We were delighted to receive such positive feedback from our delegates. The comments completely blew us away and it was a real honour to provide this experience for the students. We also created social media accounts on Facebook, Instagram and Twitter in June. On our Instagram we post daily under the themed days for example aptitude tests on Mondays, interviews on Tuesdays and Thursdays for a trending health topic. We have since amassed over 1,100 followers on Instagram and over 500 on Twitter.

LUKE

We hope that this presentation demonstrates the feasibility of a virtual one day conference for Widening Participation with clear advantages of being accessible, interactive, and affordable. And it was a tremendous pleasure to reach participants from all corners of the world from the comfort of their own homes.

WENTIN

And finally, we'd just like to acknowledge Dr Enam Haque and Dr Claire Ray who helped us enormously with the event. And thank you to all the speakers and ambassadors and helpers and participants throughout the day. And thanks again to ASME and JASME for inviting us this week.

ED

That's brilliant thank you very much. So inspiring I think while I was listening to these how most of them were really kind of driven by students or by very junior doctors which is really great to see. I think we're just going to have a little bit of a re-shuffle of who's on the screen for our panel of discussion now so there'll be one representative

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from each of the initiatives we've just heard from as well as Professor Colin Macdougall and Dr Louise Alldridge. I wonder if we've heard from most people on the panel now, I wonder if Colin and Louise whether you'd like to just introduce yourselves a little bit and what you've kind of been involved with in WP in the past.

COLIN

Shall I go first as you named me first? So, I'm Colin Macdougall, I'm primarily here because of my ASME role which is as Chair of the Educator Development Committee, which is really about developing educators, education and all that kind of thing. And really the whole area of Widening Participation, widening access, the follow on areas of decolonisation of the curriculum and support and everything, it all falls in the remit of the sorts of things we're trying to provide for educators at all stages of their development. So that's I guess kind of why I'm interested. You'll know from the introduction as well I'm also Head of the Medical Programme at Warwick Medical School. I do notice with some slight embarrassment both a member of staff and a student as attendees who could probably talk much more eloquently about some of the things that we've been up to at Warwick but I may be able to feed in some local examples as we go through in the question and answer.

LOUISE

Ok. Hi I'm Louise Aldridge. So, I'm actually an Associate Professor of Bio-medical Science at Peninsula Medical School where I also lead for WP. So, I've been in the sort of WP world for probably well before some of you were born maybe. I don't know. My first lead role was in Australia at a medical school and I thought when one of you was talking about who's under-represented it's quite interesting because Australia's not as classed it hasn't got such a structured class system as we have so the people that we were reaching out to there were the indigenous population. So, if you ever go and do some amazing sort of international work you'll be working with some incredible people. So, I worked with the Aboriginal and Torres Strait Islanders there and I learnt so much. However, having said that the system is the same and all the work that you're doing, that we've heard back today is just all applicable. Today very briefly I'm just representing The National Widening Participation Forum so Enam Haque who's been mentioned already, he's the Chair but he wasn't able to make it today. And that forum is about 20 medical schools it represents and it's a sort of highly collaborative group and mainly it's looking at access and progress. It looks at research opportunities and is kind of a sort of senior sort of influencer of senior policy makers because we have The Medical Schools Council on the Forum as well. So, I won't go on too much but if you want to know more about it, I'm happy to answer questions on that. I think that's it.

ED

Brilliant thank you both very much. So, please do come in with any questions you may have to the panel clearly, we've got a kind of range of experiences here from kind of local initiatives to national ones and then also people with a career of experience in WP as well. So, we've got a first question coming in now from Janice which is how do you see WP initiatives working in the post-Covid world? Would anyone like to comment on that? Louise.

LOUISE

There's lots of initiatives you can do, and we've heard some really good ones today, but I think my biggest fear is this loss of learning. So, there's been a lot of research on school closure and how that is disproportionately affecting our target, people from disadvantaged backgrounds. So, I think what I'd like to see is more tutoring because we

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can go out and build aspirations, we can build confidence, we can build the sense of belonging, but at the end of the day if these pupils don't get the grades which you know, I also run a Foundation Programme so we've got lower grades but BBB is still very difficult to get. And this loss of learning has severely affected our group, our customers if you like. So, I think you really need to think about some sort of academic tutoring really. Would be one suggestion anyway.

ED
Colin.

COLIN

I think I would also add in I guess the slightly more positive spin. I fully accept the job is harder for everything that you just said Louise and exactly the groups that we would want to be building up and supporting are exactly going to be the most impacted groups. However, if we look at some of the initiatives we've heard about, some of the tools we've got are actually now more equitably available. And I know at the extremes there are real IT issues for some people, and there are Wi-Fi issues and all sorts of things but actually the ability to run something for anybody and everybody on an equitable footing to find people, to access people, for people to find stuff up to a point is also a bonus. And I think just to take the example for one brief moment perhaps work experience is more equitable because a lot of the hands on stuff that everybody who had advantage and a mate, and an uncle or whoever was able to do, is also just shut off to people. All the stuff that's accessible online that can be targeted that doesn't actually involved that kind of personal access is up for grabs. I think we need to grab that window and maybe think very hard about how we preserve some of that because of course things will slide back to exactly where we were pretty quickly up to a point. Hopefully in some spheres, I guess.

HITHIN

Yeah sorry, just to answer that in terms of Scrubbed Up our reliance on online resources, such as Zoom. If you asked last year could we use Zoom I mean possibly to showcase webinars to give advice then no, but due to the pandemic there's a huge reliance on Zoom especially now with medical schools but also to provide advice to maybe younger years and school students as well. And more people are using it and it's easier to get sort of advice across and initiate schemes such as the sorts of things that we've seen today basically.

ED

It's interesting the mention of work experience being more equitable. I was both bemused and frustrated that in early August when medical students were having their time cut on the ward to maintain social distancing in Covid measures that there were work experience students coming in through via a friend of a friend of a friend, or a dad kind of thing. Which was interesting to see.

COLIN

I think we could be very depressed about the fact there are groups of society who are always going to get advantage. I think we've just got to accept that and try and pull everybody up behind and provide as much as we can. I'm afraid the people with sharp elbows will always have sharp elbows. We can try and perhaps limit some of that activity a bit. I think it's very hard.

ROSIE

So, one thing that BrightMed were working on not so long ago and I don't know whether that's got to actually, was some sort of virtual work experience where we

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were recording pretend consultations in GP surgeries using real life GP surgeries. So that people could engage with work experience virtually. And I wonder if that is something in a post-Covid world that might take off a little bit more. It's not something I've heard of yet, but I wonder if anybody's involved or has any ideas for it.

ALEX

From AIMs point of view, we were thrilled during Covid with the response to what used to be our in-person academic tutorials turning to online tutorials, the lack of barrier to essentially like room sizes not allowing a certain number of people in meant that we could triple our numbers without having to get tutors back in to do multiple sessions so that was great. On a more general note you know with the way that for example work for so many people has been affected it's going to be interesting to see what the challenges are for Widening Participation to these kind of careers when the gap is kind of getting wider and you know so many people are moving from areas of uncertainty to abject poverty. Yeah, somebody said in the chat that Covid's provided a lot of booms and a lot of threats and I think that's a very apt way of describing it.

LUKE

And I do believe that Covid has sort of allowed for the opportunities of online learning as we're experiencing now on Zoom. I think the effect of being able to spread your message to a vast audience regardless of their social, economic background or their location is incredibly powerful and allows really high quality sort of events to be spread and shared to people who might not have access otherwise. You might be in a corner of the world or you may not have the know-how to get in contact with someone who knows.

ED

That's really interesting thank you all. Just to so this doesn't turn into a half hour chat about Covid-19 and so we can focus on other areas of Widening Participation too, I think I'll move us on. Louise something you mentioned which I think was mostly targeted towards Scrubbed Up's initiative, you mentioned kind of tackling imposter syndrome and I think Louise was asking in the chat you know how can we tackle imposter syndrome, are there any things that you had experience of doing or anyone else?

LOUISE

No, I mean I asked that because I was intrigued really because that's something that we have the luxury in our Foundation Year really to tackle that because we have a whole year with our year zero students to really build their confidence up, get them used to the physical space they're learning in, the people who are teaching them, the way we're assessed. And we literally do work really hard to ensure that they hit the ground running, they know that they are good enough to be there, they know that they belong there and they're really good students. But it's difficult with outreach - that's a luxury to have students for a year and work with them. I mean that's why I was interested in asking, how do you tackle that in outreach sessions or interventions that would be very interesting to know that.

HITHIN

So, with our mentorship scheme we really want to ensure that our mentors were from WP background so essentially, they looked up to role models and people that can really relate to their sort of issues, especially with imposter syndrome i.e. each individual has their own individual problems. So, if they've got someone to talk through those problems, I think it just is a step closer to sort of easing that sort of transition between

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school and medical school and further on from that. So, I think someone to talk to I think's really important. Because university is such a daunting and unique environment but despite there being so many people it can be very lonely and very isolating. Especially being placed in such a new environment. So, yeah someone to talk to I think it's really easy thing to say and to do I think and that's where the basis of our mentorship scheme lies.

ALEX

Yeah for our mentorship scheme without even specifically focussing on making sure we had mentors from a WP background so many of the volunteers came specifically because they wished they'd had someone from their background to talk to three years ago which has been really lovely to see.

COLIN

I think there's some lovely examples there of modelling and mentorship at the medical student, junior doctor level but I think we've got to start thinking big and bold here. And there's a real challenge here to medical schools, universities, NHS organisations. You know you can't become or you can't aspire to become what you can't see necessarily and at all levels of organisations visibility, modelling is very important and it's great what you guys are doing but we don't actually necessarily want people just to aspire to be a medical student. We want people to aspire to be all phases, all professions, in all areas and I think there's a big challenge there. I suppose the other thing that I'd put just in terms of preparing people around their own sort of self-image but also around applications, is something medical applications get a bit obsessed about is how long people have wanted to become a doctor and how it's always been their dream and how it's everything that they've been working for. And actually, that's quite hard if it's only been the last year or two you even discovered it was a possibility for someone like you, from where you're coming from. And I think we need to think a little bit about the value we put on those kinds of things when we're looking at assessment.

RYAN

So, it was great that mention of formal mentorship schemes, but also informal mentorship is also very powerful. So informal mentorship meaning sort of one-off conversations in the corridor of a ward and on placement. At the end of the day every conversation that we have is a learning opportunity for someone. We're always conveying information with conversation so using all of the interactions that we have to provide opportunities and role models even if we don't realise it for someone is very powerful as well.

ED

Yeah absolutely. I just had a quick glance at Twitter and there's lots of discussions going on there too which I'm sure may continue over the next few days so if you want to continue any of these discussions please do access the JASME Twitter page. Rosie's doing a fab job of conveying what's going on. A question from Richard which is about whether the UCAS application itself needs a bit of an overhaul from medicine specifically. Whether the general UCAS application works for medicine, so whether the introduction of multiple small white space questions rather than a single personal statement may be beneficial, did anyone have any thoughts on that?

ALEX

I haven't heard about this potential model before. So, I guess my first question about it would be would they be the same questions every year? Like my initial thought would

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be to worry about poachability which is kind of a problem with personal statements already - who wrote them. And one that to me would seem like it could permeate that sort of system also. But I'd be really interested to hear more about it, either from Richard or from anyone on the panel who knows about how that could be used to be more WP friendly because it is truly the first, I've heard of it.

ED

So, I think it was a suggestion rather than a scheme that's coming into play anytime soon. I mean if we were to have this can anyone think of how these white space questions could be made more WP friendly or any other aspect of the UCAS application for that matter?

LOUISE

Just briefly, I mean I agree with Alex it could be poachable when you don't know who writes those personal statements or even those white spaces, but we don't look at personal statements at Peninsula Medical School at all. I'm sure there's other medical schools that don't because of that specific fact.

COLIN

We don't look at them either. It'd be interesting to know how many do actually.

ALEX

I know Edinburgh does, but Dundee for example only makes people defend it at interview, doesn't even come into whether or not you get an interview. I am definitely for that.

COLIN

I think though this question is one of the interesting examples of how I think we've heard some incredibly impressive and exciting initiatives that are kind of ground-up and about supporting people but actually once those are up and running the next step is a much more systems thinking. Now up to a point I think we're being challenged here by trying to solve the problems of all of society, you know poverty, education, disadvantage etc. but we can only try and solve our little bit of it, but it is pre-application it's the whole mechanism application it's not just making sure people get better coaching it's that the system actually works well. It's throughout all of medical school, it's modelling beyond. As I say I've never particularly thought about how you might re-model the UCAS form because we largely ignore them, and I think that says something.

ED

It certainly does. Apologies for those who are watching this from outside the UK, UCAS is the kind of national application to universities within the UK. Perhaps a final question I think from Jade who is founder I think of the Widening Participation Medics Network. Do you think there's scope for WP students to get lost if they don't go in through the Foundation Year, do you think there's more chance of them kind of getting less support at medical school because of that compared to those who do go through the kind of Foundation Year route?

LOUISE

I haven't seen any evidence of that really but our Foundation Programme we've only had one year of it so it's hard to comment really. I think the other thing is that the students that tend to go into foundation years have quite serious markers of disadvantage you know they're ticking all the contextual markers and you know we're taking refugees, care leavers and so I think it's slightly different from some of the students that do go into direct entry. But you know some of the initiatives that we've

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talked about today talk about that kind of retention and things so you're not just picking them up, you're not just putting aspirations in there. Once they're in you've got to support those students all the way through and I think most medical schools have a very good support strategy, but I think you do need to be aware that some students may need more support. And I think education of the educators about students from WP backgrounds without singling them out is very important because they may not have been used to having students from those kind of backgrounds in their medical school up until recently. So, it's that awareness as well might help. But no direct experience.

COLIN

I suppose I'd put in one slight note of caution I think longitudinal support is vital and what's necessary in terms of that's what will be quite individual we've got to be slightly careful we don't grab a group of people, label them, keep that label on them and keep doing stuff to them in some very tick boxy way. A lot of, I'm sorry to say this within higher education a lot of initiatives are quite tick boxy and quite you've got to show that you're doing certain things and that can have unintended consequences. So, we need people to feel they belong, feel supported, have that support and be allowed to both succeed and fail appropriately, if that makes sense, with all of the support without actually us othering them during the course and potentially the rest of their career.

ED

Yeah that's a really good point. I think we'll start to wrap up. It's been really great to hear all of your insights from your own initiatives and to the discussions. Hopefully for those watching there's a fair few opportunities that have been discussed where you can get involved and from the examples of local initiatives clearly there have been some successful WP initiatives set up by even kind of very junior people including medical students. From at least today certainly don't be afraid to try and start something yourself if you do identify a niche. As I've said the discussions may well continue on Twitter so if there is something else you wanted to contribute please do there. I realise there have been some questions we've not been able to address today unfortunately but we will endeavour to make notes of these and collate some form of response to those that we've not been able to touch on. So, thank you again to all the panellists for your insights. I'd just like to highlight the next event as part of the ASME BITESIZE, so these have been a series of events that started earlier this year of which today was one of them. And that's an event on the impact of teaching styles and assessments in medical schools, on the postgraduate careers of doctors which is on 7th October and you can find information about that and all other ASME events using that link. So, thank you for coming again. We'd be very, very grateful if you could just spend one minute completing this online feedback form for us. It was just help us to plan and develop future events kind of tailored a bit more about what's useful for those of you who are watching. Either by the Bitly URL or the QR code there. If you'd like an attendance certificate for today, you can simply tick this on the form and by the magic of modern day technology you'll be sent a certificate automatically. A video of today's webinar will be made available on the ASME website in a few days so unless anyone has any final comments that they would like to wrap up with I'd just again extend the plea to give us some feedback and thank you all for coming.

ENDS