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ORIGINAL RESEARCH

Exploring the Barriers Faced by Medical Students and the Impact of Their Involvement in a Widening Participation Charity

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Purpose: Few studies have explored the challenges faced by medical students from widening participation (WP) backgrounds compared to their non-WP peers. This study aimed to identify these challenges in medical school and evaluate how well a national charity enabled them to address these challenges.

Participants and Methods: A 26-item online Qualtrics questionnaire was circulated to all medical student volunteers within the charity Medics & Me. This explored potential challenges faced by students, including finances, networking opportunities, career development, and their sense of belonging in medical school. Fischer's exact test and unpaired *t*-testing were used to statistically compare mean scores between WP and non-WP students, and thematic analysis elicited student views on Medics & Me. Ethics approval was obtained for the study.

Results: Forty-seven out of a national cohort of 196 Medics & Me medical student volunteers (23.9%) responded to the questionnaire. 19 were from a WP background and 28 from non-WP backgrounds. WP students were significantly more likely than non-WP students to feel that finances impacted their studies (p=0.0152), more likely to work to fund their studies (p=0.0011), and less likely to consider their medical school as inclusive to the needs of all students. (p=0.0267). All students cited poor support with career development, networking, and pastoral care, and a feeling that they did not belong. Positive aspects of Medics & Me included the sense of community and networking opportunities. Key themes for improvement included clearer guidance for developing career portfolios, more networking opportunities, and closer working with medical schools.

Discussion: WP students reported significantly more concerns with finances and belonging than non-WP students. All students scored their medical school poorly for support, particularly regarding career development and networking opportunities. Medics & Me should consider supporting students with career development and networking opportunities and work closely with faculty.

Keywords: medical school, medical education, inequalities

Introduction

Widening participation (WP) can be defined in multiple ways. The Medical Schools Council (MSC) defines it as "groups that have historically had a lower participation rate in medical school".[1] The MSC has improved access to medical school for WP pupils through their "selecting for excellence" activities. This has resulted in the number of pupils from the most deprived areas of the UK obtaining a place in medical school increasing from 6% to 14% over the past decade. There is still more to be done, and this was highlighted in the new NHS 10-Year Plan, which would allocate increased places to medical schools with excellent engagement in widening participation.[1] The MSC has highlighted the need to both recruit WP pupils to medical school and to help them during their time in medical school and beyond.[1] It is important to note that widening participation is a multifactorial term and students can also have experiences in medical school relating to their ethnicity, gender and religion even if they do not fit into a designated WP category.

It is vital to understand the experiences that WP medical students encounter, as literature has shown the adverse effect that being from this background has on mental health.[2,3] This can be compounded by staff not having adequate training to

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deal with pastoral queries,[4] or not engaging in conversations on race or cultural issues due to feeling untrained and not wishing to offend.[5] Bassett and Brosnan noted that medical students, who were the first in their family to attend university, were unaware of such basic organisational aspects, such as the split between clinical and non-clinical years.[6] Some students felt out of place around the "traditional" medical student body when they reached university. They perceived that these "traditional" students had family educated at university, or were from a middle-class background,[6] thus having a different experience from their own.

Why Widen Participation?

Studies have shown the benefits of having doctors from different backgrounds for patient care and outcomes.[7] This can increase patient satisfaction, and diverse doctors can bring new perspectives to enhance patient care.[2,8] A diverse doctor and wider healthcare workforce allow for greater understanding of the population as a whole within the UK and how ethnicity and religion may factor into patient satisfaction. Patient-doctor consultations have shown to be longer and have more patient satisfaction[3] and patients are more likely to adhere to instructions when given by someone of the same ethnicity,[4] which can improve outcomes.

This study aimed to explore the experience of WP medical students compared to their peers, eliciting the obstacles they faced both within medical school and as they developed their portfolio for postgraduate training. It also aimed to explore the positive interventions undertaken by Medics & Me, and areas for improvement, to enhance the medical student environment. Medics & Me is a nationwide charity run by medical students and doctors aiming to eliminate the gap between WP and non-WP student by running a multitude of events, including: meet the doctor talks, mock MMI interviews, teaching sessions for medical students and taster sessions. These are all aimed at informing students of opportunities and experiences they may not be aware of through traditional university channels.

Materials and Methods

Medics & Me was created in 2020. . There are currently 196 medical student volunteers based in 34 medical schools in the United Kingdom (UK). The main author is a senior member of the charity board, leading the mentoring programme for aspiring medics across the UK. The questionnaire was circulated to all students via the channels identified below.

Questionnaire Design

This was a mixed-methods study. The researchers created a Likert scale questionnaire to assess multiple domains exploring medical students' experiences of medical school. This included questions around identity, finances, and opportunities for academic extra-curricular activities. "Strongly disagree" to each question was scored 1, and "strongly agree" was scored as 5 on the Likert scale. A further four qualitative questions explored the impact of Medics & Me on career trajectories, particularly how the charity had mitigated the challenges faced by student volunteers and what could be done further to address these. Questions were designed to focus on known problem areas within widening participation and areas that Medics & Me could implement change within the UK medical school system through the charities work. Candidates self-declared their WP status, however only qualified if they met one of the predetermined criteria that is recognised by UK medical schools.

Research Methods and Data Gathering

With the permission of the Medics & Me leadership board, the main author circulated an email, Facebook announcement, and WhatsApp message to all medical student volunteers on the charity database, outlining the purpose of the study and containing a link for students to access an online questionnaire. Participants accessing the link first read a participant information sheet and consent form. The consent form stated that only current Medics & Me volunteers, either attending medical school or recently graduated, should complete the form. Once they agreed to the consent form, they gained access to the questionnaire. Informed consent included participants consent to publication of their anonymised responses/ direct responses. The questionnaire data was collected from 20th November 2024 to 1st May 2025. Anonymous data collected from the questionnaire was stored in Qualtrics, with password-protected access to the authors only.

Ethics Approval

The University of Manchester Proportionate Ethics Committee approved the study on 19th November 2024. Ref 2024-21627-38136.

Data Analysis

The research team analysed the quantitative data in the University Qualtrics system. The data was divided into WP students and non-WP students, with this division based on answers to question 4. (Which requests participants to state if they were from a WP background or not). Mean scores were obtained for each question for each cohort, and the groups were then compared to assess for significant differences using Fisher's exact testing, and an unpaired *t*-test. Qualitative data was coded by assigning the value 1 to strongly disagree, ranging through to 5 for strongly agree. Fisher's exact testing was used due to the smaller sample size to ensure analysis was accurate. Unpaired *t*-test was used to compare the mean between two independent groups. The researchers reviewed qualitative data exploring views on Medics & Me using thematic analysis through the NVivo software. There was an independent analysis of the data by two researchers, followed by triangulation of the findings. All analysed data was stored in a secure university storage space.

Results

Characteristics

Forty-seven participants (23.9% of Medics & Me student volunteers) from across UK medical schools responded to the survey, with 91% identifying as female and 32% from an ethnic minority background. Nineteen (40%) were from a WP background (Table 1), with eight participants meeting multiple WP criteria. This compares with national data from the Medical Schools Council in December 2024 stating that 63% of applicants were female, 29% identifying as Asian and 10% of applicants identifying as black.[1] This study had a higher proportion of females than the national average but a comparable proportion of students from non-white backgrounds.

Financial Challenges

Participants were asked three questions about their finances during the past academic year at university. WP students were significantly more likely to feel worried about their finances (p=0.0152) and were more likely to undertake paid work during university years, to fund their degree (p=0.0011). The data shown in Figure 1. indicate the way participants funded their time in medical school. Eighty-five percent of non-WP students relied partly on parental support, while only 47% of WP students stated they had any parental support with finances.

Medical Student Experience

Table 2 compares the mean scores between WP and non-WP students, to assess for statistical significance.

Key findings from the analysis included:

- WP students were noted to have a statistically significant worse perception of how inclusive their medical school was compared to non-WP students (p=0.0267).
- WP students felt less likely that their medical school would listen to student concerns, although not statistically significant finding (p = 0.0588).

Table 1 Qualifying characteristics for WP

Deprived postcode	Underperforming State School	Contextual Offer/Gateway Year/University Specific WP Scheme	Household Income
11	8	7	2

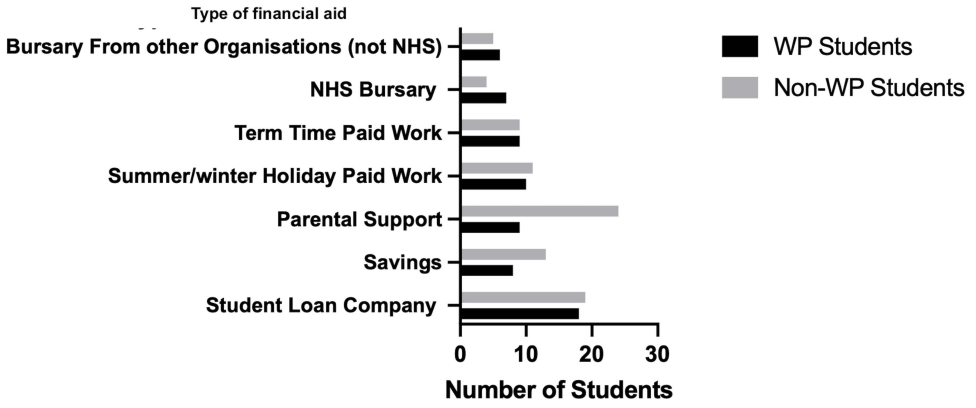

Figure 1 Comparing WP, and non-WP students sources of financial aid over the previous year of medical school.

- WP students were less likely to be satisfied with the pastoral support offered by their medical school, although not statistically significant finding (p=0.089).
- Less significant differences for the other questions.

Table 3 summarises the themes generated from free-text comments exploring the positive impact of Medics & Me for student volunteers.

Positive Impacts Medics & Me has had on Student's Experience

Table 4 shows what some students stated was the most impactful part of volunteering for Medics & Me.

Table 2 Comparison Between WP and Non-WP Students Experiences at Medical School

Question	Mean Score for WP	Mean Score Non-WP	Statistical Difference (p value)
1. I enjoy studying at my medical school	4.58	4.68	0.2760
2. I feel like I belong at my medical school	4.16	4.25	0.3769
3. My medical school is inclusive to the needs of all medical students	3.21	3.89	0.0267
4. I feel that staff in the medical school are supportive	3.79	3.93	0.1700
5. My medical schools listens to my concerns and those of colleagues	3.21	3.79	0.0588
6. My medical school sets clear academic expectations for me	4.00	4.29	0.1832
7. My medical school provides support with extra-curricular activities to enhance my CV	3.26	3.36	0.3382
8. I feel a part of the medical student body	3.74	3.82	0.3966
9. I have a strong peer network in medical school	4.16	4.07	0.6112
10. My medical school supports me with social activities tailored to my needs	3.21	3.39	0.3256
11. I am satisfied with the pastoral support offered by medical school	3.37	3.82	0.0899
12. My medical school supports me well with my studies	3.68	4.00	0.1483
13. My medical school supports me in enhancing my CV, through extra-curricular activities	3.21	3.46	0.2406
14. My medical school provides opportunities for networking with senior academic and clinical staff	2.95	3.36	0.1612

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Table 3 Impact of Medics & Me Involvement in Students Experience

Theme	Quotations from Students
Feeling of community and improved networking opportunities (n=14) valued opportunities to network and be supported by medical students at other universities	"As a charity Medics and Me has provided something to feel a part of as a medical student. The community harbours a great sense of belonging". "I have also been able to meet other volunteers from my university, which is great". "I have been able to be part of an organisation that makes a difference".
Provided essential skills (n=4) felt Medics & Me developed essential skills for medical education and careers	"Medics and Me has given me the opportunity to teach, lead groups and projects that I would have never been able to do before" "Opportunities to volunteer at conferences and research opportunities" "Teaching opportunities, we wouldn't have in medical school normally"
Provided opportunities for personal development (n=8) felt benefit from the Medics & Me career series (n = 8) valued exposure to research and medical education	"Give plenty of opportunities to build portfolio and gain more information and interest in areas of our own interest, as well as opportunities for research and networking" "The upcoming pairing with academic mentors is really exciting" "At XXXX we do not have any support or time aside for portfolio building, M&M is very accessible since things are scheduled for the evenings. The MMI teaching is rewarding, and I am looking forward to any research opportunities, and the talks with consultants have been good".
Other	"Additional career support for mentors. Opportunities to get involved in teaching and other aspects of mentoring"

Figure 2 compares WP and non-WP students (WP in Figure 2A. and non-WP in Figure 2B), in terms of the most beneficial activities that Medics & Me provided for them. WP students felt that extra-curricular CV opportunities (such as partaking in research or careers talks) were the most beneficial, whereas non-WP valued expanding their social network.

What Can Medics & Me Do to Enhance the Medical School Experience

Table 5 themes areas for improvement:

Data shown in Figure 3 compares how many students when asked about what they would value more in medical school.

Discussion

This study aimed to explore the challenges faced by WP medical students compared to non-WP students. It also explored the impact of the charity Medics & Me, and suggestions to improve its work in student success and progression. It is

Table 4 What Students Found to Be Most Impactful From Medics & Me

Most Impactful	Quotations from Students
Community and networking opportunities	"Being able to interact with other medics" "Improved student network, good support"
Essential skills	"Mentoring skills" "Leadership and communication skills"
Personal development	"Lectures from current doctors" "Being able to speak to doctors currently in the job and ask questions about specialities of interest"
Giving back to the community	"Being able to help aspiring medics" "Running the MMI interview stations - I have learnt a lot from it and I also feel like I am making a difference"

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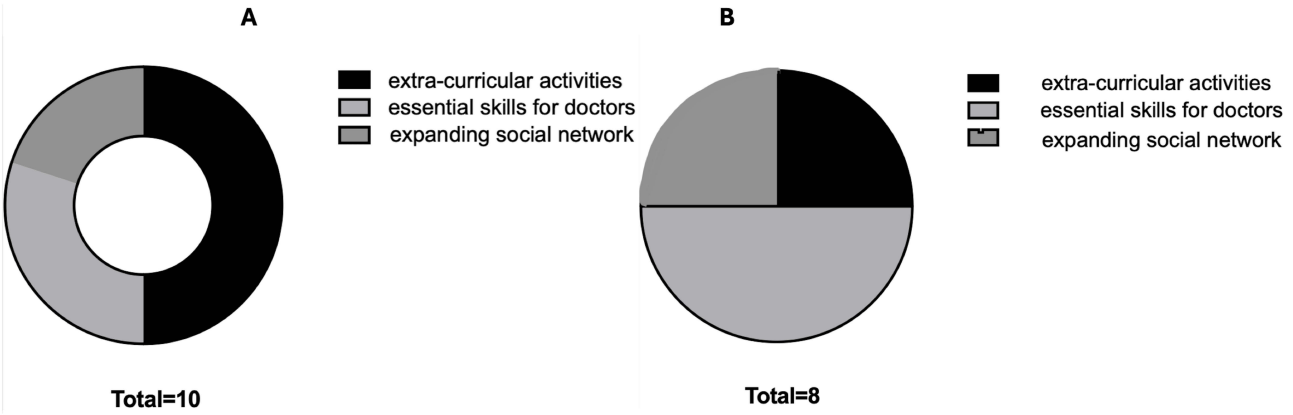

Figure 2 Comparing WP students (**A**) to non-WP (**B**) on what they found most beneficial from being a part of Medics & Me.

important to acknowledge the relatively small sample size, all of whom may be inherently more aware of the disparities that WP students face as they are part of a charity aimed at tackling this. This therefore may bring in an element of selection bias. This can be reduced in future studies by having students from the wider medical school population, who are not involved, or have little knowledge of widening participation, also taking part in the study. The following key findings were elicited from the study:

Table 5 What Could Medics and Me Do to Improve Students Experience

Improvement	Quotations from Students
Would like sessions covering extra-curricular requirements for postgraduate training (n=15) felt academic opportunities were lacking in terms of research and CV enhancements within the normal curriculum. (n=7) noted the benefit of having medical staff to explain portfolio requirements for specialist training (n=4) wished for help with portfolio work and explaining audits	"As the first generation to get involved in the healthcare field, it would be great for those who are new to this to have simple explanations of what a portfolio means" "Events explaining next steps after medical school (e.g how to get into certain specialties or just in general what the next stages are and any tips for getting the most out of it)". "Other than academic work, some students are not aware of the extra achievements that are required to stand out with applications so as well as academic achievement, the support in terms of building confidence"
Would like more networking activities	"Maybe more national opportunities to get to to know the other medical student in other cities in the UK" "Maybe more social opportunities so anyone who feels like they don't have good peer support within their medical school" "Networking opportunities are hard to come by at my medical school, so potentially more opportunities to network with doctors on the training pathways we are planning on applying to"
Closer involvement with medical schools, for greater impact	"I feel that advocating for widening participation students is the most impactful, and I hope it won't take long for medical schools to adjust their perspectives" "My current biggest worry is probably financial support at medical school so perhaps working with the BMA/ other groups to improve financial support for medical students would be good" "I think being linked to multiple medical schools is already a great opportunity - perhaps more involved in open days at university and to give tips and tricks"

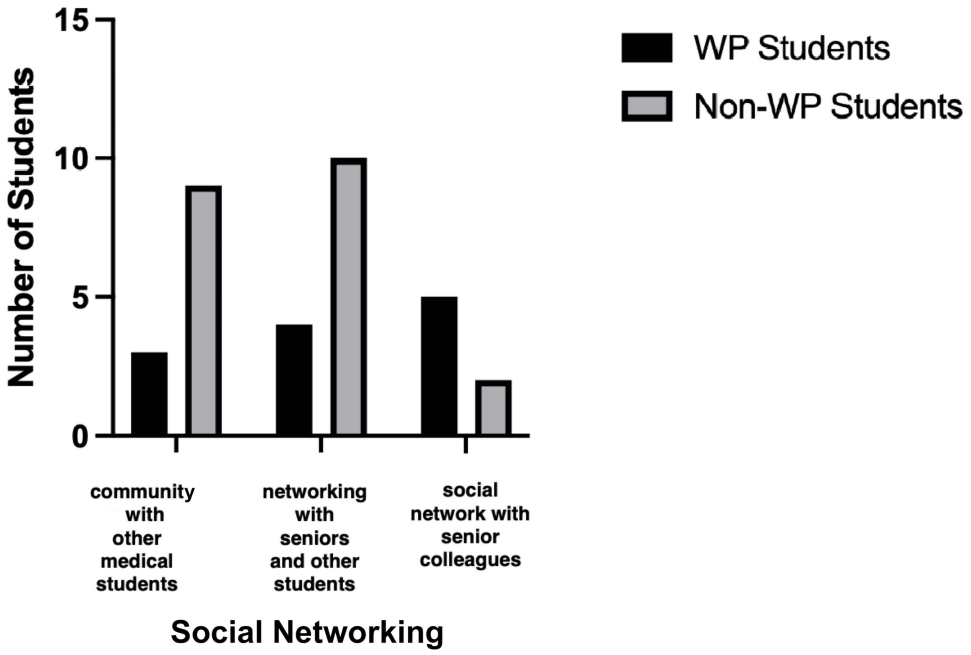

Figure 3 Comparison of what WP and non-WP students would value more of during medical school that they currently do not receive.

Financial Issues

A major experiential difference between WP and non-WP students was the impact of finances. WP students stated they were worried about finances and were more likely to need a job to fund their time at university. Brosnan et al conducted interviews with students who were the first in their family to attend university.[2] They noted the significant burden of needing to work to help students pay for additional resources, such as buying a stethoscope or textbooks. This led to them feeling like they missed out on the "traditional" university experience, further isolating them from their peers.[2] With this awareness of the financial challenges for WP students, universities should be mindful of timetabling arrangements, enabling those who need to work to have special mitigation against attending a residential placement block or placement outside normal hours. Medical schools should consider providing easily accessible information on financial support and explore opportunities for additional funding for WP students.

A BMJ survey on medical students' mental health elicited that 80% of students who sought help for their mental health in medical school "felt the support was poor or only moderately accurate", and 15% considered taking their own lives.[5] A study by Ravulapalli et al showed that WP students were more than twice as likely to have their mental health impacted by their background.[6] Medical schools must recognise the impact that finances and social isolation can have on a student's mental health and the potential serious impact of that. This could be tackled by closer working relationships between universities and organisations such as the BMA where possible. Continued research is important to provide data and evidence that change on a nationwide level is important for improving the experience and reducing the mental health burden on lower income students. With this data a more substantial 5th year loan better suited to the need of the students can help bridge this gap.

Lack of Support from Medical Schools

WP students in the study did not feel that the medical school faculty were representative or inclusive of their needs. Forrest demonstrated the negative effect of not having role models due to a lack of diversity in senior faculty staff.[9] Role models are important, as studies show WP students are twice as likely to experience discrimination[6] and to experience microaggressions within medical training.[8]

Interviews conducted with lower-income medical student entrants by Mathers and Parry noted that their working-class perceptions of Medicine and their identities before medical school were possible barriers to entering Medicine and

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succeeding in a medical programme. WP students viewed a "normal medical student" as a person of a middle-class, affluent background.[10] This could further compound the feeling of loneliness and lack of support experienced, creating an isolating environment for WP students.

Morrison et al interviewed faculty in 23 UK medical schools.[11] They demonstrated the positive outcome of having BAME (Black and Minority Ethnic) staff members, with them creating an inclusive learning environment by having a greater understanding of the challenges faced by BAME students.[11] There was a desire by staff to have more diversity training, although some felt that current training was tokenistic. Medical schools should consider diversifying faculty to improve the sense of belonging among students. Support groups within university for BAME or widening participation students, with a point of contact in the faculty could combat loneliness and the perceived lack of support.

The perceived lack of trust in faculty may be due to negative experiences during college and school. Alexander et al interviewed teachers about their perceptions of WP pupils applying to medicine. They felt that supporting these pupils was time-consuming and would yield little success, and it was not worth investing their time in helping them.[12]

Lack of Opportunities for Extra-Curricular Scholarly Activities

Students reported a lack of opportunities for career development. As the bottleneck for entering specialty training in the UK becomes an increasing issue, many students are becoming aware of the need to undertake extra-curricular scholarly work to present a competitive application. However, WP medical students lack the social network to realise that this is a necessity, resulting in them struggling to succeed in training post applications. A study analysing medical student-led research groups in the USA noted that barriers to developing these included "not knowing of its existence" and "not knowing where to start".[13] However, students who did become involved in research groups had significantly more research projects than non-research group members. The UK medical school system should explore ways to enhance students' scholarly work before they leave medical school. The Office of Clinical and Educational Scholarship (OCES) has provided logistical and mentoring support for students to publish their research, and found that this combined support significantly increased the chances of a student's paper being published.[14] There is little research comparing perceptions of research between WP and non-WP medical students during their undergraduate studies. However, a study in India demonstrated that students from private schools were significantly more likely to appreciate the importance of completing research compared to government-funded peers, as well as having more exposure to research than them.[15]

The BMJ noted that 11 out of 15 ethnic minority groups, in the 21/22 round of specialty applications, had significantly lower success in obtaining a specialty training post compared to white British applicants. "Mixed white and black African" was the least successful ethnic minority.[16] Although the data is thorough in its examination of recruitment by disability, gender, and ethnicity, more analysis is needed to assess the socio-economic background of the applicants. More information from students on what they feel is lacking will be useful to conduct more targeted research in the future. With this knowledge, medical schools throughout the UK should be better equipped to provide information and resources before graduation. This paper recommends that this starts early in medical school so the perceived gap in research knowledge and obtainment of projects is reduced and limited.

Limitations

There are several limitations to this study. The sample size was small compared to the total number of medical students in the UK, thus suggesting the data may not be generalisable. Self-reported answers may have caused recall bias, thus possibly negatively or positively skewing the answers.

All participants were active volunteers in Medics & Me and so may not have represented the national student body. They were privileged through access to the Medics & Me's "meet the doctor" series, where specialty doctors gave talks and answered questions. This may have explained why both cohorts were satisfied with opportunities to network with seniors. Only 18 out of 47 participants answered the free-text questions, thus diminishing the sample size for this data set. To tackle this in future studies, free text answers will be mandatory and not included in the data set if not answered.

Conclusion

Our findings suggest that WP students face challenges not always experienced by their non-WP peers. There is a perceived gap in awareness of academic and financial support between WP and non-WP students. To ascertain a broader understanding of these challenges more studies need to be undertaken, with a large cohort of participants. Specifically, more research is needed into financial, well-being and challenges faced by these students beyond medical school following them into speciality training.

To see changes that bridge the gap between WP and non-WP students, institutions need to collaborate, educate and train staff to implement positive change. With more data and a greater understanding of the challenges, there is an opportunity for undergraduate medical education to become more equitable for all students.

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Disclosure

The authors report no conflicts of interest in this work.

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