

Widening Participation in Medicine: Conferences Build Confidence? [Letter]

Rachel Wei Ying Tan
Marissa Wen Koh

Department of Medicine, Faculty of
Medicine, Imperial College London,
London, UK

Dear editor

It is heartening to read of new Widening Participation (WP) initiatives. Social Mobility Foundation chief executive David Johnston said, “In reasonably similar proportions they want to be doctors ... but the middle-class child expects to become the thing they aspire to, while the disadvantaged child does not”. Confidence – a key barrier to access. We commend the work by Ryan et al, ‘Widening Participation in Medicine: The Impact of Medical Student-Led Conferences for Year 12 Pupils’ for focussing on this.¹

2020 review of the evidence of the impact of interventions for widening access to higher education by Robinson et al,² reporting key findings and recommendations based on the evidence gaps, helpfully guides assessment of their initiative. It is encouraging that a one-day conference has potential to raise self-reported confidence levels significantly. However, there were many variables that make determination of the causal effects difficult.

Conference A students received guidance throughout their presentation preparations, while those in conference B received none. Disadvantaged student’s lack of knowledgeable support was highlighted by Martin et al to restrict their options for higher education.³ They do not feel represented and lack awareness of the realities of medicine. Literature review by Sanders and Higham showed that medical student role-models help establish a more accurate perception of the course, provide invaluable insight and instil confidence towards applications.⁴ Unsurprisingly, students in conference A felt more confident in five out of six assessed domains. Mentorship clearly contributes to confidence. WP initiatives should consider student-led mentoring schemes and not conferences alone, to reap benefits from both approaches.

Conference A and B had different workshop types, medical vs soft skills respectively. It again makes for poor comparison, and it was unclear why those topics were chosen. Instead, students can easily suggest topics of concern on a pre-conference questionnaire, allowing organisers to design workshops aimed specifically at those issues. Components tailored to students’ specific needs make for a more effective initiative, as supported by Robinson et al.² For better targeting, I agree that a tailored WP criteria is prudent.¹ It also captures the vulnerable mature and vocational students, a cohort that is still systematically missed.²

Regarding funding, it was unclear what attributed to the higher cost incurred in conference A over B, and expenditure was not accounted for. This undermines the authors criticism of the financial costs limiting activities. Regardless, low-cost online conferences

Correspondence: Rachel Wei Ying Tan
Imperial College London, South
Kensington Campus, Exhibition Road,
South Kensington, London, SW7 2AZ,
UK
Email rachelwei.tan1@nhs.net

have gained momentum. Bligh et al reported the success of a virtual student-led conference, which increased student confidence and perceived preparedness towards medicine applications.⁵ To not alienate those with limited technology, events can be recorded, and some face-to-face opportunities retained. A hybrid online and in-person conference will reduce financial barriers to entry and broaden the reach.

Despite the promising results seen by Ryan et al, qualitative data is insufficient evidence to claim a causal relationship between confidence and medical school applications. Robinson et al warns of the overestimation of effectiveness.² Ryan et al need a more representative follow-up on the conference participants and report numbers that applied.

Disclosure

The authors report no conflicts of interest in this communication.

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