

# Evidence Brief: Widening Participation

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Produced by the HEE Knowledge Management team Evidence Briefs offer a quick overview of the published reports, research, and evidence on a workforce-related topic.

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### Key publications – the big picture

#### [Widening participation in medicine December 2021, BMA](#)

In the UK, medicine and being a doctor has traditionally been seen as a career for the elite or privileged in society. Despite efforts to increase gender parity and ethnic diversity among UK doctors, the lack of people from lower socio-economic backgrounds entering the profession is still a reality. It's important we encourage those with the potential to study medicine to regard it as a viable option, irrespective of their socio-economic circumstances. By supporting widening participation in medicine, we are also ensuring that the NHS is reflective and understanding of the needs of its patients in the future.

#### [Quick Guide: Widening participation March 2020, JISC](#)

Widening participation in further and higher education is a national priority. Digital inclusion is at the centre of GOV.UK education, economic and social policies because everyone will need new skills to thrive in an increasingly digital world. Across the post-16 sector, students from a growing variety of less traditional backgrounds are encouraged to participate. They expect the same high-quality education. They too deserve to be successful.

This includes:

- Students from ethnic minorities
- Schools in financially disadvantaged areas and under represented communities
- Those who have experienced care or are carers
- Those who have on going physical and mental health challenges
- Students with disabilities or additional needs
- International students or those with literacy or language differences

- Those who are the first in their family to enter tertiary education

As student populations are becoming increasingly diverse, providers must respond with new, innovative ways to deliver more personalised educational experiences and relevant curriculum.

Providers should also expect to evidence the impact of their access plans and outreach projects and to demonstrate how they will address learning differences and attainment gaps.

#### [Male participation in nursing and allied health higher education courses January 2020, Office for Students](#)

Nursing and allied health professions are typically dominated by women in the UK and elsewhere, although the extent to which this is the case varies by different disciplines. For example, 90% of nursing students in England are female, but the figure is slightly lower for particular areas of nursing such as mental health nursing where men make up more than 20%. There has been a growing recognition of the importance of reversing these trends and reducing the gender gap in these subjects and careers. The drivers behind this are diverse as increasing male participation in nursing and allied health could bring a number of benefits: helping to grow the pool of home graduates in these subjects; ensuring both men and women have the same opportunities to pursue these careers; ensuring the workforce reflects the population it serves better; and helping to reduce the current skills shortage in these fields. This research was commissioned by the Office for Students (OfS) to provide an evidence based strategic direction as well as practical recommendations to raise awareness of the study and career opportunities that nursing and allied health offer men for higher education providers, health sector bodies and policy makers.

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### [Recruitment of Mature Students to Nursing, Midwifery and Allied Health Courses – Research February 2019, Marketwise Strategies Limited](#)

The Office for Students (OfS) is working with other governmental and arms-length bodies (ALBs) to ensure an effective transition to the new Nursing, Midwifery and Allied Health (NMAH) funding regime. This effort includes the Strategic Interventions in Health Education Disciplines (SIHED) programme. As part of that programme, Marketwise Strategies was appointed to conduct research that would: Gain a better overall understanding of the mature segment of the student market entering healthcare courses, in order to support continued recruitment of mature students to higher education (HE) courses.

### [Supported from the start; ready for the future; The Postgraduate Medical Foundation Programme Review 2019, Health Education England](#)

This report details the findings of a review into the delivery of the UK Foundation Programme, which prepares graduates from medical school for specialty training. The report and its recommendations have been developed by HEE and as such, its focus is the delivery of the foundation programme in England. The findings and recommendations have been developed in partnership with, and are relevant to, all the four nations of the UK. This review is timely as current models of care are evolving. Technology and digital health will change healthcare provision and the needs and expectations of patients, and doctors are changing. There will be an additional 1,500 medical students in foundation training in England from 2022/23 with graduates from five new medical schools helping provide a more equitable geographical spread. As a result, it is hoped that doctors will remain in foundation posts in those areas. These doctors and indeed all doctors in training regardless of grade, need high-quality learning environments at a time of increasing pressures in the NHS, and in parallel with a

need to expand education and training opportunities for a range of healthcare professionals.

### [Diversity and Inclusion Our Strategic Framework 2018-2022 June 2018, Health Education England](#)

We are delighted to introduce Diversity and Inclusion – Our Strategic Framework 2018-2022. This framework builds upon much of the excellent work that is already in place and demonstrates our commitment to diversity and inclusion for our workforce, the way we manage our business and our influence with stakeholders. This framework is a living document, which will be regularly reviewed to ensure that it remains current in regards to any future changes that take place within Health Education England and the wider healthcare system.

### [National Widening Participation Programme at Health Education England – the story so far... March 2018, Health Education England](#)

HEE exists to improve quality of care for participants by ensuring we have enough staff with the right skills, values and behaviours available for employment by providers (HEE 2014). Leadership responsibility to promote equality, diversity and inclusion, enabling WP in relation to the development of the current and future workforce. (DH 2014, 2013). Strategy sets out how HEE aim to drive WP. The approach whereby progression is based on a learners/individuals merit, ability and motivation, not social background.

### [Research Briefing: Widening participation strategy in higher education in England January 2018, House of Commons Library](#)

This House of Commons briefing paper gives an overview of the Government's policy on widening participation in higher education. It also outlines widening participation strategies and

statistics, discusses evaluation of activities and raises current issues.

### [Indicators of good practice in contextual admissions 2018, Medical Schools Council](#)

The aim of this document is to provide indicators of what might work best when a medical school considers its approach to contextual admissions. This is not definitive guidance and the Selection Alliance acknowledges there is more research needed in this area. However, this document sets out an approach based on our understanding of what works well at this time. Contextual admissions can be an important part of a medical school's approach to widening participation. The Selection Alliance accepts there are financial and organisational constraints that might result in individual medical schools opting for a particular approach to contextual admissions.

### [The CNO commission on widening participation in nursing and midwifery education and careers final report December 2017, Healthier Scotland](#)

Efforts on widening participation to education and careers have been relatively successful in nursing and, perhaps to a slightly lesser extent, midwifery in recent years. However, in common with the rest of the UK and internationally, Scotland nevertheless faces challenges in recruiting to the professions at a time when we are rich in people, both young and experienced, who want to become nurses and midwives. The most sensible and productive way to address this issue was to bring together a wide-ranging Commission, comprising representatives from all interested stakeholders, to review the current situation in Scotland and elsewhere, evaluate the evidence on what approaches to widening participation in the nursing and midwifery professions work (and which do not), and come up with some recommendations for us to consider as we move this agenda forward.

### [Widening Participation in UK Outward Student Mobility: A picture of participation 2017, Universities UK International](#)

Across the European Higher Education Area (EHEA), governments and higher education institutions are striving towards a collective ambition of 20% of graduates in the EHEA to have undertaken a study or training period abroad by 2020. To meet this goal, many countries have already begun to shift their focus from the numbers of students participating in mobility to the accessibility of these opportunities, exploring who participates and how students from underrepresented groups can be supported.

### [NHS funded healthcare education programmes: Building the evidence for supporting widening participation: Final Report July 2016, Edge Hill University and CFE Research](#)

This research was commissioned by Health Education England (HEE) to inform their emerging widening participation (WP strategy). Widening participation in health education is vitally important to both the NHS and to society as a whole. A more representative workforce enables the NHS to work towards greater equality, diversity and social mobility and to provide health services that better meet the needs of the communities it serves, both as a provider of health care and as a major employer (HEE 2014). Widening access to NHS-funded higher education programmes for students from lower socio-economic and equality groups are not sufficient – the outcomes for these groups must also be taken into consideration.

### [Widening participation it matters! Our strategy and initial action plan October 2014, Health Education England](#)

Health Education England (HEE) exists to improve the quality of care for patients by ensuring we have enough staff with the right skills, values and behaviours available for employment by providers. As part of our role we have leadership responsibility

for promoting equality, diversity and enabling widening participation in relation to the development of the current and future healthcare workforce. This strategy sets out how we will drive widening participation using our workforce and education commissioning leverage and strategic partnership working. This is with the intention of ensuring an approach where the NHS workforce is more representative of the communities it seeks to serve and where development and progression is based upon a person's merit, ability and motivation and not their social background or the privilege, extent and effectiveness of their social networks.

### [Literature Review on approaches and impact of interventions to facilitate Widening Participation in Healthcare Programmes 2014, Edge Hill University](#)

Widening participation has become an important issue for health education in the UK as the NHS aims to ensure that its workforce reflects the increasing diversity of its patient population. Recruiting from disadvantaged population groups is also motivated by the need for improved equality in access to health professions. Training and educational requirements for nursing and allied health professions have changed considerably and continue to be subject to changes (Glasper, 2010). Most recent changes in terms of affecting widening participation relate to access requirements and access pathways into the professions. This literature review gathers and synthesizes information on widening participation for healthcare professionals, social workers working in the health service, dentists and allied health professionals. It also reviews issues of retention in these professional groups insofar as they are related to disadvantaged or under-represented groups.

## Case Studies

### [Widening Access to Nursing December 2020, The Queen's Nursing Institute Scotland](#)

Richard McKinney is a learning disability nursing student studying through the Open University. With a busy schedule and long-held ambition to get into learning disability nursing Richard jumped at the chance to study with the OU, although he could never have expected that his first year would take place during a global pandemic.

### [Guest Blog – A Guide to Widening Participation: My Story by Anam Chaudhry Dentistry alumna August 2020, University of Birmingham](#)

Hi, I am Anam Chaudhry. I am a recent dental graduate, I officially (virtually) graduated on the 27th of July. I will always look back on my years at Birmingham fondly. However, I cannot say the same about the application process. I remember the restless nights before results day, my heart racing whenever I received an alert from UCAS and, most importantly, I remember the relief when I finally secured my coveted place at the University of Birmingham. Coming from an inner-city school and being the only person to apply to dentistry in my year. I was told time and time again that studying Dentistry is not attainable for someone like me. I was considering changing my career path but then I was introduced to widening participation. Being the first generation to go to University from my family meant I was eligible to participate in various widening access programmes. These programmes support the fair access of students from groups that are often under-represented in higher education. These programmes allowed me to aspire towards, and played a big role in, securing my place at University.

### [Bitesize Case Study: Widening Participation in Action at Salford Royal June 2017, Health Education England](#)

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This case study is one in a series of studies curated to capture best practice, and highlight innovations, from the joint Health Education England (HEE) working across the North West and Voluntary Sector North West 'Learning Matters' awards 2017. The awards are part of a cross sector adult learning campaign delivered for the health and care sector through a number of key regional partnerships and collaborations. The overarching theme of the awards is simple: lifelong learning is good for people, organisations and health.

## Statistics

[Widening participation in higher education: Academic Year 2019/20 October 2021, UK Government](#)

Annual statistics on young peoples' participation in higher education by student characteristics, including eligibility for free school meals, gender, ethnicity, special educational need status, first language and region. For the first time, the publication includes breakdowns at local authority and regional level by gender, ethnic group and special educational need status to add to those already available by free school meal status. Figures are also provided on progression to higher education by school or college type, with breakdowns for high tariff higher education providers, POLAR disadvantage and Teaching Excellence and Student Outcomes Framework rating. The publication focuses on progression rates to higher education by age 19 for state-funded pupils by personal characteristics and for A level and equivalent students, by school or college type. The underlying data, including student numbers, is available to download from the [Explore data and files](#) section.

[Widening participation summary: UK Performance Indicators February 2021, Higher Education Statistics Agency](#)

The purpose of the indicators is to provide an objective measure of how the UK higher education (HE) sector is performing. Two key areas are covered, with the first of these being widening participation. This is the focus of this summary, which explores the proportion of entrants from disadvantaged backgrounds or in receipt of Disabled Students' Allowance (DSA). Future publications this year will look at student retention, UK domiciled undergraduate entrants to HE providers. We examine two potential measures of background, namely the state school marker and the POLAR4 low participation indicator.

## HEE National Data Programme

HEE staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

## Published Peer Reviewed Research

### Allied Health Professions

[Trailblazers: Stakeholder motivations for developing degree apprenticeships for the radiography profession February 2020, Radiography](#)

Employer led apprenticeship trailblazer groups develop the occupational standard and end point assessment associated with a particular job or occupation. All degree apprenticeship programmes within England must align to these and for allied

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health professions, this is a new concept. Exploring stakeholder motivations for being part of the trailblazer groups is essential to inform subsequent curriculum design and implementation for this new model of education. **METHODS:** Eighteen semi-structured interviews were undertaken across the three radiography related (diagnostic, therapeutic and sonography) trailblazer groups using a pragmatic constructivist approach. **RESULTS:** Strong themes emerged around professional recognition, and conflicts between being 'educated' or 'trained', and between vocational and academic components of radiography training. Even within these pioneer groups there was a lack of understanding around degree apprenticeship programmes and their potential impact upon the workforce. Whilst the benefits on recruitment and retention of staff through widening participation were acknowledged, there were concerns around apprentice pay and mentorship. Evidence of professional protectionism was uncovered, balanced by professional pride and a strong desire for team working within and between institutions. **CONCLUSION:** The study highlighted an urgent need for further research and awareness raising for employers and practitioners, prior to implementation of radiography-related degree apprenticeships. **IMPLICATIONS FOR PRACTICE:** This is the first evaluation of stakeholder motivations related to the development of degree apprenticeships within the allied health professions. The results and recommendations for practice will inform the imminent implementation of degree apprenticeships for the three radiography related professions, facilitating a smooth transition to apprenticeships for clinical and education departments.

[Interactive patient pathway days for prospective therapeutic radiography students January 2020, Radiography](#)

Student recruitment; retention; therapeutic radiography; widening participation; NHS, staffing provisions Introduction: Currently there is a significant national shortfall in the number of

potential students applying to Therapeutic Radiography courses. This project will create an 'Introduction to the Profession Experience' for schools/colleges and the wider local community to raise awareness of the profession, as a potential career pathway, and recruit students to the pre-registration courses. **Specific Objectives:** \* To raise awareness of radiotherapy within the local community as a potential career pathway \* To explore collaborative working opportunities in relation to recruitment utilising the clinical department facilities and resources; \* To develop interactive pathway days where students will experience clinical settings to show realistic components of the profession prior to enrolment. This presentation will focus on the results from the pilot project that was run as a collaboration between London South Bank University and Guys Cancer Centre. **Methods & Materials:** Phase 1: A pilot project was conducted using current student applicants. Participants visited the Cancer Centre on a Saturday where they had the opportunity to trial different radiotherapy professional tasks and gain experience and knowledge about the profession as a whole, they were then asked to complete a survey on their experiences. Phase 2: Semi-structured interviews were conducted with participants who attended the interactive patient pathway and subsequently enrolled onto the course. **Result(s):** Descriptive statistics, frequency tables and content analysis were used. Preliminary results are outlined below (presentation will include tables): \* All participants found the interactive pathway session to be very helpful. \* The session enabled them to understand the importance of the different processes and knowledge about radiotherapy delivery. \* Participants enjoyed the practical aspects of the sessions which are recommended for other potential applicants. \* Participants were comfortable being part of a group and valued the opportunity to engage with current students. **Conclusion(s):** This collaborative project allowed participants to experience practical aspects of the clinical

patient pathway in a Radiotherapy centre without the patient presence. It is anticipated that future days will replace individual work experience days, as they are less resource intensive and allowed students to gain a collective experience.

[Students with specific learning disabilities experiences of pre-registration physiotherapy education: a qualitative study](#)  
December 2019, BMC Medical Education

Attainment gaps for students with disabilities have been noted in pre-registration physiotherapy courses in the UK. Previous research suggests disclosure, lack of staff knowledge and poor communication between University and placement sites may be relevant, but these are limited to small case studies with students with visual or physical disabilities. The purpose of this study was to explore disabled physiotherapy students' experiences of their education in order to elucidate factors that may influence success. METHODS: Qualitative study drawing on phenomenological traditions. Four focus groups including 15 students with disabilities were conducted. Transcripts were analysed thematically. Procedures for transparency and rigour such as member checking and peer debriefing were implemented. RESULTS: Three major themes were derived from data. "It was quite a relief" explores the personal and social implications of diagnosis. "They're not natural" focuses on academic assessment and the specifics of adjustments made and not made within that context. "My dyslexia doesn't switch off" explores the inaccessibility of the learning environment and dissects the contrast between the 24-h nature of having a specific learning condition and the somewhat piecemeal nature of adjustments during their education. CONCLUSIONS: This study indicates that having a specific learning disability or anxiety creates a number of hurdles to success in physiotherapy education. Most were within the University setting and were perceived to result from staff ignorance or piecemeal approaches to inclusion. A lack of

consistency alongside facilitated dialogue and acknowledgement of enhancements results in frustration, ambiguity towards disclosure and reinforcement of a deficit model. Such an approach belies the intention of the profession and the NHS and does not maximise the potential of widening participation.

### Dental

[A Critical Analysis of Underrepresentation of Racialised Minorities in the UK Dental Workforce](#) May 2021, Community Dental Health (Abstract only\*)

This article analyses the underrepresentation of racialised minorities across the three stages of the dental workforce pipeline through the critical lens of power. The reformist view of power was used, which focuses on concealment caused by systemic biases. We observed adequate representation of racialised minorities in the first two stages of the pipeline; entry to dental schools and completion of dental education. However, the categorisation of diverse groups into a single 'BAME' category conceals the underrepresentation of Black people and those who experience intersectional forms of discrimination rooted in race, gender and class. We observed all racialised minorities to be underrepresented in the third stage of the pipeline; career development and progression. The data suggest that institutional processes are more likely to recruit and promote White<sup>1</sup> people, and racialised minorities are more likely to be exposed to bullying and inequitable disciplinary processes. Consistently across dental institutions, as the level of seniority increases, the representation of racialised minorities decreases. Thus, senior decision-making and agenda-setting spaces in UK dentistry are overwhelmingly White. Multiple actions are suggested; including collation of comprehensive, inclusive data, widening participation and representation



initiatives to help re-distribute the power dynamics towards racialised minorities and ensure equality of representation across the dental pipeline, including in senior spaces. We hope this will work towards putting some of the systemic problems that we see in dentistry; such as differential staff and student experiences, inequitable recruitment, promotions and disciplinary proceedings, and colonial dental curricula and research on the institutional agenda.

### Healthcare Careers

[WATCCH: a multiprofessional approach to widening participation in healthcare careers](#) November 2021, *Education for primary care* (Abstract only\*)

Students from lower socioeconomic backgrounds are underrepresented in higher education and healthcare careers. Whilst most healthcare-related widening participation schemes focus on one healthcare profession, the Widening Access to Careers in Community Healthcare (WATCCH) programme at Imperial College London supports participation in a range of community healthcare careers. We aim to evaluate the impact of WATCCH on students' perceptions and aspirations towards community healthcare careers. **METHOD:** WATCCH provides educational and application support to 16-18 year-old students interested in a variety of community healthcare careers via work experience, educational workshops and mentoring. The programme was evaluated by focus groups using semi-structured questions to explore the impact of WATCCH on students' healthcare career perceptions and aspirations. **RESULTS:** Five themes were identified from the focus groups: increased awareness and understanding of a range of community healthcare careers; improved insight into the realities of healthcare careers enabling reflection on career aspirations; altered perceptions of healthcare professionals and

acquisition of new role models; increased confidence in achieving a career in healthcare; and valued access to previously inaccessible work experience. **DISCUSSION:** WATCCH is a multi-professional widening participation programme that has supported students from lower socioeconomic backgrounds interested in entering healthcare careers by increasing insights into varied healthcare careers, provision of role models, and increasing students' confidence of ability to enter healthcare careers. Similar programmes in other institutions could support large numbers of aspiring students to enter varied community healthcare careers in the future.

### Medicine

[Creating Diversity in Tomorrow's Doctors: A Student Led 2021, Advances in medical education and practice](#)

Since its founding in 2017, InsideMed, an entirely voluntary medical student led innovation, has offered local London state school students a unique perspective exploring the application process and realities of a career in medicine. Our aim of promoting diversity and widening participation (WP) amongst future medical school applicants is reflected in the fact 80.2% of the students enrolled are from Black Asian and Minority Ethnic groups (BAME). Over an 18 month period, our students are invited to monthly seminars hosted at King's College London (KCL), where all things "medical school" are explored. Students are paired with current KCL medical student ambassadors and are grouped into 'Families'. Between sessions, students and ambassadors are facilitated to communicate freely, but safely through the online platform Brightside. Early establishment of our key stakeholders allowed us to anticipate how InsideMed would impact each in turn and, therefore, design our scheme to ensure maximal mutual benefit. Continual feedback and review ensures that we are constantly improving to meet the needs of

our students. Feedback also allows us to identify how closely we have served our aims for each cohort; common themes which consistently arise include the creation of community, learning more about specifics of the medical application process, and building self-confidence and student independence. InsideMed has the unique quality of being designed by WP students and constantly updated to ensure the support provided best meets WP needs. This has fed into our tangible and impressive impact, whereby 7 out of 18 respondents from our 2017 cohort of students have been accepted into medical school. Going forward, we hope to expand our scope to include a wider catchment area and will continue online in the COVID era. We aim to create an expansive alumni community to inspire other students from comparable socioeconomic backgrounds that they too can have a career in medicine.

### [Widening Participation in Medicine: The Impact of Medical Student-Led Conferences for Year 12 Pupils 2021, Advances in medical education and practice](#)

Individuals from lower socio-economic backgrounds are under-represented in the medical profession: confidence is a barrier to them successfully applying to medical school. This study examined the impact of two student-led conferences for Year 12 pupils, at which they had the opportunity to present their work. It looked at the ability of the conferences to improve participant confidence, and the feasibility of its replication by other student-led groups. Methods: The first, Conference A, had more time and finances invested into it than the second, Conference B. The latter relied solely on university society funding, but utilised WP criteria for selection of participants. Participants identified their confidence in six areas on a ten-point scale, immediately before and after the intervention. Results: A paired t-test showed a significant improvement ( $p < 0.01$ ) in all areas of confidence for both conferences. Cohen's  $d$

showed Conference A had larger effect sizes in five out of six areas than Conference B. Conclusion: This intervention has demonstrated a significant positive impact on participant confidence: a key factor to improve their chance of successful admission to medical school. Supporting participants with their presentations prior to the conference was found to further enhance their confidence. The authors feel that this work could be replicated successfully by other student groups.

### [Developing a UK widening participation forum October 2021, The Clinical Teacher](#)

Widening Participation (WP) addresses 'discrepancies in the take-up of higher education opportunities between different underrepresented groups'. The United Kingdom (UK) government set a target to double WP university students by 2020, and universities invested heavily to address this. Medicine remains an 'elite' profession with the highest overrepresentation of people from privileged backgrounds and the highest incidence of social reproduction. The role of our classed society, the social exclusivity of British private education and the nature of medical selection strategies perpetuate the under-representation of students from under-privileged backgrounds. Feeling an outsider in medical school is something EH vividly remembers and has instilled a passion to ease transition for others. The Selecting for Excellence Final Report<sup>4</sup> confirmed this under-representation and established the Medical Schools Council Selection Alliance (MSCSA). It recommended the collection of accurate socio-economic profiles, widespread dissemination of application information, targeted outreach and improved accessibility to work experience and access programmes. MSCSA work increased the number of under-privileged students by 35%.<sup>5</sup> However, their remit is restricted to student selection and admission. This is where the National Medical Schools WP Forum (National Forum) comes in.

### [Understanding gateway to medicine programmes October 2021, The Clinical Teacher](#)

Supporting underrepresented groups in pursuing, applying and matriculating into medical education is a key issue in the field. In the United Kingdom, Gateway to Medicine programmes were created as a specific form of entry to medical education, to support diversification goals. Whilst well-established, how these programmes are broadly designed and implemented, and how their functioning links to conceptual views of diversity, is not well described in the literature. **METHODS:** This article explores relevant diversity-related literature, including a specific review of all Gateway programmes. **FINDINGS:** Key facets of diversity-related work in medicine, including the distinction between 'widening participation' and 'widening access' are discussed. These distinctions frame the presentation of Gateway years; their selection process, structure and function are described. The purpose of these years is then discussed, with the lens of different discourses around diversity in medicine, to provide theoretical and practical considerations. Recommendations for how faculty can better explore diversity-related issues are also provided. **CONCLUSION:** Gateway programmes may be effective, to some extent, in widening access to medical education, but require considerable resourcing to operate. Though heterogenous in nature, these programmes share common elements. However, discourses around the goals and purpose of this diversification vary based on individuals and institutions. These varied perspectives, as well as the societal and historical implications of diversity-related work, are important for all clinical educators to understand with depth, and address directly, in order to reduce inequalities both within medical education and society at large.

### [The experience of widening participation students in undergraduate medical education in the UK: A qualitative systematic review September 2021, Medical Teacher](#)

Most widening participation (WP) research is focused on medical school recruitment; there is a paucity of research examining whether the experience of medical school itself is an equal experience for both 'traditional' and WP students. **Methods:** This qualitative systematic review used the Joanna Briggs Institute (JBI) meta-aggregative approach to characterise the experience of undergraduate medical education in the UK from the perspective of WP students. Seven databases were searched, 27 studies were critically appraised, and 208 findings were grouped into 12 categories and four synthesised findings. **Results:** The majority of the research found relates to ethnic minority groups, with reports of other WP groups being less frequent. Whilst WP programmes attempt to alleviate disadvantages prior to entering university, our findings suggest that difficulties follow WP students into medical school. Unfamiliarity with higher education and lack of representation of WP staff in faculty can deter help-seeking behaviour and result in lack of trust. Furthermore, students from different backgrounds can find their identity conflicted upon entering medical school. Despite difficulties in establishing social networks with 'traditional' medical student peers, WP students form strong relationships with students from similar backgrounds. **Conclusions:** Ultimately, these students find that the uniqueness of their experience is a useful tool for communicating with diverse patients which they come across and are able to overcome adversity with the help of a supportive institution.

### [Buying your way into a run-through surgical training post: The way forward? September 2021, British Journal of Surgery \(Abstract only\\*\)](#)

Competition for core surgical training (CST) applications has increased significantly over the last few years. This has been largely attributable to the introduction of limited run-through surgical posts which avoids the bottleneck at ST3 applications. We sought to assess how financial factors may affect current or potential future surgical trainees in their pursuit for run-through posts. Method(s): A 10-point questionnaire was designed to assess various financial considerations for surgical trainees applying to the 2021 CST cycle who had the sole goal of securing a run-through post. Results were analysed using Chi-squared test. Result(s): Of the 40 respondents, 95% were foundation doctors and 5% were core trainees. There was a significant association between willingness to achieve full marks in the CST interview and attending an interview course and obtaining 1-1 coaching sessions ( $p < 0.05$ ). Familial income was not found to be a significant barrier to spending money on interview courses and coaching sessions ( $p < 0.05$ ). Conclusion(s): Applicants are willing to pay a significant premium to secure a run-through surgical post. Further research is required to fully understand the reasons behind this phenomenon and the impact on those from widening participation backgrounds.

[Meritocratic and fair? The discourse of UK and Australia's widening participation policies July 2021, Medical Education \(Abstract only\\*\)](#)

Globally, people with the academic and personal attributes to successfully study medicine experience disadvantages associated with sociodemographic factors. Governments have attempted to address this issue via macrolevel policies aimed at widening participation (WP) to medicine. These policies differ by country, suggesting much can be learned from examining and comparing international policy discourses of WP. Our question was: How are discourses of WP to higher and medical education positioned in the UK and Australia? METHODS: A

systematic search strategy was guided by five a priori themes inspired by United Nations Sustainability Goals (2015). Seventeen policy documents (UK  $n = 9$ , Australia  $n = 8$ ) published between 2008 and 2018 were identified. Analysis involved two over-arching, iterative stages: a document analysis then a Foucauldian critical discourse analysis, the latter with the aim of unveiling the power dynamics at play within policy-related discourses. RESULTS: Discourses of social mobility and individual responsibility within a meritocracy are still paramount in the UK. In contrast, the dominant discourse in Australia is social accountability in achieving equity and workforce diversity, prioritising affirmative action and community values. Similarities between the two countries in terms of WP policy and policy levers have changed over time, linked to the divergence of internal drivers for societal change. Both nations recognise tensions inherent in striving to achieve both local and global goals, but Australia appears to prioritise community values in working towards 'nation building' whereas in the UK the focus on individuality and meritocracy at times seems at odds with achieving parity for disadvantaged individuals. DISCUSSION: WP policies and practices are situated and contextual so caution must be taken when extrapolating lessons from one context to another. The history of a country and the nature of marginalisation in that country must be scrutinised when trying to understand what drives WP policy.

[Impact of the COVID-19 pandemic on UK medical school widening access schemes: disruption, support and a virtual student led initiative June 2021, BMC Medical Education](#)

COVID-19 has disrupted medical education in the United Kingdom (UK). The pandemic may result in a long-term disproportionate negative impact to students applying to Medical School from a low-socioeconomic background. In addition, the upsurge in Medical School applications increases the likelihood of stricter University entry criteria over the coming

years. There is no current research to determine how widening participation of Medicine to students from low-socioeconomic backgrounds can be improved virtually. The aim of this study is to establish the impact of COVID-19 on students enrolled in UK widening access schemes and the role of virtual student led initiatives in widening participation. METHODS: A voluntary online survey was distributed to UK Sixth Form students (N = 31) enrolled in a widening access scheme who attended Sheffield Neuroscience Society International Virtual Conference in February 2021. The event was free to attend. The five-domain survey consisted of questions determining demographics, career aspirations, impact of COVID-19, academic skillsets and an educational manipulation check. RESULTS: There were 30 pre-conference and 26 post-conference responses. 76.7 % had work experience cancelled due to COVID-19. A total of 36.7 % of participants reported participating in virtual work experience. 'Observe GP' and 'Medic Mentor' were each specified as attended virtual opportunities in 20 % of answers. Post conference, students felt significantly more confident in applying to Medical School ( $p = 0.008$ ) and more prepared to undertake a presentation ( $p = 0.002$ ). Educational manipulation check scores increased significantly ( $p = 0.003$ ). 100 % of students felt inspired to do further CV building activities. CONCLUSIONS: COVID-19 has negatively impacted pupils enrolled in UK Medical School widening access schemes. Virtual student led initiatives can instill confidence in delegates from low socio-economic backgrounds, increase their career knowledge and inspire them to take part in further CV building exercises. Both Medical Schools and medical students play a key role in widening participation. This study recommends Medical Schools promote access to virtual events, urge private and state schools to declare offered opportunities and act mindfully when determining student's academic potential in the context of their socioeconomic and/or educational background.

[Which disadvantaged students study medicine? Analysis of an English outreach scheme June 2021, Health Science Reports](#)

Students from disadvantaged backgrounds continue to be underrepresented in medical education. Widening participation (WP) or outreach schemes seek to increase diversity. Drawing on previously unexplored data from a scheme called Realising Opportunities in England, this study aimed to investigate which high-achieving socioeconomically disadvantaged students in a national WP scheme went on to study medicine at university. Methods: This retrospective longitudinal study analyzed data of 2665 16-year-olds on a WP scheme in England between 2010 and 2014. Descriptive statistics and logistic regression analyses investigated any differences between those that went on to study medicine and those that did not. Eligibility for studying medicine, student's neighborhood, gender, ethnicity, parent's higher education experience, exam attainment, interest in medicine, and their subject of choice for university at age 16 were considered. Results: Of the 1850 students who were tracked to a university destination, only 55 (3%) studied medicine. Participants with high exam results, female, Asian, and from neighborhoods of higher university entry were most likely to study medicine. In the multivariate model, only prior attainment and intention to study medicine predicted studying medicine. Three hundred and forty Realising Opportunities participants expressed interest in studying medicine at age 16, but 80 (24%) were found to have unrealistic aspirations based on their prior academic attainment. Conclusions: Attainment and intention were key factors for predicting medicine enrolment among these outreach scheme participants. Some students interested in studying medicine had insufficient academic attainment to compete for medical school places. Efforts to equalize attainment and provide guidance for career choice are crucial factors for students from disadvantaged backgrounds.

### ["BURSTING THE BUBBLE": Service learning in schools April 2021, The Clinical Teacher](#)

At Imperial College, we developed a novel teaching programme for medical students based within a local primary school, with the aim of developing students' teaching skills and centring social accountability in our curriculum. Similar service-learning programmes have shown significant benefit for student participants, including: improving communication skills, developing an understanding of the social determinants of health, and increased empathy. In partnership with a local primary school, the programme involved a group of medical students designing, developing and delivering a teaching session to primary school children. METHODS: Medical students completed written reflections on the programme and semi-structured interviews were conducted with teachers who had participated in the programme. These were then thematically analysed. RESULTS: Themes from student reflections included: improvement in teaching and communication skills; and an increased awareness of social accountability. Themes from teacher interviews included: benefits of an aspirational figure in the school; engagement of the children; and the ongoing inspirational benefit for the pupils. DISCUSSION: Our analysis suggested students and the school community benefitted. Students reported the experience was an effective way to learn teaching skills and to improve their communication with children. The programme delivered skills transferrable to other clinical contexts including leadership and behavioural management, adaptability and creative thinking. Teacher interviews suggested the programme was mutually beneficial. The framing of medical students as role models raised the possibility that such programmes may help tackle the challenge of widening participation in medicine. We would recommend medical educators to consider developing other mutually beneficial service-learning programmes.

### [Apprenticeships only part of the answer to widening participation in medicine, says BMA March 2021 BMJ \(Clinical research ed.\)](#)

The BMA has said that proposals for an apprenticeship model as an alternative to a traditional medical degree will only be one part of a solution to widening participation in the profession.

### [Experiences of Widening Participation students in undergraduate medical education in the United Kingdom: a qualitative systematic review protocol December 2020, JBI Evidence Synthesis](#)

OBJECTIVE: The objective of this review is to characterize the experiences of Widening Participation students in undergraduate medical education in the United Kingdom (UK). INTRODUCTION: Most Widening Participation research in the UK is focused on medical school recruitment. Although this is important, there is a paucity of research examining whether the experience of medical school itself is an equal experience for both traditional and Widening Participation students. The aim of this review is to explore and to characterize the experiences of Widening Participation students within medical education during their studies in the UK. INCLUSION CRITERIA: This review will include qualitative research conducted in the UK examining any aspect of the lived experience of undergraduate medical education according to Widening Participation students, including identity formation, learning experience in pre-clinical environments and clinical placements, and the relation to social, cultural, and financial capital. METHODS: The study will consider articles found through searching the databases MEDLINE, PubMed, Web of Science, CINAHL, Embase, PsycINFO, and ERIC, as well as gray literature. Studies published from 2000 onwards in the English language will be included. Studies will be assessed against the inclusion criteria at all stages by two independent reviewers. Eligible studies will

be critically appraised for methodological quality. Regardless of methodological quality, all studies retrieved will be included in the review. The final synthesized findings will be graded according to the ConQual approach.

### [General practice post-COVID-19: time to put equity at the heart of health systems? August 2020, British Journal of General Practice](#)

It was clear before the pandemic that the workforce crisis in general practice disproportionately affects deprived areas because of challenges in both recruitment and retention, and it is important that this problem is recognised and addressed rather than being exacerbated by the pandemic. We need to see widening participation at medical school, increased general practice placements (especially in more deprived areas) during the undergraduate curriculum, and a commitment to enabling a more equitable distribution of GP training practices to address the "inverse training law".

### [Dr. Me project: Teaching children self-care for self-limiting illnesses in primary schools June 2020, Future Healthcare Journal](#)

With increasing demand on general practitioners (GPs) and emergency departments (EDs), patient empowerment for appropriate self-care and inspiring medical careers is vital to sustaining the NHS. Dr. Me trains doctors and medical students to teach primary school children how to self-care for common self-limiting illnesses. Methods: Volunteers delivered 1-hour Dr. Me sessions in schools, covering workshops on vomiting and diarrhoea; sore throat and fever; and minor and head injuries. Six case scenarios were asked at the beginning and end of the session, and children decided whether to stay home, visit the GP or attend the ED. Responses before and after were compared. A feedback questionnaire gauged confidence in self-care and interest in medical careers. Results: Dr. Me taught 216

children. Correct responses after the sessions improved by 16.3% ( $p < 0.00001$ ). Vomiting scenarios improved from 48.1% to 68.8%, sore throat from 63.9% to 87.5%, and minor injuries from 84.7% to 89.4%. Feedback showed 93.3% felt more confident in self-care and 56.9% were more interested in medicine. Discussion: Participating in the Dr. Me project can improve primary school children's knowledge in self-care and increase their confidence in managing self-limiting conditions. Dr. Me also increased children's interest in becoming doctors which can benefit widening participation activities.

### [Exposing yourself- the Brighton way April 2020, Journal of Anatomy \(see page 56 of linked PDF\)](#)

Brighton and Sussex Medical School has undertaken regular outreach events for the public and widening participation. Since 2017 this has included over 900 participants attending events. These important events serve to demystify the human body and promote a wider understanding of health and disease. At times though this means pushing boundaries, in terms of what individuals find socially acceptable to discuss and also in terms of the legal framework for anatomy. Events use a range of animal dissection, live ultrasound, home produced virtual reality 360o films ( $n=27$ ), interactive quizzes, living anatomy demonstrations, augmented reality apps and human potted specimens and osteological material. Each event focusing on a particular area e.g. the brain or 'follow your food'. Feedback has been fantastic "a true WOW event, thanks" or has focused on a specific area of health to them "I now understand why my wrist hurts after typing for too long- there's not a lot of space in there!". Brighton and Sussex Medical School has been dedicated to Widening Participation and as part of its programme 147 'BrightMed' students have received anatomical teaching using Near Peer Teaching using the range of resources above. To continue to support the important activities of public engagement, in 2019 Brighton and Sussex Medical

School was awarded its Human Tissue Authority Public Display Licence to enable the public to visit the anatomy laboratory, and for events to use consented human material. Brighton and Sussex Medical School has worked collaboratively with the NHS to have a 'Resident Pathologist' who can help guide the clinical focus of events. The new age for anatomy is not behind closed DR doors but wider engagement and transparency with the public.

### [Selection in context: The importance of clarity, transparency and evidence in achieving widening participation goals January 2020, Medical Education](#)

In this issue, Razack et al explore the myth of meritocracy, including selection as an example, arguing medicine is perceived as being 'for the best and brightest' but success is also contingent on the support and conditions available to learners. Considering achievements within the context of opportunities is increasingly popular in selection, making it a priority research area. We use the example of 'contextual admissions' in the United Kingdom (UK) to demonstrate the importance of clarity, transparency and evidence for fair and equitable selection. We highlight the global variation in widening participation policy goals and enactments, in the groups those policies target, and in definitions of target groups. We argue that although variability resulting from evidence-based policymaking is appropriate, one size does not necessarily fit all and variability can also result from a lack of knowledge, and that lack of evidence, clarity and transparency can be significant barriers to widening access.

### [A comparison of undergraduate outcomes for students from gateway courses and standard entry medicine courses January 2020, BMC medical Education](#)

Gateway courses are increasingly popular widening participation routes into medicine. These six year courses

provide a more accessible entry route into medical school and aim to support under-represented students' progress and graduation as doctors. There is little evidence on the performance of gateway students and this study compares attainment and aptitude on entry, and outcomes at graduation of students on the UK's three longest running gateway courses with students studying on a standard entry medical degree (SEMED) course at the same institutions. METHODS: Data were obtained from the UK Medical Education Database for students starting between 2007 and 2012 at three UK institutions. These data included A-levels and Universities Clinical Aptitude Test scores on entry to medical school and the Educational Performance Measure (EPM) decile, Situational Judgement Test (SJT) and Prescribing Safety Assessment (PSA) scores as outcomes measures. Multiple regression models were used to test for difference in outcomes between the two types of course, controlling for attainment and aptitude on entry. RESULTS: Four thousand three hundred forty students were included in the analysis, 560 on gateway courses and 3785 on SEMED courses. Students on SEMED courses had higher attainment (Cohen's  $d = 1.338$ ) and aptitude (Cohen's  $d = 1.078$ ) on entry. On exit SEMED students had higher EPM scores (Cohen's  $d = 0.616$ ) and PSA scores (Cohen's  $d = 0.653$ ). When accounting for attainment and aptitude on entry course type is still a significant predictor of EPM and PSA, but the proportion of the variation in outcome explained by course type drops from 6.4 to 1.6% for EPM Decile and from 5.3% to less than 1% for the PSA score. There is a smaller significant difference in SJT scores, with SEMED having higher scores (Cohen's  $d = 0.114$ ). However, when measures of performance on entry are accounted for, course type is no longer a significant predictor of SJT scores. CONCLUSIONS: This study shows the differences of the available measures between gateway students and SEMED students on entry to their medical degrees are greater than the



differences on exit. This provides modest evidence that gateway courses allow students from under-represented groups to achieve greater academic potential.

### [Challenges In Widening Participation Outreach: Is Enough Being Done To Tackle The Under-Representation Of Low-Income Students In Medicine?](#) 2019, *Advances in Medical Education and Practice*

Widening Participation (WP) in medicine refers to all theory, activities and policy concerned with removing barriers to entering medical school for students from lower income and under-represented backgrounds. Medical schools and other institutions including; the Medical Schools Council, the Office for Fair Access, the Higher Education Funding Council for England, have been committed to improving Widening Participation for more than a decade. As senior medical students and academics, we have been actively involved with WP work at our respective medical schools and in conjunction with the British Medical Association (BMA) and the Medical Schools Council (MSC). Yet, we have observed over the years that the pace of change seems sometimes stuttering and stagnated. Here, we have investigated the reasons why there is still such a significant under-representation of students from lower income backgrounds in medicine. In order to make the medical student intake representative of the general population, the number of applications from lower income students would need to increase five-fold. This would require a great scaling up of WP outreach work. Critical analysis demonstrates that medical schools and the other key institutions in medical education have made many nominal commitments to WP, but have yet to make any commitments that are truly binding. This may be due to the institutions lack of belief in their own capacity to scale up WP Outreach sufficiently to achieve success. Ultimately binding commitments will be needed to secure a representative intake of medical students. In order for

institutions to be willing to move towards such commitments, evidence-based success in WP must first be demonstrated through collaboration on specific projects that are scalable, sustainable and impactful.

### [Are there differences between those doctors who apply for a training post in Foundation Year 2 and those who take time out of the training pathway? A UK multicohort study](#) November 2019, *BMJ Open*

Knowledge about the career decisions of doctors in relation to specialty (residency) training is essential in terms of UK workforce planning. However, little is known about which doctors elect to progress directly from Foundation Year 2 (F2) into core/specialty/general practice training and those who instead opt for an alternative next career step. **OBJECTIVE:** To identify if there were any individual differences between these two groups of doctors. **DESIGN:** This was a longitudinal, cohort study of 'home' students who graduated from UK medical schools between 2010 and 2015 and completed the Foundation Programme (FP) between 2012 and 2017. We used the UK Medical Education Database (UKMED) to access linked data from different sources, including medical school performance, specialty training applications and career preferences. Multivariable regression analyses were used to predict the odds of taking time out of training based on various sociodemographic factors. **RESULTS:** 18 380/38 905 (47.2%) of F2 doctors applied for, and accepted, a training post offer immediately after completing F2. The most common pattern for doctors taking time out of the training pathway after FP was to have a 1-year (7155: 38.8%) or a 2-year break (2605: 14.0%) from training. The odds of not proceeding directly into core or specialty training were higher for those who were male, white, entered medical school as (high) school leavers and whose parents were educated to degree level. Doctors from areas of low participation in higher education were significantly (0.001)

more likely to proceed directly into core or specialty training. CONCLUSION: The results show that UK doctors from higher socioeconomic groups are less likely to choose to progress directly from the FP into specialty training. The data suggest that widening access and encouraging more socioeconomic diversity in our medical students may be helpful in terms of attracting F2s into core/specialty training posts.

### [GP recruitment crisis: the importance of widening participation October 2019, The British Journal of General Practice](#)

General practice is one of a number of specialties facing a workforce crisis. Pressures of ever increasing workload are forcing a growing number of GPs to opt for part-time positions, resulting in a reduction in the full-time equivalent (FTE) workforce, as well as having a knockon impact on recruitment. Indeed, a recent think tank report identified that GP recruitment figures are actually moving further away from the governmental target for a net growth of 5000 additional FTE GPs by 2020, as outlined in the 2016 General Practice Forward View. Unfortunately, in the current climate, this is a trend that shows no sign of slowing. This notion is reinforced by an equally poor response to the international recruitment programme, which to date has recruited just 58 GPs over a 2-year period from an intended 2000.

### [Inspiring the next generation of medical students – a successful widening access programme at Norwich medical school \(NMS\) February 2019, Medical Teacher \(Abstract only\\*\)](#)

The author conveys his views on the widening participation for medical school applicants from a lower socio-economic background at Norwich medical school (NMS). Topics mentioned include the 2014 Medical School Council's Selecting for Excellent report, perceptions and barriers that hinder young people from viewing medicine as a career as a realistic option, and the online mentoring scheme through the Brightside online

platform that connects NMS students as mentors for the programme participants.

### [Widening interest, widening participation: factors influencing school students' aspirations to study medicine May 2018, BMC Medical Education](#)

Under-representation of some socio-economic groups in medicine is rooted in under-representation of those groups in applications to medical school. This study aimed to explore what may deter school-age children from applying to study medicine. METHODS: Workshops were undertaken with school students aged 16-17 years ('Year 12', n = 122 across three workshops) and 13-14 years ('Year 9', n = 295 across three workshops). Workshops used a variety of methods to identify and discuss participants' perceptions of medicine, medical school and the application process. Year 12 workshops focused on applications and medical school, while Year 9 took a broader approach reflecting their relative distance from applying. Subsequent workshops were informed by the findings of earlier ones. RESULT The main finding was that potential applicants had limited knowledge about medicine and medical school in several areas. Older students would benefit from accessible information about medical degrees and application processes, access to work experience opportunities and personal contact with medical students and junior doctors, particularly those from a similar background. Younger students demonstrated a lack of awareness of the breadth of medical careers and a limited understanding of what medicine encompasses. Many Year 9 students were attracted by elements of practice which they did not associate with medicine, such as 'talking to people with mental health problems'. An exercise addressing this elicited an increase in their interest in medicine. These issues were identified by participants as being more marked for those without knowledgeable support at home or school. It was apparent that school teachers may not be equipped to fill these

knowledge gaps. CONCLUSION: Gaps in knowledge and support may reflect the importance of 'social capital' in facilitating access to medical school. Medical schools could act as hubs to introduce students to resources which are essential for widening participation. Outreach and support to schools may ensure that fundamental knowledge gaps are equitably addressed for all prospective applicants. More generally, a focus on medicine which under-emphasises aspects of medical practice involving communication may deter some students and have longer term impact on recruitment to careers including general practice and psychiatry.

[Transitional journeys into, and through medical education for First-in-Family \(FiF\) students: a qualitative interview study May 2018, BMC Medical Education](#)

There has been much interest in the transitions along the medical education continuum. However, little is known about how students from non-traditional backgrounds experience both the move to, and through Medical School, and their ambitions post-graduation. This research sought to understand the transitional journey into, and through undergraduate medical education, and future career aspirations for first-in-family (FiF) medical students. METHODS Based on an interpretivist epistemological perspective, 20 FiF students from one English Medical School participated in semi-structured interviews. Participants were identified according to purposive inclusion criteria and were contacted by email via the student association at the Medical School and academic year leaders. The team approach to the thematic analysis enhanced the findings credibility. This research was part of an international collaboration. RESULTS: In the first transition, 'The Road to Medical School', a passion for science with an interest in people was a motivator to study medicine. Participants' parents' shared the elation of acceptance into Medical School, however, the support from school/college teachers was a mixed experience.

In 'The Medical School Journey' transition, knowledge about the medical curriculum was variable. 'Fitting' in at Medical School was a problem for some, but studying for an elite degree elevated social status for many study participants. A source of support derived from senior medical student peers, but a medical degree could sacrifice students' own health. In the final transition, 'Future Plans', a medical career was perceived to have intrinsic value. Clarity about future aspirations was related to clinical experience. For some, career trajectories were related to a work-life balance and future NHS working conditions for Junior Doctors. CONCLUSIONS: The transitions highlighted in this article have important implications for those educators interested in a life cycle approach to widening participation in medical education. Future research should explore the post-graduation transitions for doctors from first-in-family University backgrounds.

[How to set up a society for widening participation in medicine January 2018, BMJ \(Clinical research ed.\) \(NHS OpenAthens required\\*\)](#)

Medical students can play a key role in improving access to courses for applicants from less privileged backgrounds. Some think that a career in medicine is only for the privileged few. In 2014, the Medical Schools Council's Selecting for Excellence report stated that 80% of all medical students come from just 20% of schools in the United Kingdom, with most of these schools being private or independent institutions. After the publication of this report, all 33 medical schools in the UK were required by the Medical Schools Council to improve their widening participation or widening access schemes by providing information about careers in medicine to pupils from lower socioeconomic backgrounds and to schools that have low numbers of students applying to study medicine. One way that students can help their medical schools to encourage a more diverse range of applicants is to set up a widening participation

in medicine society. This can help prospective students gain an understanding of what it is like to study medicine and provide them with advice on how to get a place at medical school. This article offers guidance on how to set up your own society, the activities you can offer, and how to measure your success.

### [Student-led widening access schemes 2017, Advances in Medical Education and Practice](#)

Medicine is among the most competitive degrees in the UK. Successfully gaining admission into medical school requires students to demonstrate a variety of academic and nonacademic skills in addition to experience and insights into the profession. However, gaining relevant experience within medicine may not be equally available to all students. The 2012 report from the Social Mobility and Child Poverty Commission stated that in terms of widening access and improving social mobility "medicine lags behind other professions". As president and vice president of Imperial College School of Medicine's student-led widening access society, we can provide an insight into the role of medical students in leading widening participation programs within a large medical school. In this article, we discuss our organizational structure, our core activities and our collaboration with the university's outreach program.

### [How are medical schools widening participation in medicine? July 2017, BMJ \(Clinical research ed.\)](#)

When Shaun Hang started medical school, the only academic difference between him and his peers was on paper. His A level grades were slightly lower than most of his cohort—but his ability was not. The son of two takeaway chefs, Hang is the first in his family to go to university. He entered medicine via Birmingham University's Routes to the Professions (R2P) programme. The course is one of the UK's widening participation initiatives, which help students from less privileged

backgrounds into medicine by providing mentoring, support with applications, and "contextual" lower grade offers that take into account applicants' socioeconomic backgrounds. Contextual factors can include criteria such as whether the applicant comes from a neighbourhood with a low rate of participation in higher education, whether their parents went to university, and whether the applicant has access to extracurricular activities. Now in his second year, Hang says, "People wouldn't know [my route into medicine] unless they asked me about my grades, because I got three As and the grade boundary was A\* AA." "But once I got here and started studying, the difference narrowed, and I don't feel I am struggling in comparison." The R2P course helped Hang gain work experience in a pharmacy and guaranteed him a medical school interview at Birmingham, provided he achieved ABBB grades at AS level.

### [Widening Participation To The Medical Course At Queens University Belfast 2017, The Ulster Medical Journal](#)

The United Kingdom Clinical Aptitude Test (UKCAT) was introduced to assist in identification of applicants from all levels of society with the appropriate characteristics to become good doctors. Evidence that the UKCAT has achieved such widened participation (WP) in applicants to medical school remains elusive. One of the limitations to WP investigation has been that data on socioeconomic status of applicants to medical schools has been obtained through voluntary submission on application to UKCAT and up to 30% of applications offered either none or only limited information. In this study of local applicants (451 from Northern Ireland) to Queens University Belfast (QUB) for 2012, socioeconomic data was ascertained through post code analysis. These data were utilized to investigate the relationship between affluence, application to the medical school and UKCAT score. Our study has shown that for NI applicants to QUB medical school, postcode /socioeconomic background accounts for only 3 percent of UK CAT score variation. We

have also shown that our admissions process is largely independent of socioeconomic background. However we have demonstrated that the socioeconomic profile of applicants from Northern Ireland to QUB medical school is such that even if every applicant to QUB in 2012 were offered a place in the medical school the number of applicants from least affluent areas would increase by only 9. In conclusion efforts to achieve meaningful WP must be directed at raising aspirations for a career in Medicine within the community.

### [Reflections on a widening participation teaching role April 2017, The Clinical Teacher \(Abstract only\\*\)](#)

The ability to become a doctor should be based on an individual's potential, regardless of factors such as gender, ethnicity or socio-economic group. However, a recent study showed that those from low socio-economic backgrounds remain under-represented in medicine in the UK, and in the USA the Black and African American male population is also under-represented. Widening participation (WP) schemes run by universities aim to remove barriers and compensate for disadvantage, and are important in attracting talented students from under-represented groups onto university courses, particularly medicine.

### [Experiences of medical students who are first in family to attend university August 2016, Medical Education \(NHS OpenAthens required\\*\)](#)

Students from backgrounds of low socio-economic status (SES) or who are first in family to attend university (FiF) are under-represented in medicine. Research has focused on these students' pre-admission perceptions of medicine, rather than on their lived experience as medical students. Such research is necessary to monitor and understand the potential perpetuation of disadvantage within medical schools. Objectives: This study drew on the theory of Bourdieu to explore FiF students'

experiences at one Australian medical school, aiming to identify any barriers faced and inform strategies for equity. Methods: Twenty-two FiF students were interviewed about their backgrounds, expectations and experiences of medical school. Interviews were recorded, transcribed and analysed thematically. Findings illustrate the influence and interaction of Bourdieu's principal forms of capital (social, economic and cultural) in FiF students' experiences. Results: The absence of health professionals within participants' networks (social capital) was experienced as a barrier to connecting with fellow students and accessing placements. Financial concerns were common among interviewees who juggled paid work with study and worried about expenses associated with the medical programme. Finally, participants' 'medical student' status provided access to new forms of cultural capital, a transition that was received with some ambivalence by participants themselves and their existing social networks. Conclusions: This study revealed the gaps between the forms of capital valued in medical education and those accessible to FiF students. Admitting more students from diverse backgrounds is only one part of the solution; widening participation strategies need to address challenges for FiF students during medical school and should enable students to retain, rather than subdue, their existing, diverse forms of social and cultural capital. Embracing the diversity sought in admissions is likely to benefit student learning, as well as the communities graduates will serve. Change must ideally go beyond medical programmes to address medical culture itself.

### [The future landscape of medical training and practice in the UK March 2016, Hematology](#)

Haematology exemplifies the changing world of laboratory and clinical medicine, embracing cutting 21st century technology with sophisticated analytical platforms that deliver rapid, cost effective and high quality diagnostics, enhancing patient care

pathways. Modern haematology appears far from the original discipline. With an ever increasing focus on the management of haematological disorders, haematologists can now utilise dual clinical training in medicine and pathology to deliver an increasingly complex service, with subspecialisations including transfusion, coagulation and haemoglobinopathies. Such developments have allowed a holistic, patient-centred approach, whilst delivering world class outcomes in both treatment and research. Workforce: In September 2014, the Health and Social Care Information Centre indicated that there were 768 whole time equivalent Haematology consultants employed in the NHS. In recent years, this number has grown an average of 2% per year, (slower than the average medical specialty), and this increasingly complex service requires the development of more than just the medical field. The scientific laboratory workforce must now acquire skill sets such as bio informatics and genomics, gained, for example, through 'Modernising Scientific Careers,' a programme that provides a clear pathway for clinical scientists through the levels of BSc, MSc, and the recently developed Doctorate, allowing the development of knowledge and skills to consultant level. The introduction of science apprenticeships will also allow bands 2 to 4 staff to develop skills that complement the clinical science workforce and allow individuals a framework to progress to professional clinical scientist training if they wish. Such entry also supports our 'widening participation' agenda in this exciting and fast developing workforce. Cancer: Genome-based diagnostics is a rapidly developing field that affects the delivery of haematology services. Cancer treatment is at the forefront of benefiting from this advancement, as genetic tests stand to significantly improve cancer diagnoses and influence treatment decisions, thus curriculums will move to reflect these advancements. As such, HEE will continue to take forward relevant recommendations set out in the Independent Cancer Task Force (CTF) report<sup>1</sup>, which focuses on effective

prevention, earlier diagnosis; informed choices and convenient care; access to treatments with minimal side effects, holistic support and quality of life (including end of life). Furthermore, in 2016/17 HEE will scope the development of a pathology workforce to ensure that future training needs and quality management issues are aligned with the NHS strategic vision and cancer plan deliverables<sup>2</sup>. 7DS: One of the ten clinical standards that contribute towards the implementation of 7 day services focuses on access to diagnostics. High quality haematology services are pivotal to this, but these are not without cost. Overall, pathology services cost the NHS an estimated 2.5 billion per annum, of which the single largest element is the workforce<sup>3</sup>. Diagnostic laboratory equipment is also a significant capital investment for the NHS, thus it is imperative that they are run efficiently. NHS laboratories already provide a 7 day service, so with a greater emphasis on the drive to integrate diagnostics into primary care, further improvements to patient care will be achieved.

### Medicine and Dental

#### [A successful widening participation model for medical admissions May 2021, Medical Education \(Abstract only\\*\)](#)

There is a dearth in entry of individuals from disadvantaged and under-represented backgrounds into professional careers and higher education, and this disparity is particularly pronounced in statistics on entrance into medical school. Those coming from affluent regions with higher POLAR (participation of local areas) scores and from selective or private schools are over-represented in intake into the medical school cohort, emphasising the need for widening participation groups. The organisation known as SAMDA (Student Assisted Medical and Dental Applications) is a volunteering group within Queen Mary University of London aiming to increase entry of disadvantaged individuals into medical or dental schools. Tower Hamlets, the

borough in which SAMDA operates, had one of the highest Income Deprivation Affecting Children Indices (IDACI) and a large proportion of pupils in receipt of free school meals, 37.3% compared with the national average of 14.1%.

### [Do high tuition fees make a difference? Characteristics of applicants to UK medical and dental schools before and after the introduction of high tuition fees in 2012 February 2017, British Dental Journal \(NHS OpenAthens required\\*\)](#)

To compare trends in the volume, socio-demography and academic experience of UK applicants and entrants to medicine and dentistry in the UK with university in general, before and after the major increase in university fees in England in 2012. Methods Descriptive trend analyses of University and College Admissions Services (UCAS) data for focused (preferred subject was medicine or dentistry) and accepted applicants, 2010-14, compared with university in general in relation to socio-demography (age, sex, ethnicity, POLAR 2, region) and academic experience (school type). POLAR2 data provide an indication of the likelihood of young people in the area participating in further or higher education. Results In 2012 the volume of applicants to medicine and dentistry fell by 2.4% and 7.8% respectively, compared with 6.6% for university overall. Medical applications remained buoyant and by 2014 had risen by 10.2% from 2010 to 23,365. While dental applications fell in both 2012 and 2013, they had increased by 15.6% to 3,410 in 2014, above 2010 levels. Females formed the majority of applicants, and admissions, with the proportion gaining admission to dentistry in 2014 reaching an all-time high (64%), exceeding medicine (56%), and university in general (56%). Mature admissions to dentistry were at their highest in 2010 (29%) falling to 21% in 2014, compared with 22-24% in medicine. Black and minority ethnic group admissions to university, although rising (24% in 2014), are still less than for medicine (34%) and dentistry (48%). In 2013, just over half of

the students admitted to dentistry were from BME groups (51%) for dentistry. Among UK applicants <19 years, over 60% of applicants, and 70% of accepted applicants, to medicine and dentistry are from the top two POLAR2 quintiles representing areas of high participation in education; however, in 2014 there was a notable increase in the proportion of applications from the lower two quintiles to dentistry (19%) and medicine (20%), with a very modest increase in those gaining admission over 2012 (14% of both; cf 10% and 12% respectively). Discussion The findings suggest that the short-term impact of the 2012 rise in fees had a greater influence on the volume and nature of applicants to dentistry than medicine, and that both programmes are gaining in popularity, despite high fees and reduced places. Dentistry remains particularly attractive to Asians, and females, the latter forming an increasing majority of students. While there is some recovery, social inequalities exist and present a challenge for widening participation in the professions.

## Midwifery

### [Providing a civic partnership opportunity for primary school children to explore maternity care and perinatal health using a social pedagogy December 2018, MIDIRS Midwifery Digest](#)

This paper sets out two frameworks for organising and delivering a university-based widening participation event for primary school children and their families. The first, a civic partnership, shows how midwives work collaboratively with the wider community. Advocates of community collaborations identify the influence of civic partnerships on informal learning and enlightenment. Secondly, the use of a social pedagogy to inform the approach addressed ethical considerations and the cognitive abilities of young children with pregnancy and childbirth knowledge. A review of related literature gave a broad range of interpretations for a social pedagogy. We identified a

protective social pedagogy structure which situates age-related and curiosity-driven learning from the child's perspective. The application of the two frameworks shows how midwives as educators are ideally placed to facilitate maternity and perinatal health learning, in alternative populations.

### Nursing

#### [The Collaborative Targeted Outreach Programme \(CTOP\): A Feasibility Intervention to Increase the Recruitment of "Home Grown" South Asians onto Nursing and Midwifery Courses August 2021, Diversity and Equality in Health and Care](#)

UK 'home grown' (born and/or socialised in Britain) South Asians (Pakistanis, Bangladeshis and Indians) are underrepresented in the NHS nursing and the allied health workforce but there is a dearth of evidence on documented interventions specifically designed for targeted widening participation activity for South Asians. Despite a range of inclusive outreach activities taking place at the University of Bedfordshire (UoB) which has its main campus in Luton, a culturally diverse town located in the South East of England, South Asian prospective students are underrepresented in applications and attendance at the nursing and midwifery summer school. This paper presents the details of the design, delivery and evaluation of the Collaborated Targeted Outreach Programme (CTOP) which is a feasibility intervention aimed at improving the knowledge, perceptions and status of nursing and midwifery among the South Asian community in Luton and increasing numbers of 'home grown' South Asian students on nursing and midwifery courses at the UoB. Methods: The CTOP intervention encompassed a young people's and community outreach event. The outreach events included break-out discussion workshops designed to de-mystify nursing and midwifery, a debate and a multilingual theatre performance of

the barriers and enablers to choosing nursing and midwifery as a course or career option and career journey' presentations from peer mentors and role models. The outreach events were evaluated. Results: The design and delivery of the CTOP intervention was effective in meeting the aim of improving the knowledge, perceptions and status of nursing and midwifery among the CTOP participants. All participants had positive views about attending the CTOP outreach events and reported it was a good experience. Conclusion: The CTOP intervention has demonstrated that there are feasible culturally competent approaches that could be adopted to widening participation in the NHS workforce via the UK's 'home grown' diverse population. In fact, there is no reason not to consider the CTOP approach for other workforce areas within the public sector. What is clear is that CTOP is underpinned by genuine community engagement and empowerment, which requires dedicated skills, time and resources to ensure that diversity and inclusion in the NHS workforce becomes more of a reality rather than rhetoric.

#### [Interventions to Widen Participation for Black and Asian Minority Ethnic Men into the Nursing Profession: A Scoping Review April 2020, Diversity and Equality in Health and Care](#)

The United Kingdom government has recognised the need to increase the number of qualified nurses as well as diversify the nursing workforce. Men are underrepresented in nursing alongside specific minority ethnic groups. Evidence shows that increasing workforce diversity leads to improvements in cost management, health outcomes and contributes towards increasing cultural competency in the workforce. Widening participation interventions have been devised to encourage underrepresented groups into the workforce, but little is known about the specific interventions for groups such as Black and Asian minority ethnic men. This paper reports the findings of a scoping review aiming to identify specific interventions to widen



participation for Black, Asian and minority ethnic men into the nursing profession in the United Kingdom. Methods: A scoping review methodology was implemented, following the Arksey & O'Malley, (2005) framework. A key word strategy was used, implementing population, profession, intervention intention and region. Results: No specific interventions for Black and Asian minority men were identified meeting the pre-determined inclusion criteria. However, five studies that considered widening participation interventions more generally were identified as worthy of further analysis. Conclusion: There is a lack of rigorously researched and reported interventions aimed at widening participation into nursing for Black and Asian minority ethnic men. We do not know the effectiveness of any interventions aimed at this group, as they have not been appropriately evaluated. This review is of benefit to policy makers, those who commission interventions around workforce diversity and nurse recruitment. This review suggests that future widening participation interventions should be appropriately targeted, implemented and evaluated so that others can build on well evidenced good practice.

### [Maintaining student enrolment after the removal of bursaries](#) July 2018, Nursing Times (Abstract only\*)

The current academic year - 2017/18 - is the first after the removal of the NHS bursary for undergraduate nurse education fees. There was widespread concern that the removal of bursaries would lead to fewer applications for nursing courses, particularly from older students, those of lower socioeconomic status, and black and minority ethnic students. So far this has not been the case at the University of Derby, where enrolment of first-year undergraduate students in adult nursing and mental health nursing has seen healthy increases. This article presents the university's enrolment figures over the last three years and discusses its approach to attracting students and widening participation.

### [Widening participation in nurse education: An integrative literature review](#) December 2017, Nurse Education Today

Widening participation into higher education is espoused within educational policy in the UK, and internationally, as a mechanism to promote equality and social mobility. As nurse education is located within higher education it has a responsibility to promote widening participation within pre-registration educational programmes. It could also be argued that the profession has a responsibility to promote equality to ensure its' workforce is as diverse as possible in order to best address the health needs of diverse populations. OBJECTIVES: To undertake an integrative review on published papers exploring Widening Participation in undergraduate, pre-registration nurse education in the UK. DESIGN: A six step integrative review methodology was utilised, reviewing papers published in English from 2013-2016. DATA SOURCES: Search of CINAHL, Education Source, MEDLINE, PsycINFO, SocINDEX, Science Direct, Business Source Complete, ERIC, British Library ETOS, Teacher Reference Centre, Informit Health Collection and Informit Humanities and Social Science Collection which highlighted 449 citations; from these 14 papers met the review inclusion criteria. REVIEW METHODS: Both empirical studies and editorials focusing upon widening participation in pre-registration nurse education in the UK (2013-2016) were included. Papers excluded were non UK papers or papers not focussed upon widening participation in pre-registration nursing education. Research papers included in the review were assessed for quality using appropriate critical appraisal tools. RESULTS: 14 papers were included in the review; these were analysed thematically identifying four themes; knowledge and identification of WP, pedagogy and WP, attrition and retention and career prospects. CONCLUSIONS: Whilst widening participation is a key issue for both nurse education and the wider profession there is a lack of

conceptualisation and focus regarding mechanisms to both encourage and support a wider diversity of entrant. Whilst there are some studies, these focus on particular individual widening participation groups rather than a wider strategic focus across the student lifecycle.

[Widening the educational capabilities of socio-economically disadvantaged students through a model of social and cultural capital development](#) December 2017, *British Educational Research Journal*

Widening participation programmes aim to increase the progression of students from low socio-economic status (SES) groups to higher education. This research proposes that the human capabilities approach is a good justice-based framework within which to consider the social and cultural capital processes that impact upon the educational capabilities of young people from low SES groups. It presents a case study which examines the developing capability set of Irish students from a representative sample of schools participating in a university-based widening participation outreach programme aimed at increasing social and cultural capital constructs. Qualitative analysis is presented from four schools; four student focus groups with 22 student participants, and 15 individual student interviews. Findings focus on the developing capabilities of autonomy, hope, voice and identity, as well as on the relationship between specific widening participation activities and the developing capability set. The findings highlight the development of college-focused knowledge and how this impacts upon students' aspiration to participate in higher education. The idea of 'widening capability' is discussed in relation to the potential of the capability approach to contribute an additional dimension to a mainly neoliberal policy rhetoric, which emphasises the market value of higher-education participation. In doing so, it explores how widening participation activities can influence the widening capability set

of low SES students, and its relationship with what the students deem to be 'a life of value'.

[Working towards widening participation in nurse education 2016](#), *British Journal of Nursing*

The widening participation agenda has particular significance for worldwide nursing since it is a profession which is under increasing scrutiny in its recruitment and retention practices. Debate about this agenda within nurse education is strengthened by careful scrutiny of the research within the wider context of higher education, some of which challenges commonly held assumptions. This paper examines four areas of relevance to the UK widening participation agenda: disability, ethnicity, socioeconomic status and family responsibilities. Taken together, they indicate that nurse education operates within a particularly complex context with some important implications for the future design of pre-registration programmes. These complexities should be debated in depth by educational commissioners and providers, in tandem with regulatory bodies.

[Retention and academic performance of undergraduate nursing students with advanced standing: A mixed-methods study 2016](#), *Nurse Education Today* (NHS OpenAthens required\*)

Undergraduate nursing students enter university through a variety of pathways. For some students, this includes the granting of advanced standing based on recognition of prior qualifications. The impact of advanced standing on nursing students' transition, retention and success at university is not well understood. The aim of this study was to examine the retention, academic success and experiences of students who commenced their undergraduate nursing studies with advanced standing. A sequential exploratory mixed-methods design was used in this study, which involved undergraduate nursing students enrolled at a multi-campus university in Australia.

Nursing students who enrolled in 2014 and did not opt out of program level research were included in the study. Students with advanced standing were older (mean 31.6 versus 25.8 years,  $p < 0.001$ ) and more likely to discontinue their studies at the end of semester one (97% versus 95%,  $p = 0.015$ ) than standard-entry students. Advanced standing was also shown to be an independent predictor of low GPA [OR: 1.69 (95% CI: 1.06 to 2.69)]. Most students with advanced standing commenced directly into second year (45%) missing first year student connections and programs. Students reported feeling apprehensive, forgotten and ill-prepared for the expectations of university. Some showed significant strength and resilience while others were struggling to cope with the workload with minimal knowledge or understanding of supports available to them. The widening participation agenda is a commendable strategy; however, students who enter university with advanced standing need targeted support to promote their transition, retention and success at university.

### Nursing and Midwifery

[Barriers and Enablers for UK 'Home Grown' South Asian Prospective Students Choosing Nursing and Midwifery Courses and Careers](#) 2018, *Diversity and Equality in Health and Care* UK 'home grown' (people of South Asian ethnicity, born or socialised in Britain) South Asian (Pakistanis, Bangladeshis and Indians) are underrepresented in the NHS nursing and the allied health workforce. One of the key goals of Health Education England's (HEE) national framework- Widening Participation-It matters! is to increase understanding and evidence on the specific needs of underrepresented groups as they apply, commence and progress on healthcare courses and careers. There is a dearth of evidence on the views of UK 'home grown' South Asian prospective students. This study aimed to explore UK 'home grown' South Asian students views

on the barriers and enablers to choosing nursing and midwifery courses and progressing into healthcare employment. Methods: A total of nine focus groups were conducted. Four focus groups in two schools/colleges in the town of High Wycombe ( $n=28$ ) and five focus group discussions in two schools/colleges in Luton ( $n=27$ ). Results: The main themes emerging for barriers to choosing nursing and midwifery courses and careers were: limited personal, parental and community knowledge influencing perceptions of nursing and midwifery, the role of religion and culture, gender roles-'not man's work', the end of NHS bursaries and racial and religious discrimination. The main themes for enablers were presented as: good information available on applying for nursing or midwifery courses and suggestions on how to widen participation for South Asian groups. Conclusion: To increase numbers of UK 'home grown' South Asians on nursing and midwifery courses and in healthcare employment, targeted interventions that raise the profile and status of nursing in the South Asian community should be designed and delivered.

### Pathology

[Student authored e-learning in pathology teaching: Widening participation in pathology learning among clinical students](#) April 2019, *Journal of Pathology* (see page 9 of the linked PDF) Time is a significant limiting factor in the delivery of clinical pathology teaching. Supplementary reading can be used to complement instructor-led teaching. However, data from our Virtual Learning Environment (VLE) suggests that students are reluctant to engage with traditional resources such as textbooks and papers. There is increasing awareness of the role of e-learning in medical education, and the advantages of e-learning are well established. Preliminary e-learning modules received excellent student feedback, but required a significant amount of faculty members' time to produce. Student authored faculty-

supervised e-learning was suggested as an alternative. aims: Determine the efficacy of e-learning modules, as opposed to traditional resources, as aids to lecture-based clinical pathology teaching. Explore the potential benefits of e-learning authorship for students. Method(s): Two e-learning modules were created by year 5 medical students using Xerte™ software under the supervision of a specialist consultant. The modules were published on the VLE to accompany pathology teaching as pre- and post-lecture activities. Student feedback was collected using survey-monkey software and usage statistics were generated by our VLE. Result(s): Students became skilled in the use of e-authoring software and had an opportunity to learn about an area of pathology in detail. Usage statistics showed a significant increase in the numbers of users accessing material compared to the previous year. 34/34 students providing feedback rated the pre-session e-learning as being highly educational and 85% of this cohort indicated a preference for e-learning over traditional reading resources. Conclusion(s): We found that this student led e-learning out-performed traditional supplementary reading resources and suggest that the student-led aspect offers additional benefits both to the authors and the wider student community and increases student engagement with pathology.

### Pharmacy

[BAME ambassadors: A model to engage students from a minority background? January 2021, British Journal of Pharmacology \(see page 74 of the linked PDF\)](#)

The University of East Anglia introduced a BAME ambassador scheme in 2019. This scheme was championed by the student union and involved four different schools across different faculties. Building on the work with widening participation students, the School of Pharmacy was chosen as one of the participating schools. For this project we received funding to

employ two ambassadors who were paid part time for 5 months to work on different projects. From an open call to all students, we invited interested students for an interview. The students employed represented different ethnic minorities and were on different degree programs, which made the scheme more inclusive for all students in the school. Method/Summary of work: The students met with the school lead on a regular basis to discuss ideas and thoughts for the projects. This initiative was student-led by design. The student union played a role in supporting the students via training events. The ambassadors created the idea of a "BAME Get Together" that allowed students to come and voice their opinions, concerns and overall feelings on topics such as their course, their time at university, the support system within their course and the school and more. Results/Discussion: One of the main outcomes of the discussion was a reluctance of students to contact staff. While most students recognised that staff were readily available to help them if they needed help, they were hesitant to approach staff members with questions as they didn't know when they'd be in their offices or they felt like their questions were too overwhelming to be answered in a short session. Interestingly the opinions were split between male and female BAME students about whether or not being a BAME student meant that they may tend to receive differential treatment or feel disadvantaged compared to their white counterparts. While most males agreed with this more females tended to disagree, citing other BAME women as their own competition/inspiration while believing that they could still achieve what they set their hearts to doing. Conclusion(s): Having a student led scheme allowed for an interaction with students, who might not feel comfortable to engage with staff directly. Giving students from a BAME background a voice can be a powerful tool for change.

[Widening participation: Evaluation of Steps-2-Pharmacy & Pharmaceutical Science and its impact on applications to](#)

[university 2018, Pharmacy Education \(see page 23 of the linked PDF\)](#)

Introduced in 2017 for Year 12 students from Widening Participation (WP) schools, Steps-2-Pharmacy & Pharmaceutical Science (S2PPS), a four-day programme of micro-lectures, workshops and laboratory practicals, aimed to increase university applications from WP students, with the objectives of increasing participants' awareness of career opportunities within each profession, and experience of university-style teaching. WP aims to 'double the proportion of young people from disadvantaged backgrounds in higher education' (OFS, 2018). S2PPS targets Stoke-on-Trent, where only 13% of 'disadvantaged' students went in to higher education in 2012 (BIS, 2015). At present, there is no published research into pharmacy-specific WP activity. Twenty-one students participated in S2PPS in 2017, and 22 in 2018. This evaluation aimed to establish whether S2PPS met its aims and objectives. Method(s): Students attending one or more sessions were emailed an invitation to complete an evaluation questionnaire composed of Likert rating scales and free-text questions relating to intention to apply to university, interest in a career in pharmacy or pharmaceutical science, views on S2PPS and strengths and opportunities for the programme. Students' views before and after participating in S2PPS were solicited. The questionnaire was hosted online as a Google Form and completed anonymously. Responses were analysed using simple statistics and a basic thematic analysis of free-text questions. Result(s): Of the 43 students to participate in S2PPS, seven students (16%) have applied to this University. Nine students (43%) completed the evaluation in 2017, and ten (45%) in 2018. Combined, 100% (19) of respondents felt S2PPS had increased their knowledge of the roles of the pharmacist and 89% (17) felt they understood university-style teaching better. Free-text comments showed lab sessions to be popular, with students recommending more practicals would

improve the experience. Conclusion(s): S2PPS successfully met its aim, seeing seven participants apply to the University, with the 2018 cohort not due to apply until October 2018. Application to other universities was not studied, but could be assessed in future evaluations. An additional pharmaceuticals-related lab is under consideration for 2019.

### Higher Education

[Paying the widening participation penalty: Racial and ethnic minority students and mental health in British universities December 2021, Analyses of Social Issues & Public Policy](#)

Racial and ethnic minority (REM) students are more likely to experience poor mental health than their White peers yet are less likely to seek help from university counseling services. In attempting to explain this puzzle, the role of environmental factors are rarely explored, despite evidence which suggests that the university environment is itself a major factor. Here, I take a qualitative paired comparison approach to examine the influence of the university environment on the mental health and help-seeking attitudes of REM undergraduate students, evaluating their experiences at a Russell Group university (RGU) with low REM participation and a neighboring non-Russell Group university with high REM participation. While both universities declared a commitment to widen participation and promote inclusion for REM individuals, semi-structured interviews with 48 REM students reveal that feelings of isolation and the experience of discrimination were heightened at the RGU. However, students at both universities described having to navigate a "minefield" of racial microaggressions and "othering." Further, these environmental pressures are compounded by personal factors (i.e., prior help-seeking experiences, cultural norms, and family pressures). Together, these factors largely influence both their mental health and their help-seeking attitudes. I argue that these factors create a

widening participation penalty for REM students and suggest that support for these students must go beyond initial acts of increasing diversity on campus (for example, through Widening Participation schemes). Rather, efforts should focus on addressing and reforming the institutional environments and behaviors that hinder university campuses from becoming truly inclusive and mentally healthy environments.

[Optimising the impact of a multi-intervention outreach programme on progression to higher education: recommendations for future practice and research July 2021, Heliyon](#)

Despite substantial financial commitment to widening participation activities internationally, robust evidence demonstrating 'what works' in facilitating disadvantaged learners to access Higher Education (HE) is remarkably sparse. Much effort has been directed at measuring immediate post-intervention changes in the aspirations, attitudes and behaviours thought to drive access to HE, rather than actual access itself. Here, we present an innovative quasi-experimental study of a multi-intervention outreach programme (UniConnect) consisting of 1,386 learners from the Aimhigher West Midlands database whose HE application results were known, while controlling for multiple variables, including estimates of deprivation. The results showed that any engagement with UniConnect, no matter how limited, was associated with an improved chance of achieving a place in HE, but the type of engagement, the extent of engagement and the combination of types of engagement all mattered. The more learners engaged with UniConnect, the greater were their chances of HE acceptance, but the benefit of each additional engagement beyond five or six engagements was small. To our knowledge, these findings are the first to indicate the number, type and combinations of interventions that are most effective in supporting progression to HE. These results therefore have

important implications for future practice, enabling funding for such work to be used for optimal impact. Furthermore, we found large differences in success between schools, even when controlling for several other variables; a finding which has important implications for future evaluation research.

[‘so we beat on, boats against the current, borne back ceaselessly into the past’: Legacy, care leavers and university study December 2020, Journal of Youth Studies \(Abstract only\\*\)](#)

International research reveals underrepresentation and problems of retention, amongst care leavers in higher education, are universal. Drawing upon qualitative research in England, we highlight legacy as an under-explored and double-edged feature of care leavers' motivations to enter and persist in university study. While restricting access to the propulsive power of material resources, in the context of a widening participation policy mandate, our interviewees' care experiences also shaped an 'orientation framework' providing a strong desire to 'prove people wrong' through study. Supporting this orientation were examples of significant other relations; but interviewees' linked lives also meant the past could resurface in the present, resulting in strong emotional reactions. These could threaten orientation to university study by undermining self-reliance and fragile mental health. As the problem of care leavers' retention occurs across different higher education systems with varied structural and cultural specifics, it appears to transcend such issues. We conclude further study of the nuanced issue of legacy may help better elucidate the problem of retention and we advocate for 'corporate parenting' moving beyond an objective list approach to well-being.

[The effectiveness of learning analytics for identifying at-risk students in higher education September 2020, Assessment & Evaluation in Higher Education \(Abstract only\\*\)](#)

In this article we investigate the effectiveness of learning analytics for identifying at-risk students in higher education institutions using data output from an in-situ learning analytics platform. Amongst other things, the platform generates 'no-engagement' alerts if students have not engaged with any of the data sources measured for 14 consecutive days. We tested the relationship between these alerts and student outcomes for two cohorts of first-year undergraduate students. We also compared the efficiency of using these alerts to identify students at risk of poorer outcomes with the efficiency of using demographic data, using widening participation status as a case study example. The no-engagement alerts were found to be more efficient at spotting students not progressing and not attaining than demographic data. In order to investigate the efficacy of learning analytics for addressing differential student outcomes for disadvantaged groups, the team also analysed the likelihood of students with widening participation status generating alerts compared with their non-widening participation counterparts. The odds of students with widening participation status generating an alert were on average 43% higher, demonstrating the potential of such a system to preferentially target support at disadvantaged groups without needing to target directly based on immutable factors such as their socio-economic background.

[Socioeconomic Disparities in Unmet Need for Student Mental Health Services in Higher Education April 2020, Applied Health Economics and Health Policy \(NHS OpenAthens required\\*\)](#)

Mental health problems are highly prevalent among college students in many countries. However, evidence suggests that many at-risk students do not receive professional help. OBJECTIVE: We aimed to understand which students are most likely to have unmet need for mental health services. Given increasing and widening participation in higher education, we focused attention on disparities by socioeconomic background.

METHODS: We analysed data from a recent survey of over 6000 students enrolled in higher education in Ireland. Using three separate measures of mental health problems, namely stress, anxiety, and depression, we developed and modelled an indicator of unmet need. RESULTS: We found that students from the lowest social class and students with the greatest difficulty in making ends meet have higher rates of unmet need overall, but that these disparities disappear once we control for mental ill-health. For those with mental health problems, unmet need is shown to be independently higher for students who are younger, male, heterosexual, and studying for a Ph.D. We also found a strong independent association between unmet need and self-stigma, as well as considerable differences in unmet need across institutions. CONCLUSION: Socioeconomic disparities in unmet need are driven by higher rates of mental ill-health among those from lower socioeconomic backgrounds. Our findings have implications for the targeting of services, as well as the provision of information about mental health and associated services.

[Mature students' journey into higher education in the UK: An interpretative phenomenological analysis March 2020, Higher Education Research & Development](#)

This article reports on issues of diversity in the context of widening participation in global higher education (HE). Mature students represent a third of the HE student population in Australia, Canada, UK and the USA. More research is needed to understand factors that can facilitate or hinder access to HE for this group. The aim of this study was to examine factors that a small group of mature students perceived influenced them as they made the decision to take up HE. Six undergraduate students at a British university who were on track to finish their studies took part in semi-structured interviews. All participants were white and from families with no previous experience of HE. Mean age was 42.7 years (range 35–51), and 50% were

female. The interviews were analysed using Interpretative Phenomenological Analysis. Through using phenomenological analysis to analyse perceptions of changing motivation and goals during the decision-making process to take up HE, a detailed understanding of the complexity of these change processes was obtained. The analysis offers evidence that mature students experience far-reaching personal and social changes related to their decision to enter HE and adds a novel understanding of these identity-changes. This new insight is of fundamental importance to the field because the novel understanding of mature students' meaning-making could be used to tailor interventions to facilitate access to HE for mature students.

### [Accelerated two-year degrees in the UK: potential impact on student mental health](#) January 2020, *Journal of Public Mental Health*

The purpose of this paper is to examine the ramifications of accelerated two-year degrees for student mental health. Since it was legislated in early 2019 in the UK, there has been limited debate in academia and among policymakers about the potential viability and risks of the compressed degree programmes. Design/methodology/approach: The paper is based on an analysis of various academic and practitioner viewpoints as well as theoretical perspectives. Findings: The paper found a mixed reception of the compressed degree programme among the academic and practitioner communities. In addition to apprehensions about the quality of education, there are concerns raised about the impact of the pressure deriving from the workload of the accelerated degree. The authors' assessment considers a potential increase in stress and other more acute state of mental health degradation among students, especially international students, as well as students with families. Originality/value: This policy analysis paper makes a significant contribution to the debate on the issue of

two-year degrees that has not attracted academic scrutiny commensurate with its importance. The authors conclude that two-year degrees will have far-reaching ramifications, locally and internationally as the UK continues to push for its widening participation agenda as well as maintain its position as one of the top three destinations for international students. The authors suggest that wider discussions with stakeholder and some impact studies are needed before the accelerated degrees are further popularised in universities.

### [University-school mentoring to support transition into and out of higher education](#) 2019, *Psychology Teaching Review*

The article describes a university-school mentoring program to support transition into and out of higher education. Mentoring between psychology undergraduate students and A-level psychology pupils, from widening participation (WP) backgrounds, was run as action research over four academic years. The key aims were to support potential new university students' transition into higher education (HE) and current students' transition out of HE into work or further study. Benefits included significant increases in mentors' employability skills and career-related goal achievement, reported gains for mentees in insight into going to university, knowledge of psychology, and academic skills, and links between the university and local schools. Challenges included difficulties in scheduling, the time demands involved, keeping the opportunity accessible, and working effectively with student mentors and RAs. University-school mentoring can effectively support undergraduates' employability whilst benefiting potential new students, but having more than one coordinator is recommended.

### [Evaluating the impact of the Academic Enrichment Programme on widening access to selective universities: Application of the](#)



[Theory of Change framework December 2019, British Educational Research Journal](#)

Evaluating the impact of widening participation interventions can be challenging. This article discusses some of the difficulties in attributing change to complex widening participation interventions and suggests that the Theory of Change (ToC) approach can address some of these challenges by evidencing the contribution interventions have made to observed outcomes and longer-term impact. This article sets out the application of a ToC approach as a framework to plan and design the evaluation of the Academic Enrichment Programme (AEP) at the University of Birmingham, which aims to support under-represented students secure places at selective universities. The evaluation sought to explore the extent to which the programme impacted on students' academic aspirations, motivation, attainment and progression to selective universities. It presents the findings of the evaluation, which combined the ToC with a mixed methods longitudinal design spanning six cohorts of students. Qualitative and quantitative data were collected to track students' progress across their engagement with the programme and into higher education. The results suggest that the ToC programme was largely verified. The AEP seems to promote academic attainment, with AEP students outperforming national and regional benchmarks. The AEP also appears to increase entry rates to Russell Group universities for disadvantaged students, however, the effect seems to be greater when combined with alternative offers. This article demonstrates the value of the ToC approach in strengthening both the evaluation design and the contribution claims of the observed results to the widening participation intervention.

[Book Review: The rhetoric of widening participation in higher education: ending the barriers against disabled people July 2019, Disability & Society](#)

The Rhetoric of Widening Participation in Higher Education: Ending the Barriers Against Disabled People offers a critical and analytical investigation into the institutional exclusion and oppression of disabled people within higher education, specifically focusing on individuals who have been medically labelled with learning difficulties. Using a postmodernist and social justice framework or ideology, the book, which is split into nine concise chapters, goes on to directly challenge and decode the hegemonic binaries surrounding ability and disability in order to construct a possible intervention strategy for promoting inclusion. As such, the book not only directly affirms the disability identity and true lived experiences of disabled people, but also advocates for a much-needed universal and egalitarian framework and with it the true celebration of difference and diversity.

[Interactive statistics for a diverse student population June 2019, Open Learning \(Abstract only\\*\)](#)

Students from many different subject areas are required to study statistics as part of their qualification. The Open University developed a statistics module which could simultaneously be studied by students from a variety of different disciplines, by engaging them with topics which are of interest to everyone, namely money, education and health, rather than being based in the student's own discipline. The module attracts students from a wide variety of backgrounds and has one of the highest retention and pass rates of any OU module at level one. In addition, it has succeeded in successfully teaching a highly visual subject, which includes a wide range of online resources, to all students, including widening participation priority groups. It is hoped this can provide a model for other large service teaching courses, together with providing career and professional development for professional bodies.

### [Academic identity, confidence and belonging: The role of contextualised admissions and foundation years in higher education](#) June 2019, *British Educational Research Journal*

This article presents a cross-national exploration of responses to widening participation (WP), with a specific focus on the provision of foundation year (FY) programmes and the use of contextualised admissions (CA) in selective Irish and UK institutions. There remains a dearth of research on these routes, with little understanding of the characteristics of students who utilise them, of why students use these routes and little knowledge of their effect on students' experiences in university and their overall sense of belonging. A year-long longitudinal comparative case study design examined three alternative entry routes in two selective higher education institutions (HEIs) in England and Ireland: a well-established FY; a newly formed FY; and a CA pathway. Data were collected through a mixed-method approach. Questionnaires and in-depth focus groups were employed at fixed points with participating students in each route. Results indicated that FY students had lower levels of familial educational history and parental occupation. FY students' sense of belonging significantly increased over the year, with students reporting increased confidence and sense of belonging due to the relationships established during the FY. CA students' sense of belonging remained the same, with students reporting feeling different and isolated. Results indicate that while students utilising FYs may be 'more disadvantaged' than CA students, their experiences helped establish a sense of belonging; illustrating the need for diverse WP routes catering to a wide range of needs. Results highlight the importance of providing opportunities to develop social and bridging social capital for all non-traditional students.

### [Transforming the Higher Education Experience of Students with Disabilities Through Innovative System Design and Accessible](#)

### [Data Visualisation](#) 2018, *Studies in Health Technology and Informatics*

This paper will outline the systematic approach taken in University College Dublin to ensure that students with a disability are adequately supported and have full and equal access to their chosen college course. UCD were early adopters of the mainstreaming model recognising that specialist services could not adequately support the increasing numbers of students declaring a disability and that a whole college approach was required. This paper describes the opportunistic changes to a student support structure that have consolidated mainstreaming and enhanced supports for students with disabilities in a large Irish university. Giving responsibility to specific roles throughout the college and sharing information in a systematic way ensures that consideration is given to all students with disabilities and not just those who have a visible disability or have the confidence to make themselves known to faculty and other staff. Knowledge of the diversity in the classroom has encouraged faculty to consider Universal Design in the construction and delivery of their courses and pockets of good practice have led to widespread recognition that this approach is not only beneficial to students with disabilities, but the entire student population which is becoming increasingly diverse. The systems we will describe include an integrated student record and Needs Assessment, the use of class lists to share information to target groups and a sophisticated exam reporting system, all of which have led to a streamlined service with minimal administrative requirements. We will also describe the business intelligence tools used to provide a visual representation of Widening Participation data for individual programme areas which ensures that College Principles are cognisant of their progress relative to national targets and where resources should be focused.

### [The effect of schools on school leavers' university participation December 2018, School Effectiveness and School Improvement](#)

This paper considers the role that schools have in determining whether school leavers participate in higher education or not. It examines the association between schools and university participation using a unique dataset of 3 cohorts of all young people leaving maintained schools in Wales. School "effects" are identified, even after controlling for individual-level factors, such as their prior attainment, socioeconomic circumstances, ethnicity, and special educational needs. Schools appear to have a particular "effect" on the likelihood that a young person enters an elite university. However, the findings suggest the concept of a school "effect" on higher education participation is not straightforward – schools appear to have different levels of effectiveness depending on the gender of the young people and the nature of their higher education participation. These findings are considered within the policy contexts of school effectiveness and widening access to higher education.

### [All PhDs are equal but ... institutional and social stratification in access to the doctorate October 2018, British Journal of Sociology of Education](#)

Based on in-depth interviews with doctoral students across different types of English higher education institutions, this study explores existing and perceived barriers to entering doctoral study. Previous research in widening participation and higher education access has neglected this level. Although the PhD is the highest educational qualification, there appear to be quite distinct, classed pathways in access to and through the doctorate corresponding to patterns of institutional stratification. PhD students do not comprise a homogeneous elite; rather, we detect at least three ideal-typical pathways to the doctorate. These pathways illustrate disparities among the community of PhD students, both between and within universities. Marked

differences in funding, facilities and support carry consequences for individual chances of completion and the doctoral experience. Social and institutional stratification appear to work hand-in-hand in determining one's chances for achieving the 'promise' of the PhD, such as secure university employment and similar highly skilled work.

### [Challenging discourses of aspiration: The role of expectations and attainment in access to higher education October 2018, British Educational Research Journal](#)

Raising the proportion of young people from disadvantaged backgrounds progressing to higher education has been a key policy objective for successive governments in the UK since the late 1990s. Often this has been conceptualised as a problem with their 'aspirations', with the solution being seen as the provision of 'aspiration-raising' activities to promote higher education to those thought to have the potential to progress. Recent large-scale studies cast strong doubt on this hypothesis by demonstrating that aspirations are not generally low, that different social groups have similar levels of aspiration and that school attainment accounts for nearly all the differences in participation rates between social groups. This article draws on data from a national project exploring efforts to widen participation across two generations of practitioner-managers in England, focusing on their conceptualisations of the field and their constructions of 'successful' activities. It uses the lens of 'possible selves' (Markus & Nurius, ) to argue that too much policy emphasis has been placed on the aspirations of young people, rather than either their academic attainment or their expectations, which are shaped by the normative expectations of the adults surrounding them. In addition, the more expansive concepts of widening participation that were present a decade ago have become less common, with a shift towards activities with a clear role in institutional recruitment rather than social

transformation. The article concludes with alternative suggestions for policy and practice.

[Perceptions, prejudices and possibilities: Young people narrating apprenticeship experiences](#) September 2018, *British Journal of Sociology of Education*

There is growing international interest in young people's post-compulsory education pathways. In contexts of 'widening participation' as university is increasingly 'normalised', how do young people choose alternative routes into training and employment? While in Britain apprenticeships are a key aspect of government strategy, there are many challenges still associated with these schemes including low pay and inconsistent training. Drawing on longitudinal data from our qualitative research with young people on apprenticeship schemes in London, we use narrative analysis, informed by Goffman's theory of stigma, to explore how young people narrate and navigate the tensions between apprenticeships as opportunities to 'learn while they earn' and university degrees as the prevailing 'gold standard' of achievement and future success. Our findings show that while these young people were aware of the challenges associated with apprenticeships, they used specific rhetorical devices to reclaim the normalcy of their training pathways as 'sensible' and 'mature' choices.

[Deterred by debt? Young people, schools and the escalating cost of UK higher education](#) April 2018, *Journal of Youth Studies* (Abstract only\*)

Popular commentaries lament that reforms to the financing of Higher Education (HE) in the UK will operate as a significant deterrent to HE participation amongst students from less advantaged backgrounds. This view of debt as a deterrent is powerful and exists not only at a societal level, but also, as we show, is present in schools. Our data reveal, however, that these 'debt commentaries' play out very differently across

schools according to the nature of their catchment and the sorts of views staff hold about pupils in relation to their fear of debt. Furthermore, students' views on debt largely contradict these popular 'debt-as-deterrent' narratives and instead are often characterised by acceptance, ambivalence and at times positive orientations towards the prospect of debt. These findings vividly illuminate both the regional and institutional specificity of staff and student decision making in relation to 'debt', hence they have substantial implications for HE funding policy specifically and debates about widening participation in HE more generally, where ensuring greater equity in the scope of choices young people have when it comes to choosing a university is a pressing concern.

[Being altruistically motivated: The postgraduate and career motivational orientations of access students at an Irish university](#) October 2017, *Cambridge Journal of Education*

The relative lack of research about postgraduate education, and especially from a widening participation (WP) perspective, is noteworthy in a context of an increasingly expanding and important postgraduate sector internationally. This paper draws on the findings of a study about the 'impact' of WP initiatives at an Irish university, exploring the undergraduate, postgraduate, and employment experiences of two groups of former access students. A mixed-methods research design (employing a self-completion questionnaire sent to all relevant individuals (N = 195), and 26 in-depth semi-structured interviews) was employed. This paper examines these individuals' postgraduate progression in relation to a number of factors, with a particular focus on their views about progression, the programmes pursued, and their related motivational orientations. Many of the research participants were altruistically motivated in their selection of postgraduate programmes and related careers, and this motivational orientation is explored in terms of its genesis and implications in a WP context.

['We're as good as anybody else': A comparative study of working-class university students' experiences in England and Ireland](#) April 2017, *British Journal of Sociology of Education*

This article is based on a comparative study of working-class students' experiences in English and Irish higher education. It highlights the lack of comparative studies on this topic based on qualitative research and why filling this gap is important in understanding access and widening participation. Drawing on biographical interviews with 139 people in a range of elite and non-elite institutions, the article discusses similarities as well as some differences between the data from the two countries in terms of class, identity and how working-class students view and value higher education. It maps out how the research relates to recent debates over social class and outlines the theoretical implications of these findings.

[Experience of disadvantage: The influence of identity on engagement in working class students' educational trajectories to an elite university](#) February 2017, *British Educational Research Journal*

Pervasive socio-economic differences in relation to participation in higher education in the United Kingdom are particularly prominent in the most prestigious institutions. This study provides insight into why some individuals from disadvantaged backgrounds are successful in being admitted into one of these institutions. Underpinned by phenomenology, semi-structured interviews were carried out to examine the lived experiences of high-achieving students from socio-economically disadvantaged backgrounds throughout their educational trajectories from primary school to a Russell Group university. Two main themes emerged from the data: identity and educational engagement. Various sources of disadvantage associated with material hardship, socio-cultural and interpersonal factors were strongly linked to identity and students' perceptions of their own social

status. In turn, these factors and identity-related constructs associated with peer-group memberships, low expectations and negative group stereotypes affected how individuals engaged with education, contributing, for instance, to their lack of active involvement at school/college and poor attendance. However, identity-related factors were also found to influence individuals' educational engagement positively, including their motivations for overcoming obstacles, achieving high grades and pursuing HE. The barriers and facilitators discussed by these individuals have important implications for widening access to HE and thus require further consideration.

[Negotiating the risk of debt-financed higher education: The experience of lone parent students](#) April 2016, *British Educational Research Journal*

Widening participation has opened higher education (HE) to diverse learners, but in doing so has created challenges negotiating situations of disadvantaged positioning compared with peers conforming more closely to the ideal 'bachelor boy' student. As one of the most financially vulnerable groups of students, lone parents occupy a doubly precarious position negotiating the challenges, including financial constraints, of both university participation and raising children alone. Their experiences of HE participation are particularly important to understand as increasing financial precariousness of both studentship and lone parenthood squeezes them further through concurrent rising university fees and welfare cuts. This paper draws on insights from longitudinal qualitative research with 77 lone mothers in England to explore the negotiation of social and economic risks and rewards involved in their undertaking of a debt-financed higher education.

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