COMMENTARY

From policy to practice: Measuring success in widening participation

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Improving diversity within the medical profession is an international priority. Nevertheless, some backgrounds remain underrepresented in medicine. In this issue of Medical Education, Cleland et al describe the complexities of translating widening participation policy into practice. Recognising that establishing policy is only the first step, they explore the process of policy enactment, describing differences between institutions and tensions between new medical schools and their host universities. Cleland et al conclude that context is critical to enacting widening participation policy in a substantive and sustainable way. However, they note that tensions exist regarding the measurement of success. In this commentary, we will explore the indicators of widening participation, discuss how macrolevel policy might be attached to microlevel stakeholders, and consider how to deal with policy failure.

As we have previously highlighted, the indicators of widening participation employed in selection processes varies between institutions. Furthermore, as Cleland et al note, the relative weight given to indicators also differs. The lack of standardisation makes policies hard to evaluate on a national level. Variation across institutions restricts applicants, who may find that their ‘indicator’ does not universally entitle them to a contextual admission. By considering a broad range of indicators as being a single category, we homogenise learners from diverse backgrounds who may have different needs. A native applicant from a socio-economically deprived or care-experienced background will have different experiences to a refugee or asylum seeker.

Cleland et al describe that the universities they studied met policy targets as defined by percentage intake of students. However, it is unclear what indicators of widening participation these students had and no sub-categorisation was reported. What if, for arguments sake, these institutions recruited large numbers of students from areas of socio-economic deprivation, but no refugee or care-experienced students? Yes, intake targets may have been met, but it would be unjust to consider policy successful if a minority population remain excluded. There are implications for equity by using only a single ‘super-category’ of widening participation and not considering more granular demographic data. Furthermore, some applicants will have multiple indicators, which are not just additive but multiplicative. Widening participation is not a one-dimensional issue. Policy must acknowledge the intersectionality of demographic variables if it is to

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have a meaningful impact. We must also exert caution when using intake of students as the measure of success. If a university reports a 40% intake of widening participation students, and half of these later withdraw from programme, this is not success. They may have reached a prescribed policy target, but the rate of non-continuation cannot be overlooked.

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As such, policymakers and medical schools must consider how to measure success in a granular way, and how to connect overall policy to areas of medical education delivery. We will briefly discuss the role of admissions, assessment experts, pastoral care, financial services and programme leadership, giving examples of local policy considerations.

Policymakers and medical schools must consider how to measure success in a granular way.

Admissions teams routinely consider their approach to selection, including deviations from standard academic entry requirements or uplifting pre-application aptitude test scores (e.g. UCAT) for widening participation students. It is relatively straightforward to set a recruitment target and adjust entry requirements. Yet, admission to medical school is not the endpoint of widening participation and recruits face additional challenges transitioning to tertiary education, with differential attainment in examinations and higher non-continuation rates. Assessment experts should monitor attainment gaps throughout medical school and interrogate the causes of such gaps. Pastoral care services, such as counselling and mentoring, are essential. Wellbeing staff may require additional training to allow them to deliver culturally-sensitive support for students from disadvantaged or minority groups, and the uptake rates of services should be measured. Financial issues among widening participation students are relevant to those within finance departments, who may need to assist via bursaries or hardship funds. Ensuring financial support is available is an obvious policy target. Finally, programme leaders should take ownership of the overall policy and lead change. Widening participation students experience less growth in social capital and develop fewer connections while at university, and policy targets for leaders might centre around building a welcoming and inclusive environment. These are examples, and many others are applicable.

So far, we have considered policy in terms of success. In the literature, there has been little discussion about how deal with failure. If recruitment targets are not met, or financial support is inadequate, how should failure be remedied and who should be held accountable? As the newly expanded cohorts of widening participation students progress through medical education, some objectives will probably go unmet. Clear policy goals, tied to pre-agreed measures of success, carefully evaluated through the implementation phase, will offer the best chance to identify what went wrong and how to fix it.

Widening participation has been a priority for at least the last two decades. Now, we are moving into a phase where we must monitor the effectiveness of policy at every level within medical education, building towards a future in which there are more widening participation medical students and doctors than ever before. By carefully considering how to enact policy and measure success (or failure) now, we will increase the chances of success in the future.

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AUTHOR CONTRIBUTIONS
Ashley V. Simpson: Conceptualization; writing—original draft; writing—review and editing. David Hope: Conceptualization; writing—original draft; writing—review and editing.

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