

# Selection in context: requirements for achieving widening participation goals

Eliot Rees<sup>1,2</sup>, Katherine Woolf<sup>1</sup>

<sup>1</sup> Research Department of Medical Education, University College London

<sup>2</sup> School of Medicine, Keele University

Correspondence:

Eliot Rees

e.rees@ucl.ac.uk

Room GF 664, Royal Free Hospital, Hampstead, NW3 2PF

+44 (0) 203 108 6875

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.<sup>1</sup> **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 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 while variability resulting from evidence-based policy-making is appropriate – one size does not necessarily fit all - variability can also result from a lack of knowledge,<sup>2</sup> and that lack of evidence, clarity and transparency can be significant barriers to widening access.

The stated goals of widening access are several and include: utilising the full talent pool of applicants; producing a diverse and representative workforce; improving social mobility; redressing inequalities; social justice; and boosting economic growth. Reflecting local historical, legal, and social contexts and priorities, countries differ in the goals they prioritise and the groups they target.<sup>3,4</sup> For example, former colonies such as Canada and Australia have a strong focus on

increasing participation among indigenous peoples to redress inequalities and create a diverse workforce, whereas in UK the focus is on social mobility. Even within the UK however, medical schools vary in their widening participation goals and how clearly they state them. We believe that **being explicit about their widening participation goals will help medical schools ensure they design policies to meet them**, work out how to prioritise potentially conflicting goals, and how to mitigate against unintended consequences. For example, workforce planning drives medical school widening participation agendas that aim to attract applicants from under-doctored regions and lower socioeconomic groups in the anticipation they will practise in hard-to-fill specialties and locations. While this may achieve the goal of a representative and diverse workforce, it could conflict with the goal of social justice if students from disadvantaged backgrounds are selected to fill the jobs their more advantaged colleagues find unappealing and which confer lower earnings and status.

In terms of approaches to widening access, most countries focus on financial support for applicants<sup>4</sup> whereas in the UK medical schools have long undertaken outreach work to increase aspirations. There is now evidence that the need to meet high grade requirements is the most significant barrier to university for those from the lowest socioeconomic groups in the UK.<sup>5</sup> This together with evidence that **students from non-selective state schools outperform those with equivalent grades from private schools** has resulted in the adoption by most UK universities of 'contextual admissions', in which applicants from particular under-represented (target) groups have a reduced threshold for interview and/or reduced grade offers.<sup>2</sup>

Contextual admissions is controversial, particularly when a cap on places means that admitting more applicants from target groups results in fewer from non-target groups. Providing contextualised offers can be equitable, but to some accustomed to privilege equity can feel like oppression. There is also concern, particularly in medicine, that lower entry requirements results in poorer outcomes. A recent study found medical students from the poorest performing

secondary schools outperformed those with equivalent grades from higher performing secondary schools,<sup>6</sup> and while this can be evidence for using average school performance as a contextual factor in admissions, we have found many medical schools do not use this criterion, or use it in combination with other poorly-evidence criteria. Indeed, our ongoing audit of websites shows **UK medical schools use various criteria to confer eligibility for contextual admissions, or do not provide details.** While evidence about the effectiveness of different criteria for conferring eligibility for contextual admissions is starting to emerge,<sup>8</sup> more is required about the impact that using different criteria has on widening participation in general, and to medicine in particular.

Lack of clear and transparent policies could also act directly as a barrier to access. Consider an applicant whose parents earn less than the national median wage. An unclear contextual admissions policy may mean they do not realise that they are eligible and do not apply. There is still fairly limited evidence on how applicants approach applying (or not) to university, but studies have found improving information is important in helping applicants from underrepresented groups make more successful higher education choices.<sup>8</sup> How applicants view contextual admissions is also largely unknown, although there is some evidence of suspicion and uncertainty in how policies are enacted.<sup>10</sup> In this issue Scott discusses how assessments influence behaviour and so can selection criteria.<sup>9</sup> Research is needed to find out whether applicants from target groups are less likely to apply to medical schools with unclear policies. It is also possible that more advantaged applicants have greater resources to help them decode unclear policies, or that the use of particular criteria (such as postcode) to identify members of target groups may enable more advantaged applicants to ‘game’ policies. Medical schools need evidence to enable them to design systems that are transparent and accessible, yet robust against gaming. **Evidence for the mechanisms underpinning the links between background, information,**

**achievement, and access, is crucial to inform policies** and help guard against unintended consequences.

In conclusion, to ensure selection is fit for purpose, medical schools need to improve clarity and transparency regarding their goals for widening participation and the processes they use to widen access to medical schools. Researchers need to seek to understand the mechanisms underpinning the links between background, information, achievement and outcomes.

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**Pull-out quotes:**

- Considering achievements within the context of opportunities is increasingly popular in selection, making it a priority research area.
- Being explicit about their widening participation goals will help medical schools ensure they design policies to meet them.
- Students from non-selective state schools outperform those with equivalent grades from private schools.
- UK medical schools use various criteria to confer eligibility for contextual admissions, or do not provide details.
- Evidence for the mechanisms underpinning the links between background, information, achievement, and access is crucial to inform policies.