

Most new training programs are failing to widen diversity in medicine

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Most new training programmes designed to widen access to medicine in the UK are failing to increase the diversity of the medical student population, finds a study published in the British Medical Journal today.

It shows that although historic under-representation of women and of minority ethnic groups has been redressed, a large proportion of medical students still come from the most affluent [socioeconomic groups](#) in society.

Recent years have seen major initiatives to broaden the demography of the UK medical student population, but it is unclear whether new programmes, such as graduate entry and foundation entry courses, have achieved this.

So a team of researchers at the University of Birmingham set out to determine whether these new routes into medicine have produced more diverse student populations.

They analysed data from the Universities and Colleges Admissions Service (UCAS) on all UK residents admitted to one of the 31 universities offering medical degrees from 2002 to 2006. They compared age, sex, ethnicity, and [socioeconomic status](#) of students admitted to traditional (school-leaver) courses with those admitted to graduate entry and foundation courses (these are courses with entry criteria relating to the [demographic characteristics](#) of population groups typically under-represented in medicine).

Across all medical schools, they found no significant difference in the proportion of men and women between graduate entry courses and traditional courses.

They found that students on graduate entry courses were, as would be expected, significantly older than students on traditional courses and were more likely to define themselves as white (84% v 70%).

Two fifths of students on traditional courses declared their parental occupation to be higher managerial and professional compared with 27% of students on graduate entry courses.

In contrast, only 23% of students on foundation programmes (where entry is restricted to under-represented groups) defined their ethnicity as white and only 8% defined their background as higher managerial and professional. However, the numbers of places available on these courses are small.

Given that some UK medical schools are clearly trying to modify their admission policies to increase applications from under-represented groups, why are more universities not operating foundation programmes or offering explicit adjusted entry criteria to traditional courses, ask the authors?

One reason may be that foundation programmes are more expensive than other courses to run. Others include over-reliance on aptitude tests that can favour certain groups, the impact of tuition fees on students from poorer backgrounds, and the acceptability of such "affirmative action" admission policies.

The authors conclude: "Evidence of the advantages of increasing diversity is emerging, but the implementation of 'new' admission routes to the profession does not seem to be bringing significant change." They

add: "In both the US and UK, the most successful programmes to increase student diversification seem to be those based on explicit affirmative action, yet these programmes are not universally welcomed among the public or the profession."

Provided by British Medical Journal

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