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AMEE GUIDE

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Aspiration to admission: Widening access to medical education: AMEE Guide No. 181

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SERIES INTRODUCTORY ABSTRACT

Widening Access, Participation and Success

This AMEE guide series explores three interconnected strategies for widening access, participation, and success in medical education. The series emphasises the interdependence of these areas as essential to supporting students from entry to graduation. Each guide in the series addresses a specific phase of the student journey, from the first steps of widening access, through enhancing participation during their studies, to supporting their ultimate success. Aimed at supporting students from disadvantaged, under-represented, and culturally diverse backgrounds, these guides offer practical insights and examples. Through this series, we provide a roadmap to ensure that access, participation, and success are not treated as isolated concepts but as essential, interdependent elements that together support students throughout their journey. By presenting a cohesive framework that connects these three areas, the series aims to build a shared understanding and foster systemic changes that promote equity across all stages of medical education—from admissions to graduation and beyond. In addressing these issues holistically, medical schools can ensure that students not only enter and participate but also succeed and thrive, fulfilling their potential as future doctors.

ABSTRACT

Opening doors is only the beginning. This AMEE guide focuses on the first step in creating a more equitable medical profession: ensuring that under-represented and disadvantaged students have access to medical education. In an increasingly diverse society, addressing the structural inequalities in admissions is essential for fostering a healthcare workforce that reflects the populations it serves. This guide explores evidence-based strategies to widen access to medical education, emphasising the need for outreach, tailored support, and innovative admission processes. We delve into the initiatives that have worked, highlighting successful models in a global context and offering practical recommendations for educators who are committed to making real, lasting change. Key suggestions emphasise the need for cultural shifts within medical institutions, the importance of clear metrics for evaluating widening access programs, and the value of ongoing mentorship and support for students from disadvantaged backgrounds. By integrating these strategies, medical educators can foster a more equitable and diverse healthcare workforce, ensuring that access is not just granted but sustained and meaningful.

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Introduction

Widening access matters.
And not just opening the door.
There must be more substance to this movement,
Participation.
And not just the fake kind
You feeling good because the room is a little more diverse
It always should have been
It's me feeling a sense of belonging
Not just an open door
But that I have the keys too
And have permission to freely move through this space,
With a sense I have skin in the game, and it is valued
But more than this, success matters
I don't just want to be in the room
Able to be an inspiration to those who like me once stood
on the outside looking in
I want to be part of the furniture
Scratch that
I want to be able to own the whole house
I want there to be no surprise when people realise that someone who looks like me is also giving out keys so that others of different shades and creeds can move freely in this space too
But it starts with you
First, you've got to be willing to let me in the room.
And the question begs asking
Do you really want to?

By Emmanuel Oladipo

This is a spoken word poem, please listen here.

At first glance the answer to the critical question posed in the poem; do we truly want to let everyone in the room, may seem obvious. But beneath this seemingly straightforward answer lies a deeper, more complex challenge. Are we ready to dismantle the structural barriers that have long kept certain groups from even approaching the door? Are we willing to rethink and redesign our systems to ensure that access isn't merely symbolic but transformative?

Widening access (WA) is not just about opening doors; it's about rethinking how we create opportunities, nurture potential, and build systems that allow students from all walks of life to enter and flourish in medical education.

What is Widening Access, and why does it matter?

Widening access is the crucial first step in the journey to medical school for many students. It refers to removing barriers that prevent students from diverse and under-represented backgrounds from entering medical education. While often confused with the broader term 'widening participation', which encompasses both access and the experiences of students throughout medical school, WA focuses specifically on the admissions process. It includes measures such as contextual admissions, outreach programs, and support initiatives designed to level the playing field for those from disadvantaged or minoritised backgrounds.

> **Practice points**
>
> - Widening access ensures equity, enabling students from disadvantaged backgrounds to pursue medical education.
> - Contextual admissions prioritize potential, addressing systemic barriers to fair access.
> - Targeted outreach and mentorship sustain success, fostering confidence and academic achievement.
> - Global insights inspire adaptable models, tailored to local contexts and needs.
> - Clear metrics drive improvement, ensuring programs achieve meaningful, measurable outcomes.

The variety of approaches to WA is vast, from pre-medical mentorship programs to initiatives that adjust entry criteria based on socioeconomic context. In this guide, we aim to provide an overview of the variety of approaches to WA that are adopted, and we intend to highlight a range of international case studies that demonstrate different ways in which institutions have tackled this issue. These case studies will provide insights into successful strategies and illustrate how WA has become a priority for medical schools worldwide.

The value of Widening Access: A global imperative

Ensuring equitable access to medical school is not just a matter of fairness; it is a fundamental component of building a more just society. By providing equal opportunities, we can reduce social and economic inequalities and better

meet the healthcare needs of diverse populations. A representative medical workforce is essential for improving health outcomes, fostering greater empathy, trust, and advocacy between doctors and patients. Studies have shown that diverse teams enhance communication, build better rapport, and ultimately deliver higher-quality care, especially in underserved communities [1, 2].

Widening access also addresses critical workforce shortages. In regions with staffing crises, such as rural areas, students from those communities are more likely to return and serve after graduation. Research shows that WA initiatives can improve recruitment and retention in underserved areas, addressing both short- and long-term healthcare disparities [3, 4]. Moreover, the untapped talent of students from diverse backgrounds offers a pool of potential that could lead to innovations in healthcare. By breaking down the barriers to medical education, we create a richer, more dynamic field that benefits not only individual patients but global healthcare standards as a whole.

Global approaches to Widening Access

The methods used to widen access to medical education vary across countries, shaped by each region's unique sociopolitical context. In the United States, for example, affirmative action has played a key role in increasing diversity in medical schools by considering factors such as race, ethnicity, and socioeconomic status during admissions. Although affirmative action is the subject of ongoing legal debates, it has had a measurable impact on broadening access to under-represented groups.

In contrast, affirmative action is not legally permitted in the United Kingdom. Instead, UK medical schools use 'Access and Participation Plans' (APPs), which outline how they identify and support students from disadvantaged backgrounds. These plans cover the entire student journey, from admissions to graduation and even into postgraduate success. APPs serve as a key policy tool to promote WA without positive discrimination. In Sri Lanka, WA to medical education involves the establishment of medical schools in under-represented and rural areas. Admission policies prioritize local students, ensuring that these communities have better access to medical training and healthcare services.

These examples show that while the goal of WA is shared globally, the strategies and challenges vary significantly. Understanding these differences is vital for developing effective WA initiatives within your own context. The next section will explore practical recommendations to help educators and institutions create pathways that not only open doors but also support success.

Overview of Widening Access initiatives

Widening access programs in medical education are designed to reduce barriers for students from under-represented and disadvantaged backgrounds. These programs often vary in format, goals, and delivery, but they share a common aim: to create more inclusive entry pathways for students aspiring to join the medical profession. Table 1 provides an overview of global examples of WA programs in medical education. Appendix 2 provides specific global case studies.

Contextual admissions

In countries like the UK, Australia, and Canada, contextual admissions are widely used to consider students' socioeconomic and educational backgrounds. These programs aim to level the playing field by considering applicants' personal circumstances alongside academic achievement. While such programs have successfully increased diversity, evaluations show mixed outcomes in terms of academic success and retention. The need for ongoing support beyond admission is often cited as crucial to achieving long-term success [5, 6].

Summer schools and outreach programs

Countries like the UK, US, and Australia have developed outreach programs that include summer schools or workshops to introduce under-represented students to medical careers. In other countries like Malaysia and Kenya, outreach programmes for disadvantaged students are focused on STEM subjects in secondary schools, which are needed for application into university including medicine. These programs aim to spark interest in the profession, develop key skills, and increase the visibility of medical education among minority groups. Evaluations show that students participating in these programs are more likely to apply for medical school [7]. However, [8] also note that more longitudinal studies are needed to track success beyond initial application and assess retention and success.

Foundation year programs

Foundation year programs are often implemented as a one-year preparatory course for students who do not meet traditional entry requirements. These programs, common in the UK and South Africa, provide both academic and social preparation. Evaluations indicate higher retention and progression rates among students from disadvantaged backgrounds who complete these foundation years, pointing to the value of structured support in diverse contexts such as South Africa and the UK [9, 10].

Affirmative action and quota systems

In countries like the US, South Africa and Malaysia, affirmative action policies that include quota systems have been implemented to address racial, ethnic, and socioeconomic disparities resulting from historical inequalities and injustices. These policies have helped diversify medical school cohorts, in combination with more 'holistic' admissions frameworks. However, affirmative action remains a contentious issue, particularly in the US, where it has faced legal challenges, and as of summer 2023, race-conscious admissions are now no longer permitted. Despite this, affirmative action has been linked to better access for historically excluded groups, with ongoing evaluation needed to measure long-term outcomes [11–14].

Community-based recruitment and rural medical schools

Rural and underserved regions face significant healthcare shortages, and targeted recruitment programs, such as those in Australia, Sri Lanka, and Canada, aim to address these disparities. These initiatives focus on recruiting and training

Table 1. Global examples of WA programs in medical education.

Initiative	Country/region	Format	Aims	Evaluation/outcomes	References
Contextual Admissions	UK, Australia, Canada, India	Admissions process	Adjust entry criteria based on socioeconomic factors	Improved diversity in student cohorts; mixed results on long-term success	[5, 6, 30]
Summer Schools and Outreach	UK, US, Australia, Kenya and Malaysia	Summer programs, outreach activities	Expose high school students to medical careers, develop skills	Increased application rates from under-represented groups	[7, 8]
Foundation Year Programs	UK, South Africa	One-year preparatory program	Prepare students academically and socially for medical school	Higher retention rates for students from disadvantaged backgrounds	[9, 10]
Affirmative Action policies with quota systems	South Africa, Sri Lanka, Malaysia	Legal and policy framework	Address racial, ethnic, and socioeconomic inequities in admissions	Higher diversity and increased representation of historically disadvantaged groups in medical schools; ongoing legal challenges in the US	[11, 12, 13, 31]
Community-Based Recruitment	Rural regions globally	Targeted recruitment in rural areas	Increase the number of medical professionals in underserved communities	Improved retention rates in rural health settings	[14, 23]
Bridging Programs	Australia, Canada, India	Transition programs for under-represented groups	Provide academic and social support to students during the transition to medical education	Increased retention and academic performance	[15, 16]
Access and Participation Plans (APPs)	UK	Institutional strategy	Holistic plan covering admissions, participation, and postgraduate success	Ongoing monitoring; success depends on institutional commitment	[25], OfS, 2021)
Pre-Medical Mentoring	Global	Mentorship and guidance	Support aspiring medical students through mentorship and advising	Positive impact on student confidence and preparedness	[17, 24]
Financial Aid and Scholarships	Global	Grants, loans, scholarships	Reduce financial barriers for students from low-income backgrounds	Improved access; mixed results on completion rates	[18, 27]
Pipeline Programs	US, Europe	Long-term partnerships with schools	Build long-term engagement and skills in under-represented students	Increased diversity in the applicant pool	[19, 20]
Rural Medical Schools	Sri Lanka, Australia, Canada, Indonesia, South Africa	Establishment of regional medical schools	Provide local students access to medical education, address healthcare gaps in rural areas	Improved access to education and healthcare in underserved regions	[21, 28, 32]

students from rural areas, with the goal of having them return to their communities as qualified professionals. Evaluations demonstrate that such programs improve retention rates in underserved areas, although access to resources and mentorship remains a challenge [14, 23].

Bridging programs and pre-medical mentoring

Bridging programs, such as those found in Australia, Canada, and India, help smooth the transition to medical school by providing academic and personal support. These programs, along with pre-medical mentoring initiatives, have proven effective in boosting student confidence and academic performance, particularly among under-represented groups. Mentoring, in particular, has been linked to better preparedness for the demands of medical education [15, 16]. Pre-medical mentoring programs globally have been shown to increase student preparedness and confidence [17], though the effectiveness of such programs is linked to consistent long-term support [24].

Access and participation plans (APPs)

In the UK, APPs are a key mechanism for WA. These institutional strategies address the entire student lifecycle—from admissions to postgraduate success. The impact of APPs varies, with success depending largely on institutional commitment and the resources dedicated to the initiative. Ongoing monitoring is essential to ensure these plans translate into meaningful outcomes [25] (OfS 2021).

Financial aid and scholarships

Globally, financial aid and scholarships are critical components of WA. This includes merit- and need-based financial support to cover tuition, accommodation, and living expenses. While financial support undoubtedly helps

reduce barriers for low-income students, evaluations show that financial aid alone is insufficient to ensure success; outcomes vary significantly based on whether additional support is offered alongside financial assistance [18, 26, 27].

Pipeline programs

Pipeline programs, which involve long-term partnerships between medical schools and schools in disadvantaged communities, have been successful in increasing the diversity of medical school applicants. These programs focus on early engagement, skill development, and fostering aspirations for healthcare careers. Although data shows that pipeline programs increase applications from under-represented groups, continuous evaluation is needed to track long-term outcomes such as retention and career progression [19, 20]. Rural medical schools, such as those in Sri Lanka and Canada, have successfully increased access to medical education in underserved areas and improved local healthcare provision [21, 28, 29].

Widening access programs in medical education take many forms and vary in scope, but they share a common goal: to create more equitable entry pathways for students from diverse and under-represented backgrounds. While some initiatives focus on the admissions process, others provide ongoing support to ensure success once students are admitted. Evaluations of these programs show that while progress is being made, continued commitment and comprehensive strategies are essential to address the persistent gaps in medical education access [26]. By understanding the range of initiatives available globally, institutions can adopt and adapt successful models to their own contexts, ensuring that WA is both effective and sustainable.

Rethinking entry: How contextual admissions opens doors to medicine

Widening access initiatives are designed to identify talented applicants from under-represented or disadvantaged backgrounds, regardless of their personal circumstances. These programs often offer reduced entry requirements, aiming to assess potential rather than relying solely on traditional academic metrics [5]. Many WA programs take the form of feeder schemes or include an extra preparatory year integrated into a mainstream medical degree [6].

In the UK, WA programs typically admit students with grades one band lower than the standard requirements for medical school [33]. Some also consider reduced scores on additional entry tests, such as psychometric assessments. This practice is known as contextual admissions, where applicants' circumstances, such as their home postcode or schooling background, are considered alongside their academic achievement [34]. For instance, contextual admissions may consider whether a student is a carer, holds refugee status, comes from a low-participation area, or has parents without higher education qualifications [35]. Some universities also prioritize local applicants, a practice known as regional prioritisation [36].

While contextual admissions have increased diversity, studies suggest that more radical changes may be needed to significantly alter the demographic composition of medical students. For example, despite WA efforts, only 5% of UK medical students come from widening participation backgrounds, such as households with incomes under £35,000 or no family history of higher education [12].

In the US, contextual admissions focus on increasing the representation of racial and ethnic groups classified as Underrepresented in Medicine (URiM), which includes populations whose numbers in the medical profession are disproportionately low compared to the general population [24]. This method aims to address longstanding disparities in medical education and create a more diverse workforce.

Contextual admissions are key to addressing the inequities that prevent students from disadvantaged backgrounds from accessing medical education. Applicants from lower socioeconomic backgrounds are often significantly less likely to meet the high academic standards required by medical schools, particularly at high-tariff institutions [5]. By considering an applicant's personal circumstances, contextual admissions help level the playing field and provide opportunities for those who might otherwise be excluded [6].

Despite the positive outcomes of contextual admissions, they remain controversial. Critics argue that lowering entry requirements risks diluting the standards of medical education, with concerns that students admitted through these schemes may struggle to meet the demands of the course [22]. However, evidence shows that students admitted through contextual routes often perform well when given the right support, debunking the myth that lower grades automatically mean lower competence [5].

While contextual admissions are making progress in improving diversity, their impact is still limited. WA to medical education requires continuous effort, and contextual admissions are just one part of a broader solution. More comprehensive approaches, including ongoing academic and social support, are essential to ensure that under-represented students not only enter medical school but also succeed and thrive once they are there.

The good, the bad, and the ugly of Widening Access initiatives

Widening access initiatives in medical education represent a vital step towards creating a more inclusive and diverse healthcare workforce. However, their impact goes beyond simply adjusting admissions criteria. While many programs have successfully brought more under-represented students into medicine, deeper challenges—rooted in the culture and structure of medical education—still persist. In this section, we explore the complexities, successes, and limitations of WA initiatives, focusing on the systemic barriers and cultural issues that shape their effectiveness.

The good: Broadening opportunities

The primary success of WA initiatives has been their ability to challenge the historical elitism of medicine. Traditionally, entry into medical school has been dominated by students from higher socioeconomic backgrounds, perpetuating a cycle where those from privileged backgrounds are more likely to succeed. Contextual admissions, foundation year programs, and targeted outreach have begun to dismantle these barriers, offering pathways for students who might not

meet conventional academic criteria but demonstrate strong potential. For example, the district quota system in Sri Lanka and South Africa ensures equity of access to medical schools. This system acknowledges that different opportunity levels for secondary education exist across the economically diverse administrative districts of the country. This programme has successfully ensured approximately 60% of medical school admissions in these countries [9, 12].

Research shows that students admitted through WA programs often perform as well, if not better, than their peers when provided with appropriate academic and pastoral support [5, 6, 26]. Moreover, WA has improved diversity, bringing a broader range of perspectives to medicine, which is crucial for developing a healthcare system that is responsive to the needs of diverse populations [8, 31]. Increased diversity has been linked to better patient outcomes and greater empathy in doctor-patient relationships [39].

The bad: Stigma and resistance

Despite these successes, the stigma surrounding WA remains a significant issue, both within medical schools and in society at large. The culture of medicine—often perceived as elitist—has not always been receptive to students from non-traditional backgrounds. This stigma can manifest as microaggressions from peers and faculty, lower expectations of success, and the pressure to conform to traditional norms of "what a doctor should be" [40].

Students admitted through WA programs may face questions about their competency, with some faculty and even the public viewing reduced entry requirements as a threat to the rigor of medical training. Studies have shown that medical students from lower socioeconomic backgrounds or minority groups often report feeling out of place, with the culture of medicine reinforcing their sense of being "other" [8, 41]. This multifaceted culture of elitism, coupled with entrenched ideas about who "belongs" in medicine, undermines the effectiveness of WA initiatives, even after students have entered medical school.

The ugly: Changing systems

The greatest challenge for WA initiatives lies in the tension between changing admissions systems and the stubborn persistence of medical culture. While many institutions have embraced contextual admissions, the underlying culture of medicine has been slower to evolve. As a result, students from disadvantaged backgrounds often find that the environment they enter is still dominated by the same values and hierarchies that historically excluded them.

Research suggests that while systems and structures may change, cultural transformation within medicine is much more difficult to achieve [40]. For instance, even as contextual admissions increase diversity, students may struggle to find role models who reflect their experiences, making it harder to feel like they truly belong. Without deeper cultural shifts within medical schools, WA initiatives risk being undermined by the very environments they seek to diversify.

Beyond admissions: Success and long-term impact

Widening access initiatives are often evaluated based on admission rates, but their true effectiveness must be measured in terms of long-term success. This includes retention, graduation rates, and career progression. Studies comparing the effectiveness of WA initiatives across healthcare professions indicate that while medicine has made some progress, other fields—such as nursing and allied health professions—have seen more significant improvements in access and diversity [42].

In nursing, for example, targeted programs to recruit students from under-represented groups have resulted in a more diverse workforce, with fewer cultural barriers to entry and progression. Nursing education often takes a more holistic approach, valuing lived experience and community engagement, which may explain why these fields have seen greater success in widening participation [5]. Medicine, by contrast, remains more rigid, with a greater emphasis on academic excellence and less flexibility in defining success.

Moving forward: The need for a cultural shift

For WA initiatives to truly succeed, they must be accompanied by a broader cultural shift within medical education. This involves not only changing who gets into medical school but also how these students are supported throughout their training and beyond. Addressing the culture of elitism, fostering a sense of belonging, and ensuring that diverse students are seen as equal contributors to the medical profession are critical steps toward making WA initiatives more effective. These issues are explored in greater depth in the subsequent guides in this series.

Faculty development programs that focus on meaningfully embedding inclusivity, peer mentoring, and more visible representation of under-represented groups in leadership roles are essential for creating an environment where all students can thrive [26]. Without these changes, the potential of WA initiatives will remain limited, as students may be granted entry to medical school but struggle to navigate a system that was not designed with their needs in mind.

Establishing students' expectations of Widening Access programs

Many academically gifted students are steered towards medicine, often without sufficient consideration of whether it is the best fit for them personally [43]. In many cases, students are encouraged to view entry into a prestigious medical program as the ultimate affirmation of their academic worth, creating a "medicine or bust" mentality. For WA programs, it's important to recognize and address these expectations. WA should not only open doors to medicine but also broaden horizons, helping students make informed decisions about their future career paths based on both their capabilities and interests.

Rather than adhering to the traditional "gatekeeping" role, where unsuitable candidates are steered away from medicine, those involved in WA should act as facilitators of a student's longer academic journey. Whether a student ultimately pursues medicine or another discipline, the role

of WA programs should be to empower them to make informed choices. Even if a student does not gain entry into medical school, the process should leave them feeling more knowledgeable and better equipped for future opportunities.

Managing expectations of medical study

Students applying to medical school through WA initiatives are often aware of the academic demands, but they may not be fully prepared for the emotional and psychological challenges they will face, particularly during clinical placements [44]. Many students' motivation to enter medicine is driven by personal or familial experiences with illness, a factor that can be compounded for those from minoritized communities. For these students, the disproportionate burden of health inequalities can exacerbate stress during their studies, potentially leading to what has been termed "minority stress" [45].

Additionally, the experience of entering medical school from a minoritized or disadvantaged background often means confronting a learning environment dominated by students from more socioeconomically privileged backgrounds. These students frequently have access to elite education prior to university, and this, combined with the hidden curriculum (unspoken norms and expectations), can create an environment in which students from under-represented groups feel like outsiders. Navigating this "hidden curriculum" without clear guidance can negatively affect their confidence and sense of belonging.

Former medical students have reflected on feeling like outsiders in these privileged spaces:

> *"It was either grammar school or private school, and I attended neither. I was the odd one out."* (Former medical student, EO)

> *"I felt like a double fraud. Am I meant to be in this space?"* (Former medical student, EO)

The psychological impact of contextual admissions

While contextual admissions have been effective in mitigating academic disadvantages, they can sometimes create unintended consequences for students' self-perception. Research on stereotype threat [46] shows that students from under-represented backgrounds may question whether they truly belong, leading to feelings of imposter syndrome. Even with the support of contextual admissions, students may still internalize the belief that their success is due to lowered standards rather than their own merit.

This perception can be compounded by faculty who, despite supporting contextual admissions, may still hold biases. As one interviewer put it, "Bear it in mind, but don't bear it in mind. It comes into play if they're rough around the edges." Such attitudes perpetuate the notion that contextual admissions mean lowered expectations, overlooking the resilience and resourcefulness that students from disadvantaged backgrounds bring to the table [47].

A clearer message for students—before they enter medical school—about what contextual admissions really signify could help combat these negative self-perceptions. Admissions processes are designed to recognize the full picture of a student's potential, not to suggest they are less qualified. Ensuring students understand this can empower them to approach their studies with greater confidence.

Supporting student development and growth

Finally, it's crucial for students to understand that medical school is not about being the "finished article" from day one. Even the most capable students will experience setbacks, such as failed exams, and these should be framed as part of the learning process, not as confirmation of unfitness for medicine. By promoting a growth mindset, medical schools can help students view challenges as opportunities for development rather than as reflections of their worth or potential.

In summary, WA programs must do more than just widen access—they must help reshape students' expectations of themselves and their journey in medicine. This includes ensuring that students from disadvantaged backgrounds understand the value they bring and that setbacks are a normal part of the learning process, not evidence of inadequacy.

Evaluating Widening Access initiatives

While this guide has highlighted a range of WA initiatives and their purposes, the evaluation and monitoring of their success remains relatively unexplored. This gap mirrors the broader literature, where descriptions of WA programs are abundant, but evaluations are scarce. Several factors contribute to this. First, limited funding for medical education research often hampers thorough evaluation efforts. Additionally, WA programs are often well-established features of medical schools, leading to complacency and a "if it's not broke, don't fix it" mindset. Finally, the complexity of evaluating WA is substantial—there are many variables in a student's journey, making it difficult to pinpoint the exact impact of any single initiative.

However, the complexity of evaluation does not diminish its importance. Evaluating WA initiatives is essential to improving their effectiveness. Without understanding what works—and why—there is no way to refine or enhance these programs.

Our primary recommendation is to engage key stakeholders—such as university leadership, program coordinators, and community members—in defining what "success" looks like for each WA initiative. Success could be measured by the number of applicants supported, the percentage of those who matriculate, the quality of mentorship, or the long-term impact on the healthcare workforce and community. Defining these metrics from the outset is crucial for effective evaluation. Once success is clearly defined, the next step is identifying the right data to capture and the best methodologies for doing so.

Widening access to medical education is a critical step toward creating a more diverse and equitable healthcare workforce. However, to fully realize the potential of these initiatives, we must invest in their evaluation. Only through clear, data-driven assessments can we understand the true impact of WA programs and ensure that they continue to evolve and serve the needs of all students. Defining

success, capturing the right data, and continuously refining our approaches will be key to ensuring these programs are not only effective but transformative. Table 2 provides practical information on short term and long-term evaluative measures that could be implemented.

Learning from allied health professions

Medical education can learn several valuable lessons from allied health professions that have successfully implemented and evaluated WA initiatives. These lessons provide insights into more holistic approaches, flexible entry criteria, and the importance of student support throughout training. The following highlights key takeaways from allied health professions that medical education could adopt to enhance its own WA efforts.

Holistic Admissions processes

Allied health professions, such as nursing and physiotherapy, often adopt more holistic admissions criteria that go beyond academic performance. For example, these programs may place greater emphasis on applicants' life experiences, community involvement, and interpersonal skills when assessing suitability for healthcare roles. In particular, nursing programs have long embraced the idea that compassion, resilience, and adaptability are key attributes in healthcare professionals, often valuing these traits alongside academic achievement [48].

In contrast, medical education has traditionally emphasized academic excellence, with less flexibility in recognizing non-academic skills. Research shows that students from under-represented groups who have strong interpersonal and problem-solving skills, but weaker academic records may thrive in healthcare when given the opportunity [5]. Adopting more holistic admissions processes, as seen in allied health professions, could help medical schools identify a broader range of applicants who are well-suited for the profession.

Greater flexibility in entry pathways

Allied health professions have led the way in offering multiple entry pathways into education programs. In nursing, for example, foundation programs, bridging courses, and vocational-to-academic pathways have been key to increasing access for students from diverse backgrounds [27]. These programs offer students who may not have the traditional academic qualifications the opportunity to enter healthcare education, often providing tailored academic support to help them succeed.

Medical education can benefit from expanding the availability of alternative entry pathways, such as foundation years and bridging programs. These initiatives have been shown to increase retention rates and academic success in allied health professions by offering students the opportunity to develop their skills in a supportive environment before transitioning to the rigors of a healthcare program [7]. Flexibility in pathways allows for a wider range of students to enter the healthcare profession, particularly those from under-represented or disadvantaged backgrounds.

Emphasis on long-term support and mentorship

Allied health professions have placed significant emphasis on ongoing student support and mentorship, recognizing that WA doesn't end at admission. Physiotherapy programs, for example, often provide mentorship for students from diverse backgrounds throughout their studies and into clinical placements. This helps students navigate challenges and provides role models from similar backgrounds, fostering a sense of belonging [49].

Medical education could benefit from adopting similar models of long-term support. While many WA initiatives

Table 2. Evaluation framework for WA initiatives.

Evaluation focus	Short-term metrics	Long-term metrics	References
Demographic data	Number of applicants, offers, and admissions from target under-represented groups. Comparison of these figures with baseline data prior to WA implementation.	Changes in the demographic composition of the healthcare workforce over time. Change in the geographical distribution of healthcare workforce across the country or the local community.	[6, 33]
Student satisfaction and experience	Surveys and focus groups to capture initial perceptions, challenges, and support needs of students. Feedback on specific interventions like orientation programs or mentoring.	Longitudinal feedback from alumni on the impact of WA programs on their academic and professional journeys.	[8, 48]
Retention rates	Monitoring dropout rates, especially within the first two years of medical school.	Graduation rates for students admitted through WA pathways compared with peers from traditional routes.	[2, 5]
Community and stakeholder engagement	Qualitative feedback from community partners and stakeholders on the relevance of WA initiatives. Monitoring the satisfaction of community leaders and local healthcare providers with program outcomes.	Assessment of the long-term impact of WA initiatives on community health and access to care in underserved areas.	[23, 36]
Completion rates	Tracking early completion rates of students in preparatory or bridging programs.	Proportion of WA students successfully completing their medical degrees.	[28, 30]
Post-graduation outcomes	Short-term indicators, such as residency placements or specialty choices of WA graduates.	Employment in underserved areas, leadership roles, and specialty representation over time.	[3, 23]
Cost-benefit analysis	Initial evaluation of program costs relative to early outcomes (e.g., admissions and retention).	Comparative assessment of financial investments against societal benefits like increased workforce diversity.	[30]
Workforce diversity	Year-on-year monitoring of diversity within admissions.	Analysis of workforce diversity in regions with historically under-represented groups.	[6, 33]

focus on getting students through the door, fewer programs emphasize the importance of continued academic, emotional, and career development support. Mentoring programs in nursing and allied health have been shown to improve student retention, reduce feelings of isolation, and enhance academic performance [24]. Implementing structured mentorship programs in medical education, particularly for students from under-represented groups, could lead to similar positive outcomes.

Community-based recruitment and training

Allied health professions have successfully used community-based recruitment to target under-represented groups, particularly in rural and underserved areas. In occupational therapy and nursing, recruitment efforts often focus on local communities, with the aim of training students who are more likely to return and serve their local populations after graduation. This strategy has been especially effective in addressing workforce shortages in rural and disadvantaged regions [23].

Medical education can adopt a similar approach by targeting under-represented and rural communities for recruitment. Research shows that students from these backgrounds are more likely to return and practice in underserved areas, helping to address healthcare inequalities [28]. Furthermore, engaging communities in the recruitment and training process fosters trust and rapport, increasing the likelihood that students will feel supported throughout their education and career.

Integrated interprofessional education (IPE)

Interprofessional education (IPE) is a cornerstone of many allied health programs, which foster collaboration among students from different healthcare disciplines. This approach not only enhances teamwork and communication skills but also promotes diversity and inclusion by bringing together students from various educational and socioeconomic backgrounds [50].

Medical education has been slower to embrace IPE, often maintaining siloed learning environments that can reinforce elitism. By integrating IPE into medical curricula, medical schools can foster a more inclusive and collaborative learning environment. This approach has been shown to break down barriers between healthcare disciplines and reduce the hierarchical culture that often permeates medical education, making students from under-represented groups feel more included [50].

Regular evaluation and continuous improvement

Allied health programs have invested more heavily in the evaluation of WA initiatives, with many programs undergoing regular assessment to ensure they meet diversity and inclusion goals. In nursing, for example, WA programs are often evaluated based on student retention, performance, and long-term career outcomes. These evaluations provide valuable insights into the effectiveness of different strategies and help institutions refine their approaches to WA [27].

Medical education can learn from this commitment to regular evaluation. Establishing clear success metrics and conducting longitudinal studies on student outcomes can help medical schools better understand what works and what doesn't in their WA initiatives. By taking a more systematic approach to evaluation, medical schools can ensure their programs are continuously improving and better serving under-represented students.

Transformative change

Small, incremental changes are vital in creating sustainable, impactful transformations in WA to medical education. These changes, while seemingly modest, collectively build momentum over time, fostering a culture of inclusion and equity within institutions. By targeting specific barriers at both the individual and institutional levels (see examples in Table 3), incremental steps ensure progress is steady and adaptable to diverse contexts.

Table 3. Incremental changes to widen access in medical education.

Level	Incremental changes	References
Individual Level	Share experiences of resilience and overcoming barriers to inspire students from under-represented backgrounds.	[5]
	Promote awareness of diverse healthcare career paths by integrating case studies featuring professionals from under-represented groups into teaching.	[2]
	Encourage students to reflect on the hidden curriculum through structured discussions or assignments.	[54]
	Actively seek out and recommend students from under-represented groups for leadership opportunities, committees, or research projects.	[38]
	Offer personalized feedback that builds confidence and addresses gaps in students' knowledge or skills in a constructive manner.	[8]
Institutional Level	Pilot micro-scholarship programs offering small financial incentives (e.g., for transportation or study materials) to support disadvantaged students.	[17]
	Introduce optional pre-entry courses for applicants to familiarize them with medical school expectations and develop core academic skills.	[39]
	Use anonymized data from WA programs to conduct regular internal reviews and share best practices with other institutions.	[6]
	Establish partnerships with rural or underserved clinics to create clinical shadowing opportunities for high school students.	[28]
	Collaborate with employers to create post-graduation incentives (e.g., job guarantees, loan forgiveness) for WA graduates in underserved regions.	[10]
	Develop an online toolkit with resources (e.g., webinars, FAQs) for WA students, addressing common challenges in applying to and succeeding in medical education.	[20]
	Embed community voices in decision-making processes, such as involving local leaders in curriculum development or WA program evaluations.	[40]
	Establish longitudinal mentoring programs where students from WA backgrounds mentor the next cohort, fostering a cycle of support.	[3]
	Provide "return to learning" workshops for mature students or those who have taken non-traditional routes into medical education.	[41]

Incremental changes serve as building blocks for larger systemic reforms. They provide a practical, achievable pathway for institutions and educators to navigate the complex challenges of WA, ensuring that progress is both sustainable and reflective of local needs. By fostering a commitment to small yet meaningful actions, medical education can achieve lasting and equitable transformation. Supplementary Table 1 provides an array of global examples of the impact WA initiatives can have when clear evaluative metrics are defined and measured.

Key considerations for setting up Widening Access initiatives

See Table 4.

The journey continues

As we engage with the complexity of this topic, it becomes clear that WA is only the beginning. To build a truly inclusive medical education system, we must address participation and success with the same urgency. We need to shift from opening doors to empowering students to thrive in the

Table 4. Key considerations for setting up WA initiatives.

Key considerations	Actionable steps	Examples
Understand the Purpose of Widening Access: Medical educators must recognize that WA initiatives go beyond simply admitting more students from disadvantaged or under-represented backgrounds. These programs should aim to create equitable opportunities for students to thrive throughout their medical education journey. WA initiatives should be designed to identify talent, support students holistically, and foster diversity in the medical workforce.	• Design WA initiatives with clear objectives, such as increasing representation, addressing workforce shortages, or fostering equity. • Identify barriers specific to local contexts, such as economic disparities in low-resource regions or racial inequities in high-income countries.	• United Kingdom: Contextual admissions policies targeting students from low socioeconomic backgrounds [33]. • South Africa: Regional medical schools prioritizing rural applicants to address local healthcare gaps [28].
Clarify Success Metrics Early: Clearly define what success looks like for each WA initiative. Success may be measured by the number of applicants from disadvantaged backgrounds, matriculation rates, or long-term career success. Defining these metrics from the start allows for targeted data collection and meaningful evaluations, ensuring the initiative's goals are measurable and relevant.	• Establish success metrics for both short-term (e.g., number of under-represented applicants admitted) and long-term outcomes (e.g., retention rates, graduation rates, and career trajectories). • Use mixed-method evaluations, combining quantitative metrics (e.g., demographic diversity data) with qualitative feedback (e.g., student satisfaction surveys). Institutions with limited resources can focus on cost-effective metrics, such as graduate deployment to underserved areas, while high-resource institutions can use comprehensive longitudinal tracking.	• India: Tracking the career outcomes of students admitted through financial aid programs in rural areas [30]. • United States of America: Monitoring residency match rates and specialty diversity among URiM students [2].
Focus on Student Experience: Beyond admissions, medical educators must address the cultural and systemic challenges that students from under-represented groups face once they enter medical school. The hidden curriculum, elitism, and feelings of exclusion can undermine students' success and sense of belonging. WA programs should include measures to support students emotionally, academically, and socially throughout their journey.	• The hidden curriculum: Create transparency about unspoken norms and expectations. • Sense of belonging: Foster inclusive peer and faculty relationships. • Academic preparedness: Provide targeted resources for students with non-traditional academic pathways. • Implement peer mentoring programs where senior students guide new entrants. • Develop workshops on resilience, coping strategies, and navigating medical school culture.	• Australia: Peer-led networks for Indigenous medical students [15]. • Canada: Inclusive orientation programs for rural students transitioning to urban campuses [32].
Train Faculty and Staff: Faculty involved in admissions and teaching should be trained in recognizing the value of WA students' unique experiences. Educators need to move away from the "gatekeeping" mindset that may stigmatize students admitted through contextual admissions, focusing instead on the resilience, resourcefulness, and potential that these students bring to the field of medicine.	• Develop bespoke training for admissions committees and teaching faculty. • Create workshops focused on bias, inclusive teaching practices, and the value of diverse perspectives in medicine.	• United States of America: Faculty development programs addressing equity in education [51]. • United Kingdom: Training faculty to evaluate non-traditional applicants without bias [5].
Invest in Long-Term Support: WA should not end at admissions. Programs must include ongoing academic and pastoral support, mentoring, and career development to ensure students from disadvantaged backgrounds are equipped to succeed in medical school and beyond.	Key Investments: • Academic Support: Support programs, study groups, and access to learning resources. • Pastoral Care: Counselling services and dedicated advisors for WA students. • Career Development: Mentoring programs, internships, and workshops on career planning. Regional Adaptations: • High-Resource Settings: Comprehensive services such as academic advisors, peer tutoring, and dedicated wellness centers.	• Sri Lanka: Rural mentorship programs paired with scholarship initiatives [28]. • US: Longitudinal mentoring programs for URiM students, ensuring career progression [2].

(*continued*)

Table 4. Continued.

Key considerations	Actionable steps	Examples
	• Low-Resource Settings: Cost-effective solutions like community-based mentoring and partnerships with local healthcare providers. Cost Considerations: • Low-Income Settings: Focus on scalable interventions such as virtual mentoring, local recruitment, and low-cost tutoring programs. • High-Income Settings: Allocate resources for comprehensive student services and advanced evaluation tools.	
Engage with the Community: Work with key stakeholders—such as community members, healthcare professionals, and program leaders—to design WA initiatives that align with community needs and the broader goals of healthcare equity. Engage communities in defining the outcomes that matter most and involve them in the evaluation process.	• Co-design WA initiatives with community stakeholders, ensuring alignment with local healthcare needs. • Partner with local organizations to provide early exposure to healthcare careers through outreach programs. • For low resource settings collaborate with NGOs and local government to fund and implement WA initiatives. Conversely for high resource settings—Partner with professional organizations to create scholarships and leadership programs.	• Canada: Community-based clinical placements for rural and Indigenous students [32]. • UK and Malaysia: Outreach programs in secondary schools (or promotion programmes about STEM subjects) in disadvantaged areas to encourage healthcare career aspirations (Office for Students, 2021).

spaces they enter, creating environments where everyone can fully belong and succeed. This is the challenge we must embrace, and it begins with asking the right questions, listening to the answers, and committing to lasting change.

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