

Attainment gap between UK white and minority ethnic medical students varies by ethnicity and medical school

December 12 2023



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The size of the gap in academic achievement between white and minority ethnic medical students in the UK varies considerably, depending on their individual ethnicity and which medical school they attended, finds the largest study of its kind, published in the open access

journal *BMJ Open*.

Their findings prompt the researchers to call for urgent remedial action to close the gap and reverse the career-long disadvantage faced by future minority ethnic doctors in the UK.

Despite a growing body of research on differences in outcomes within UK [medical education](#), no large studies drawing on national data and universally applicable outcome measures have been done, so hampering a deeper understanding of this complex problem and how best to address it, insist the researchers.

And all too often students of different ethnicities are grouped together as one, ignoring potentially key cultural differences, they add.

In a bid to tackle these issues, the researchers reviewed the [academic performance](#) of 16,020 students (out of an initial 20,525) on entry (2012–14) to, and exit from, 33 medical schools across the UK—four to six years later, depending on course type.

Because most UK medical schools require [prospective students](#) to sit admissions aptitude tests, the results of which predict undergraduate performance, the researchers chose UCAT scores (1,200 to 3,000 maximum) for the entry measure as this is the most widely used test.

And students' UK Foundation Program (UKFP) application scores (range 34–100 points) were chosen as the exit measure as UKFP is the first stage of postgraduate clinical training in the UK and is compulsory for those wishing to work as doctors in the UK.

Ethnicity groupings were compiled from completed UCAT form definitions. In descending size order these were white (11,070; 69%), Indian (1,635; 33%), Pakistani (770; 15.6%), Mixed (670; 13.5%), other

Asian background (625; 12.6%), Black (470; 7.5%), other [ethnic background](#) (350; just over 7%), Chinese (250; just over 5%) and Bangladeshi (180; 3%).

The percentage of students from minority ethnicities ranged from just over 9% (30) at Dundee to 60% (400) at Imperial College, London, averaging 29% across all 33 medical schools. These students were significantly more likely to be male, to come from more deprived backgrounds, and to be on standard entry courses.

Their average UCAT scores were lower on entry to medical school than those of their White counterparts, although the overall difference was small.

And on leaving medical [school](#), minority ethnic students achieved significantly lower UKFP scores than their white peers—a difference of around 2 out of 100 UKFP points—when grouped as one ethnic grouping.

But when assessed separately, these scores varied considerably among different ethnicities. Mixed ethnicity and Indian students had relatively high scores, for example, while Chinese and Pakistani students had relatively low scores, after accounting for aptitude on entry and social and economic background.

The academic performance gap was statistically significant at 22 out of 33 medical schools, with minority ethnic students achieving consistently lower UKFP scores than White students, after accounting for aptitude on entry and social and economic background, irrespective of the numbers of minority ethnic students attending these schools.

But again the size of this gap varied considerably among these schools, suggesting that some minority ethnic students may be further

disadvantaged by the educational environment of their [medical school](#), say the researchers.

This is an observational study, and the researchers acknowledge various limitations to their findings, including the strict eligibility criteria which excluded more than 4000 students (22%) from the initial dataset.

The researchers were also unable to clarify the meaning of "mixed ethnicity," and there may be important differences in attainment between students of mixed White and Asian ethnicity and those of mixed White and Black ethnicity, for example, they say.

But notwithstanding these limitations, their findings show a clear gap in academic performance between White and minority ethnic medical students, they point out.

Variable curricula, teaching methods and assessment, and institutional factors, such as attitudes and faculty diversity, may explain some, but not all, of the differences in outcomes among medical schools, they suggest.

"Although the underlying causes of the [attainment gap] remain elusive, many medical schools are already implementing strategies to address it," they note.

This is to be commended and supported, they say, because, "Our findings suggest that the current teaching and assessment systems are disadvantageous to [[minority](#) ethnic] students, and further work is needed to explore exactly what these differences are, why they occur, and how they impact individual [student](#) groups.

"Medical schools must, therefore, take action to identify and mitigate the reasons for any [attainment gap] within their schools if we are to achieve an equal learning environment for our future doctors," they urge.

More information: Is the awarding gap at UK medical schools influenced by ethnicity and medical school attended? A retrospective cohort study, *BMJ Open* (2023). [DOI: 10.1136/bmjopen-2023-075945](https://doi.org/10.1136/bmjopen-2023-075945)

Provided by British Medical Journal

Citation: Attainment gap between UK white and minority ethnic medical students varies by ethnicity and medical school (2023, December 12) retrieved 27 April 2024 from <https://phys.org/news/2023-12-gap-uk-white-minority-ethnic.html>

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