



# Medical Schools Council Student-Led WP Conference 2017

Wednesday 22 March

Co-Chaired by Dr Paul Garrud and Dr Sukh Dubb

## Summary Report

Medical students across the UK were invited to attend the first Medical Schools Council Student-Led WP Conference on Wednesday 22 March 2017. 72 medical students took part in the conference representing 30 medical schools. The conference was co-chaired by Dr Paul Garrud and Dr Sukh Dubb.

### **Chair's welcome and introduction to themes of the meeting -Dr Katie Petty-Saphon and Dr Paul Garrud**

Dr Paul Garrud introduced widening participation in medicine outlining the threefold rationale for WP: the value of diversity, equity and social mobility (equal opportunities in terms of application and selection processes) and workforce needs (to meet the increasing pressures for doctors to work in rural and deprived communities). Reference was made to The Kellogg Foundation, an influential US report in 2007 which pointed out "*increasing racial and ethnic diversity amongst health professionals is important because evidence indicates that among other benefits, it is associated with improved access to health care for racial and ethnic minority patient, greater patient choice and satisfaction, and better educational experiences for health profession's students*". However; there is a clear recognition of policy drivers to widen participation including improving social mobility, improving equity, sustainability and transformation planning and workforce shortages.

The Medical School Council's 'Selecting for Excellence' report (2014) set initial targets to increase the proportions of disadvantaged young people but was overtaken in April 2016 by the government white paper on Higher Education and Social mobility which set even higher targets in a reduced time frame.

Delegates were advised of three recommendations by the Universities UK Social Mobility Advisory Group in October 2016 pertaining to the importance of diversity, promoting equity in selection and increasing transparency to enable easy access to information and guidance.

Dr Paul Garrud suggested that the key priorities for widening participation fall into two areas; attraction and admission. Under attraction, outreach and work experience that helps potential students in choosing a career path is fundamental, whereas under admissions, interventions focus on improving selection processes, adjusting academic demands, and using evidence-based approaches to interview and assess competencies (for example MMIs).

### **Why are student led widening participation groups so important- the Imperial experience – Dr Sukh Dubb**

Sukh Dubb introduced himself as the Vision Outreach Founding President and thanked delegates for their passion and enthusiasm for widening participation. As an initiative that 'seeks to give opportunities to those who have the ability and desire, whatever their background' (*'The right mix'-BMA*)- collaboration was emphasised as the key driver in initiating change and creating a long-term impact.

Delegates heard that to address issues with widening participation, and ensure that students are selected in the fairest possible way, the contribution of both staff and students is paramount.

Dr Dubb informed the meeting of 'Vision', an established society at Imperial College School of Medicine, with the aim of widening participation in medicine. The first conference was held in 2007, and attracted 140 students from local schools. In its second year, it had already built up an excellent reputation, with attendance from over 270 school pupils. The annual conferences are aimed at 15 and 16 year olds from less privileged backgrounds and from local schools, and provide a useful insight into the diverse medical profession and help prospective students with the application process through interactive programmes including lectures, demonstrations and mock interviews.

Dr Dubb emphasised the importance of student-led widening participation initiatives to offer equal opportunities to all by exposing students to the medical field, all and closed by expressing his wishes to have a recurring annual event and expand WP across the UK.

### **Student-led WP groups -Leicester- Dr Navin Leanage and Jvalant Parekh**

Dr Leanage introduced Junior Emergency Medicine (JEM), a two- day course for prospective healthcare students aged 16-18 who wish to pursue a career in the NHS. It aims to provide experience and insight into the emergency

environment with the aid of Doctors, Medical Students, Student Nurses and Midwives from University Hospitals Leicester NHS Trust, University of Leicester School of Medicine and De Montfort School of Nursing and Midwifery. This course has many benefits for prospective students both in terms of gaining work experience in a controlled environment whilst increasing knowledge of the admission process, but also for developing a wide variety of skills- communication, team work and time management. Feedback from survey responses in 2016 highlight the usefulness of the sessions and the impact it has on participants' skillset and building confidence, with 100% and 93% strongly agreeing that JEM helped prepare them for university application and that clinical simulations were useful, respectively.

Jvalant Parekh introduced Medreach, a society run by the university outreach faculty which targets schools around the Midlands to raise aspirations and provides a support basis for students. An example of this is the e-mentoring programme facilitated by current Leicester medical students. Mentors are matched to mentees (current sixth form students) based on common interests. MMI styled workshops are also run for Year 13 students.

A new summer school was launched in 2016 to invite Year 9-11 students from WP backgrounds to learn clinical aspects of medicine. Systems based practical teaching, for example sessions on the cardiovascular and nervous system, coupled with medical ethics workshops and team building exercises are incorporated into a three-day interactive workshop. Importantly, the aims of the summer school are not to educate directly about medicine, but to raise aspirations for students to enter higher education. Since its launch, there has been a significant increase in the number of students interested in attending and a strong sense that attendees now have a better idea of what university is like.

#### **What do pupils want from outreach?** *Meera Dackombe and Tazymn Sayers, Queen Elizabeth's School*

Meera Dackombe and Tazymn Sayers presented on what pupils want from outreach and identified the following:

- Interview practice, MMI workshops
- Type of placements available for students either within primary or secondary care
- Practical workshops involving clinical skills

Whilst the above was identified as useful tools in engaging and aspiring pupils, students lack the knowledge in where to go for advice which creates a barrier to those considering medicine as a career, those who do not have the right level of support at their schools.

Delegates were informed of a one week work experience programme that is run for students at Royal Devon and Exeter Hospitals. There are also public speaking practice workshops, UKCAT workshops, advice and guidance for students interested in pursuing medicine. These provide students with a valuable insight into what a career in medicine entails and an opportunity to meet medical students and practitioners.

Concerns were raised with the MSC Select for Excellence Report which recommends for hospital-based placements to be pushed, and individual medical schools stipulating for specific clinical experience, however it was argued that any type of experience within the healthcare sector should be recognised as demonstrating a student's motivation to study medicine and aid in building a student's portfolio.

#### **Student-led WP group (Southampton): A journey in setting up a student led widening access initiative and obstacles faced-** *Cameron Gemmell, Katy Baran and Jahangir Alom*

Jahanger Alom introduced WAMSoc, the Widening Access to Medicine Society at the University of Leicester. Delegates were informed that WAMSoc was launched in September 2015 as a direct response to the Select for Excellence report (2014).

The importance of medical student ambassadors was emphasised, as students who have first-hand experience with applying for medicine are better placed to assist others.

Katy Baran informed delegates of the aims of WAMSoc and the broader objectives of supporting schools and their pupils, and staff and mentors alike. There is a real emphasis on diversity within the WAMSoc Committee and all 119 mentors are from a wide variety of backgrounds, across all courses including widening access.

Delegates were informed of the e-mentoring scheme run by WAMSoc for year 12 students which puts students in contact with a current medical student at the University of Nottingham for one-to-one mentoring. There are currently 40 mentor-pairs and students can keep their eMentors for as long as they need prior to starting university.

Katy Baran then discussed obstacles that WAMSoc faced in setting up the e-mentoring initiative including firstly accessing students and working in line with the strict criteria of targeting support to schools where guidance for those interested in a career in medicine is not readily available.

Future initiatives for WAMSoc include:

- Elaborating current projects for example: Inspire2Apsire, IntoUniversity
- Seminars for teachers: educating on the application process for Medical schools so they become more familiar with medical pathways
- BM6 Residential (led by Dr Sally Curtis): targeting Y12 students at colleges/ sixth forms and teaching clinical skills
- WAMWEEK with London Charity Futureversity
- WP think tanks: collaboration of all UK medical schools to discuss outreach and the student lifecycle including admissions, transition to university and career support
- To have medicine graduates and practicing doctors as ambassadors for WAMSoc
- Hold more interview skills workshops and videos on UKCAT and BMAT
- Collaboration with St George's medical school to help set up their own WP society

**Group work on tables- sharing ideas on outreach**

Delegates considered and discussed the following questions in table groups:

<p><b>If you are involved in organising student outreach events what have you found works best?</b></p>	<ul style="list-style-type: none"> <li>• Independence of students- let them work alone</li> <li>• Confidence building</li> <li>• Understanding what university entails</li> <li>• Exposure</li> <li>• Trying to educate teachers so they can support students themselves</li> <li>• Mock interviews-practical help and support. Shift from aspiring to supporting when already interested</li> <li>• Practicing ethical scenarios-useful</li> <li>• Medical student participation/role models</li> <li>• Ethics workshops</li> <li>• Tailoring to where they are at/what they need</li> <li>• Interview/personal statement workshops</li> <li>• Contextual offers? Intensive 1-to-1 support</li> <li>• Preparation/organisations/delegation- well in advance</li> <li>• Good handover between years/changing of committee</li> <li>• Dependent on age groups- Hands on vs advisory</li> <li>• Specialty speed dating-to break down barriers</li> <li>• Day for those not given offers/missed grades- talks from current students</li> <li>• Plan B workshop-before applying</li> <li>• Different age groups -tailored</li> <li>• Need to get young medical students</li> </ul>
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	<ul style="list-style-type: none"> <li>• Outreach events delivered by students</li> <li>• Small groups</li> <li>• Interactive</li> <li>• Tutorials- UKCAT, interview preparation, small groups</li> <li>• Having literature to take away</li> <li>• Reminder emails- mailing lists to create database</li> <li>• Raising aspiration v support</li> <li>• Funding provided by university→ free events= accessible</li> <li>• Teaching students about the science behind medicine</li> <li>• Researching what pupils already know about medicine i.e. what do doctors do?</li> <li>• “Question time” for medical students (works best as don’t see them as staff therefore more open)</li> <li>• Attending primary schools</li> <li>• Wider remit of early activities- healthcare or STEM</li> <li>• Relationships with teachers</li> <li>• Collaboration with outreach teams – safeguarding etc</li> <li>• Large group working with younger years and individual working with older students</li> <li>• Approaching the right teachers in schools</li> <li>• Other societies who don’t have main aims as WAMS but dome interest in it working together</li> <li>• <b>Swansea</b>→ Grad Medicine- WP Uni, collaboration with organisations with contacts in schools</li> <li>• <b>Leeds</b> → registration open for 1 week, leave documentation selective, schools connection with local schools’ databases, small workshops rather than presentations, support prospective applicants, event on weekend/evening not strictly WP students – WP see competition and learn from each other, length of WP -core team</li> <li>• <b>Glasgow</b> → integrating WA into full cohort, school sessions led by postgraduate tutors, student-led sessions on campus, supporting pupils once into university, E-mentoring- student voice, understand your area</li> <li>• <b>Edinburgh</b> →find time that suits students, collaboration with WP services, network of WP support-student delivered, track attendance- how far do they progress? Taster day →Full session, negotiate with Brightside (app on phone), know where to measure your success</li> <li>• <b>Nottingham</b> → first event is a family event- get people to know each other, using existing contacts, central events and school</li> </ul>
<p>Have you tried anything that did not work and what did you learn from that?</p>	<ul style="list-style-type: none"> <li>• E-mentoring scheme not very successful- how to improve this?</li> <li>• Engaging with schools can be challenging-go in and speak to schools personally</li> </ul>

	<ul style="list-style-type: none"> <li>• Lecture-based learning doesn't always work</li> <li>• Hard to get most disadvantaged schools to engage</li> <li>• Tracking participants- calling them? E-mail them?</li> <li>• Drop-out rates if places are free</li> <li>• Right sorts of activities for targeted groups for example, directing in terms of careers, targeting Y12 students who have already made up their minds</li> <li>• Faculty support → key to sustainability</li> <li>• E-mentoring: university accounts used, safeguarding sessions (delivered by the university), lots of "do nots", random checks</li> <li>• Availability: Brightside App, more accessible logins</li> <li>• Social media: Good for medical students, not great for school students</li> <li>• Bringing parents to events- issues with parents being insistent, perhaps better via open days? Difficulty with numbers</li> <li>• Changes with engagement, students often feel 'successful' once they are in</li> <li>• Recruitment- challenges and maintaining enthusiasm</li> <li>• Documentation of challenges</li> <li>• Problems with engagement of medical students- should it be solely WP students/fitting criteria?</li> <li>• Follow up issues- increase prompting and utilising teaching</li> <li>• Lack of attendance – increase advertising</li> <li>• Lack of support in terms of targeting the right schools</li> <li>• Same set of people attending events</li> <li>• Barriers to higher education v medicine at university</li> <li>• Make opportunities for local schools- only good schools show up</li> <li>• Specific medical conferences may only attract the most motivated</li> <li>• Hosting conferences with a variety of fields</li> <li>• Sixth form students got together to create a stream for students and wanted to run various workshops but attendance dropped significantly after the third event</li> <li>• Drop-out in events</li> <li>• Getting schools to work together</li> <li>• Getting medical student volunteers- target right year groups depending on free time, socialising as part of the society too</li> <li>• Using right person for the job; talks by admissions, individual support from medical students</li> </ul>
<p>How do you pick schools and students to target for WP activities?</p>	<ul style="list-style-type: none"> <li>• Criteria for selecting schools from the faculty</li> <li>• WP students not very involved in selection process- we should understand more about this</li> <li>• Medical School support rather than just deprived background</li> </ul>

	<ul style="list-style-type: none"> <li>• Socio-economic? Should not be so dependent on this</li> </ul>
<p>What is the best way to contact schools and students: Emails? Calls? Visits?</p>	<ul style="list-style-type: none"> <li>• Email and call repeatedly</li> <li>• Store contacts on spreadsheets</li> </ul>
<p>What talks do students find most helpful?</p>	<ul style="list-style-type: none"> <li>• Personal statement</li> <li>• UKCAT/BMAT- log onto website</li> <li>• Very specific help for applicants- subject specific</li> <li>• First years first week discuss what WP is about</li> <li>• Incentives- certificates of participation, t-shirt on the committee</li> </ul>
<p>Are talks from medical students more helpful than established doctors or is it better to have a mix?</p>	<ul style="list-style-type: none"> <li>• Good medical student vs good doctor</li> <li>• Mix of doctors and students</li> <li>• Medical students: in date (compared to doctors), relatable, fresh in mind with recent, relevant experience</li> <li>• Established doctors: can give view on “good doctor”, respect/authority, medical student is <i>not</i> the same as doctor, instead of work experience</li> <li>• Mix→ panel of students and doctors to see progression</li> <li>• Doctors struggle with current application process although good to see what students should aim for</li> </ul>
<p>Have you tried to deliver any practical activities to students? If so, what works well, if not, do you have any ideas of practical activities you could run?</p>	<ul style="list-style-type: none"> <li>• Incentives to children for example a memory stick</li> <li>• Simple clinical skills for example peak flow (especially for younger years)</li> <li>• Late on, but interactive sessions during interview- encourages questions to be asked</li> <li>• Summer schools/Ethic days →scenarios</li> <li>• Research in advance and create a presentation – students work with team</li> <li>• School student ratio: 15:2 doesn't work for activities. 3:1 worked exceptionally well</li> </ul>
<p>Where do you go to get information to inform your outreach activities- are there any resources you use from other organisations?</p>	<ul style="list-style-type: none"> <li>• Reaching students directly via social media, e.g. student room</li> <li>• DiLO medical student</li> <li>• MSC recourse re UKCAT</li> <li>• Sharing information for example, applications – provided by MSC (map on website outlining all WP activities)</li> <li>• Regional events with medical universities</li> <li>• Student union initiatives e.g. safeguarding training</li> <li>• University officers</li> <li>• MSC</li> <li>• BMA student-led groups</li> <li>• NHS Trusts – getting doctors to talk to students, work experience etc.</li> <li>• Using marketing from Med schools etc.</li> <li>• Collaborative outreach activities</li> </ul>

Ceri Nursaw introduced the MSC outreach guidance and defined widening participation outreach as 'any activity that involves raising aspirations and attainment and encourage students from under-represented groups to apply to higher education' *OFFA 2010/07*.

The guidance builds on best practice in medical schools across the UK and is designed to support medical schools to build and grow their outreach activity by targeting advice in the following three phases according to when it takes place in their learning cycle; introductory (age 7-11), developmental (11-16) and consolidation (16+.)

The introductory phase was identified as being crucial in a student's journey as it is the initial opportunity to introduce higher education and route(s) to medicine, to explore and develop interests and engage with parents/carers to dispel myths and motivate them to support their child's progression to higher education. Introductory activities include campus visits, roadshows, workshops and the involvement of student ambassadors. Focus of these activities should be interactive and fun and where possible, complement existing initiatives within primary schools. Feedback from surveys on these activities often demonstrate attitudinal change amongst participants, and an increased awareness of medicine and more widely, healthcare.

Developmental activities take place in secondary school and should aim to nurture and support young people to consider their options and to inform their subject choices. Activities should continue to build confidence and raise aspirations, and medical schools are encouraged to develop a comprehensive programme to develop meaningful partnerships with local schools.

Some examples of good practice across different medical schools were noted. For example, BrighMed, (Brighton and Sussex's Medical School's outreach programme), offers a rolling five-year programme run by clinicians and students to work with students from state secondary schools from Year 8 through to the end of Year 13. It offers hands-on experience and practical exercises through activity days, week-long residential, as well as advice and guidance through UCAS personal statement feedback

The consolidation phase supports school and college students to develop the confidence, skills and knowledge to apply and make the transition to higher education as effectively as possible. Workshops and masterclasses should be application and subject specific and medical schools should aim to ensure that prospective applicants are aware of wide options and professions allied to medicine. Shadowing also provides the opportunity for students to attend lectures, tutorials or practical sessions at the shadowing school and gives further exposure to life as a medical student. Evaluations and attitudinal surveys remain important in understanding the impact outreach schemes can make, and are useful tools for recording student attainment.

A key point that was emphasised was strong leadership and a culture of outreach within medical schools to further enable internal collaboration (for example with widening participation or outreach teams) and effective resource-sharing amongst medical schools. A shared, yet flexible vision for outreach programmes which is closely assigned to the needs of students will work to provide intervention from a young age, support college students in their choices and aspire adults and mature learners to consider medicine.

The conference was informed that a series of resources for teachers/advisers (endorsed by all Medical schools) will be launching to support students with applications and prepare them for medical schools.

### **How can student led WP groups work with their medical schools on outreach- perspectives from medical school staff**

*Professor Laura Bowater (UEA), Nicky Danks (Leeds), Dr Laura Tansley (Glasgow), Dr Heidi Phillips (Swansea) and Professor David Wilson*

Staff from five medical schools were invited to join a panel discussion on how student-led WP groups work within their medical schools on outreach. The following points were made:

*University of Swansea*

- Teaching activities: student teach 7-11 year olds and develop presentation skills

- WA project: collaboration with The University of Cardiff to target widening access in General Practice
- UEA
- Medical Foundation Programme – use students as student ambassadors, go out in Norfolk and Suffolk to aspire people, four sessions per year- GP, bones and radiology, and after school clubs, co-designed with students
  - Med Aspiration programme residential for schools across East of England
  - Mentoring for mentors
  - Supporting student- groups in engaging and following up with students
  - Summer placements to raise student aspirations and a reflective post-placement workshop (to get placement verified)

Cardiff

- Seren hubs (clusters of schools) connects local schools and facilitates discussions– very useful for data collection
- Student-led activities include a Medic Ambassadors Scheme where students act as ambassadors in Welsh schools.
- Partnerships with UHB Hubs
- Student selected component (SSC) projects researching widening access
- MEDIC mentoring scheme ( in partnership with University Health Board hubs): current Cardiff students go to Welsh colleges as students visit schools as part of their placement blocks
- Intercalated BSC: research into widening access activities in state schools to understand school pupils' perceptions of medicine

Glasgow

- Reach at University of Glasgow is aimed at S4-S6 schools pupils attending one of 95 partner schools with an interest in studying Dentistry, Law, Medicine and Veterinary Medicine
- Scottish funded WP programme at five Scottish medical schools for s4-s6 pupils- preparation, application advice, workshops and campus events
- Reach s5 (Y12) campus week working in collaboration with practitioners, WP staff and medical school staff to run seminars, lectures, PBLs, clinical skills, UKCAT and BMAT practice
- Online support and advice to Reach participants: s4 participants webchat, s6 applicants webchat and S6 online interview preparation workshop

**Group work -Opportunities and Challenges**

Delegates considered and discussed the following questions in table groups:

<p><b>What is the best way of working with your medical school on WP?</b></p>	<ul style="list-style-type: none"> <li>• Communication with medical school and outreach department</li> <li>• Finding out what medical school already does and fill in gaps</li> <li>• Implementing a standardised way for measuring data</li> <li>• Find out what they are doing already and what their gaps are</li> <li>• Have one faculty member you liaise with- met regularly be clear on funding</li> <li>• Actively involved with setting policy- clear about objectives</li> <li>• Have standardised ways of measuring success</li> <li>• Good communication</li> </ul>
<p><b>Are there any challenges in setting up a student led WP group? Do you have any suggestions that could help others avoid these?</b></p>	<ul style="list-style-type: none"> <li>• Contact with faculties</li> <li>• Recruiting volunteers to help prospective students</li> </ul>

	<ul style="list-style-type: none"> <li>• Maintaining an up-to-date contacts database for local schools</li> <li>• Effective handovers when changing committee members</li> <li>• Contacts with faculty- balance between student/staff</li> <li>• Audience for society</li> <li>• Funding</li> <li>• Reaching the right demographic → generating interest</li> <li>• Time</li> <li>• Recognise students' work- certification/gratitude</li> <li>• Structure- correct delegation</li> <li>• Database of contacts – both for staff in local schools and the students on the programme</li> <li>• Infrastructure – IT/financial systems</li> <li>• Over interference</li> </ul>
<p>Are there any potential pitfalls you've experienced when doing outreach that you think people should be aware of?</p>	<ul style="list-style-type: none"> <li>• Limited number of students and time/capacity of students</li> <li>• Lack of resources targeted at parents</li> <li>• Spectrum of interest</li> <li>• 'Squeezed middle'</li> <li>• Geographical difficulties</li> <li>• Multiple and complex organisations →Medical schools, universities, NHS sites</li> <li>• Funding – not always long term, staff costs</li> <li>• Spectrum of interest – specifically in younger years</li> <li>• Resources</li> <li>• Schools and colleges do not have the time and resources to fully commit to extra-curricular activities</li> <li>• Engaging parents</li> <li>• Engaging healthcare practitioners i.e. GPs and hospitals to offer work experience</li> </ul>
<p>How could MSC support student led WP groups?</p>	<ul style="list-style-type: none"> <li>• Funding - student led groups currently find their own sponsors</li> <li>• Guidance on outreach activity</li> <li>• Feedback toolkit</li> <li>• Encourage WP focussed SSCs</li> <li>• Guidance for setting up a student led WP group</li> </ul>
<p>Have you been approached by any companies wanting you to contribute to commercial outreach activities? How do you handle these approaches?</p>	<ul style="list-style-type: none"> <li>• Uber</li> <li>• For-profit courses</li> <li>• Sponsors for example Institute of Medical Ethics and Projects Abroad</li> <li>• Fitness to practice – conflicts with outreach</li> <li>• UKCAT courses</li> <li>• Uber – ignore? But need finance and help funding access</li> <li>• Conflicts of interest</li> <li>• Medic mentor- get students involved</li> <li>• Not for profit organisations</li> </ul>
<p>Have you been in touch with students from other universities about the work you do on</p>	<ul style="list-style-type: none"> <li>• No contact with other universities</li> <li>• Open days for prospective students</li> </ul>

<p>outreach? If you have, was that helpful and if you have not what approach do you think would work best?</p>	<ul style="list-style-type: none"> <li>• More contact with schools in a region</li> <li>• Having meetings arranged with the students and continue this, possibly not too regular for example monthly</li> <li>• Emails- hard to coordinate though conference like the WP one allow students to network with others in a larger group</li> <li>• Hosting join events for geographically close medical schools</li> </ul>
<p>How can student WP groups build links with local healthcare providers and GPs to support their WP activities?</p>	<ul style="list-style-type: none"> <li>• Work experience – students on clinical placements go to local health boards(Cardiff)</li> <li>• Mentees shadow mentors on clinical placements (existing model at Nottingham)</li> <li>• Students on clinical placement – work in local area/health board on WA activities</li> <li>• Distributing school pupils to avoid local area</li> <li>• Address issue of confidentiality – evidence of this?</li> <li>• Funding and support from private healthcare providers – recruitment and publicity</li> <li>• Sponsorship of students from local areas?</li> </ul>
<p>How can student led WP groups ensure they evaluate their activities?</p>	<ul style="list-style-type: none"> <li>• Feedback before, during and after sessions</li> <li>• Feedback from volunteers</li> <li>• Follow student journeys and attainment levels</li> <li>• Access admission data to evaluate numbers of students attending events vs those who apply and/or gain a place at medical school</li> <li>• Feedback from sessions- pre-and post-students, pre-and post-volunteers</li> <li>• Following students' journey – offer? Specific contact details of each student, expectations of students: follow up a few months later to check impact of your work</li> <li>• Access to data re admissions</li> </ul>
<p>What benefits have you gained as an individual through your work on WP? Have you learned any new skills or more about yourself?</p>	<ul style="list-style-type: none"> <li>• Sense of altruism</li> <li>• Organisation skills</li> <li>• Presentation skills and adapting communication skills to target audience (for example, use of specific and simple language for primary school pupils)</li> <li>• Altruism</li> <li>• Organisation</li> <li>• Time management</li> <li>• Presentation skills</li> <li>• Teaching</li> <li>• Reflection</li> <li>• Adapting communication skills/listening skills</li> <li>• Interpersonal skills</li> <li>• Negotiation skills</li> </ul>

### **Summary and final thoughts**

Delegates were thanked for attending the meeting and it was agreed that it would be helpful to hold another student conference next year.

Delegates were advised that feedback forms will be circulated.