Health Inequalities Project

Focusing on health inequalities faced by minority ethnic communities and how the education of medical students affects this

Introduction

On a yearly basis, the NHS Youth Forum chooses three aspects of healthcare to address. As a group of diverse young people, with experience of healthcare from different perspectives, we decided to concentrate on the issue of health inequalities faced by ethnic minorities in England. We aimed to target medical education; particularly focusing on the impact of the medical curriculum on patients within these populations.

As the NHS Youth Forum, we are held accountable by young people across the country, hence we wanted to ensure that young people are at the centre of our project. In order to achieve this, we held small consultations with local trust youth forums across England, which involved discussions pertaining to our research, preliminary results and recommendations. Alongside this, a survey was distributed to medical schools across the country to gain insight into the various ways that health inequality and cultural competency is taught to the next generation of doctors. The survey also captured students' suggestions on potential improvements that could be made to the teaching of these topics, as well as the importance of medical education in reducing existing inequalities. Obtaining this feedback allowed us to construct our report and will help facilitate future discussions.

About us!

About the NHS Youth Forum

The NHS Youth Forum is a national forum consisting of 25 young people from across England. It is by delivered the British Youth Council on behalf of NHS England. Our members range in age from 14-25 and we all joined the forum with a passion for improving health and social care for children and young people. We come from a range of backgrounds and organisations but we all have a passion for improving healthcare.

The NHS Youth Forum was set up in 2013 and since then has had a significant impact, engaging with young people from across the country. Each year the forum's campaigns and agenda have been adapted to address crucial issues raised by members and young people. The forum picks three areas to focus on, and this year our focus included health inequalities, trans and non-binary access to health services and the experience of those with Special Educational Needs and Disabilities (SEND) and Long Term Conditions (LTC).

Meet the Inequalties Group

Here are the members of the health inequalities project group. If you would like to see all the members of the NHS Youth Forum please click here

Haris Sultan
Project Lead + Roundtable Chair

Davelle Reid
Deputy Lead

Nakkita Charag
Section Lead

Haania Hussain
Section Lead

Pelumi Fatayo
Group Member

Imaan Ibrahim
Group Member

Elia Chitwa
Group Member

David Ademola
Group Member

Survey Questions

This section outlines what survey questions were asked to medical students and the reasoning behind them. In addition, the medical students were asked some equality and diversity questions. The results are shown later in the chapter.

What Medical School do you attend? What year of the degree are you in? What is your student status?

These questions were basic identification questions that allowed us to see trends and collate information from students at specific universities or at certain stages of their course. This information meant that we could see how teaching was distributed across the country and find common themes regarding what works well and what needs to be improved.

Are you aware of the additional competencies in the GMC's document 'Outcomes for Graduates' to mitigate against health inequalities?

In sections 23, 24, and 25 of the Outcomes for Graduates document, it states that doctors should be able to recognise the sociological and behavioural factors that affect health, evaluate these factors and apply them to medical practice.

To what extent are you aware that cultural factors (such as diet) contribute towards pathology (study of causes and effects of disease or injury)?

Following on from the previous question which focused on the competency more generally, this question focuses on the teaching around the interactions between culture and pathology.

Does your university teach about the presentation of medical conditions in different ethnic minorities? To what extent is this taught?

In order to form a basis for discussion and recommendation, we asked if students have set teaching of the aforementioned topics and if they think it needs to be improved. This helped us to develop a general idea of the current situation and reflects students' opinions on how they are taught this material.

To what extent are you aware of the specific barriers facing minority ethnic groups when accessing mental health services?

Mental health is an incredibly important topic and is a consistent theme in all NHS Youth Forum projects. Through conversations with Young Minds and discussions between ourselves, we thought it was important to explore mental health in ethnic minority groups and the specific barriers that members of these communities might face when accessing help. Mental health is a key component of health inequality and so we included this question in our survey.

How confident would you feel about taking a culturally sensitive approach when treating an ethnic minority patient?

Looking forward, health inequalities within ethnic minority communities must be addressed by professionals who are culturally competent. This question provided us with information to see if medical students felt confident in this ability and provided opportunities for feedback.

To what extent do you believe that the education of medical students, could reduce the inequality faced by ethnic minorities in England?

Our project aimed to target health inequalities as upstream as possible and so we focussed on medical students. We felt it was important to gather the perspectives of the students themselves on whether they thought their own medical education had the potential to reduce health inequalities in England.

What changes would you want to see in the teaching around ethnic minority communities?

The final question was open-ended to allow students to voice their experiences of teaching and suggest ways in which it can be improved. Opinions and views expressed in response to this question are fundamental in moving forward and strongly contribute to our discussions, suggestions and comments around this subject.

Survey Responses

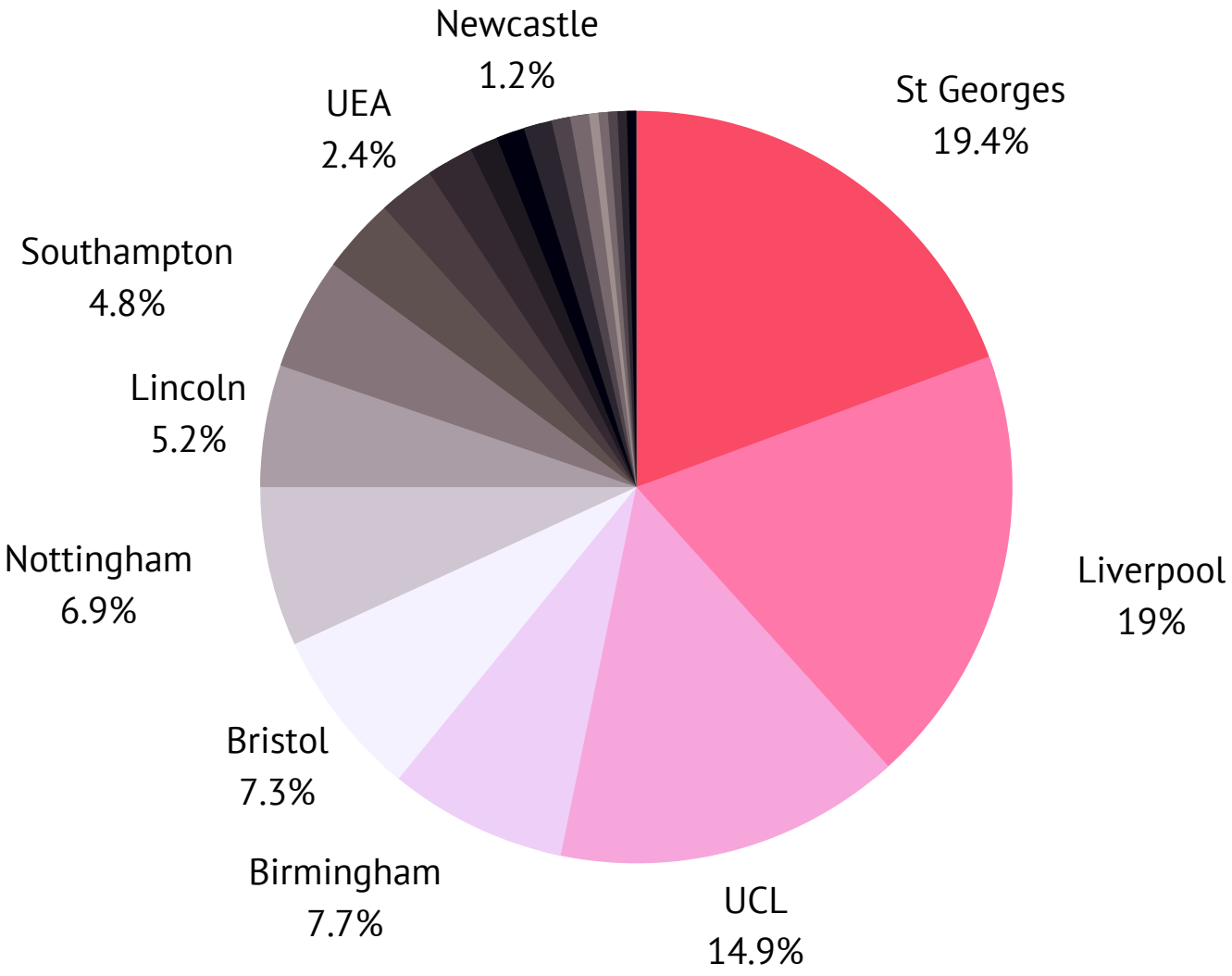
81%

of medical students thought that the education of medical students would significantly reduce the inequalities faced by minority ethnic communities

75%

of medical students were NOT aware of the additional competencies in the GMC's document 'Outcomes for Graduates' to mitigate against health inequalities

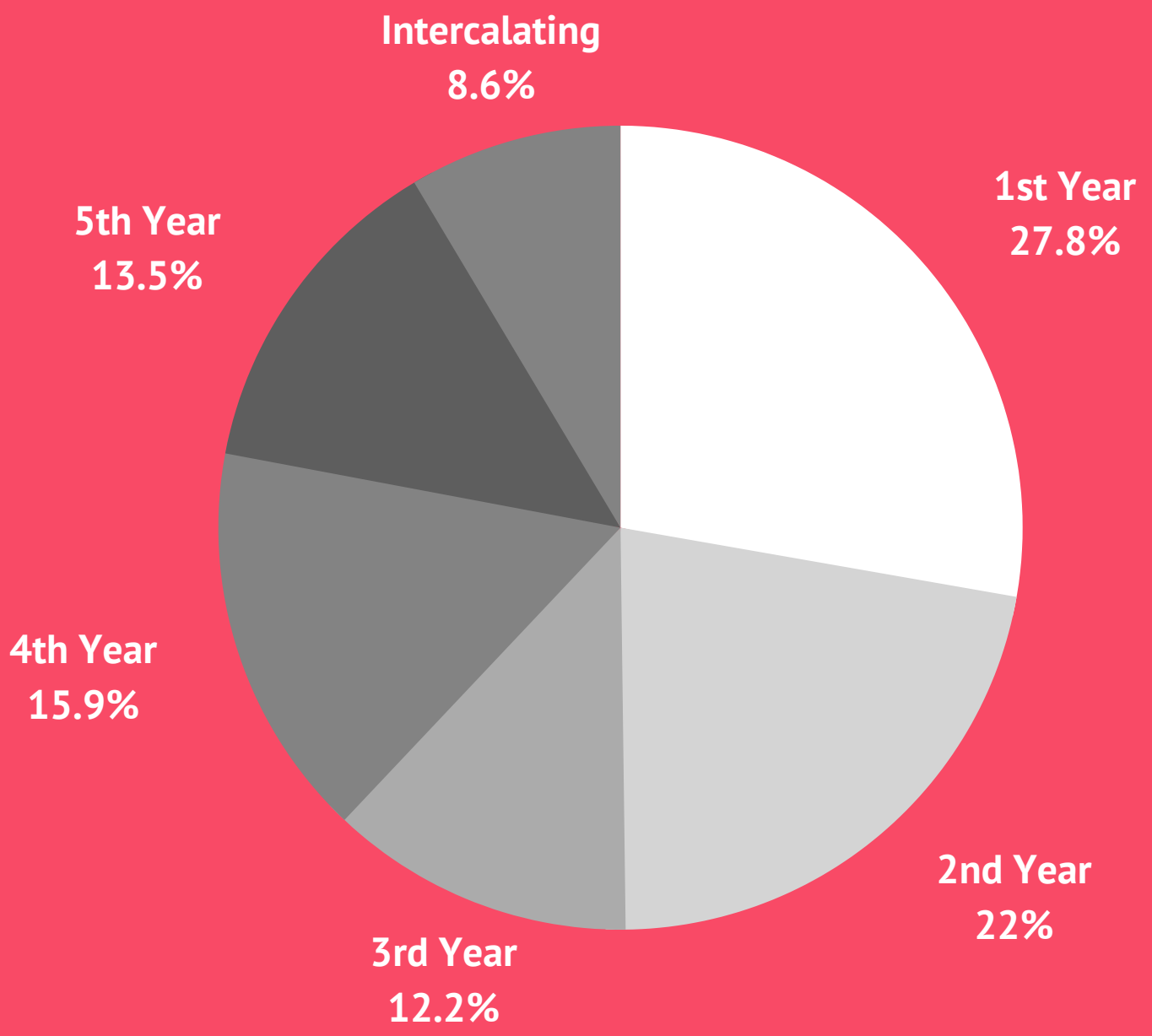
What medical school do you go to?



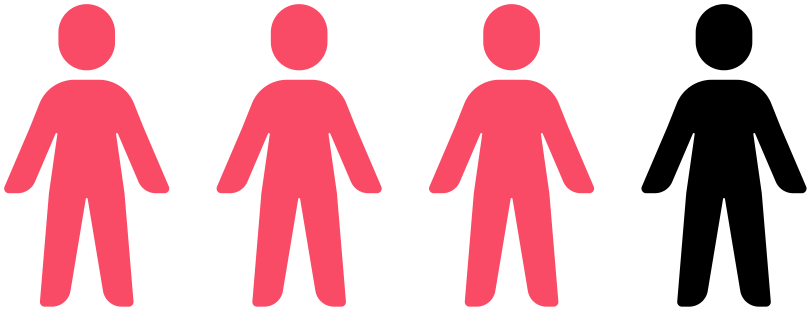
We had responses from St Georges University, Liverpool University, University College London, Birmingham University, Bristol University, Nottingham University, Nottingham University (Lincoln Pathway), Southampton University, Cambridge University, Norwich Medical School (UEA), Hull York Medical School, Edge Hill University, Imperial College London, Newcastle University, Barts and The London, Warwick University, Brighton and Sussex, Lancaster University, Leeds University, Manchester University and Oxford University.

One of the barriers we faced was the trust between medical schools and their students. There was a culture of not wanting or feeling able to raise issues due to fear of penalisation.

What year of your degree are you in?



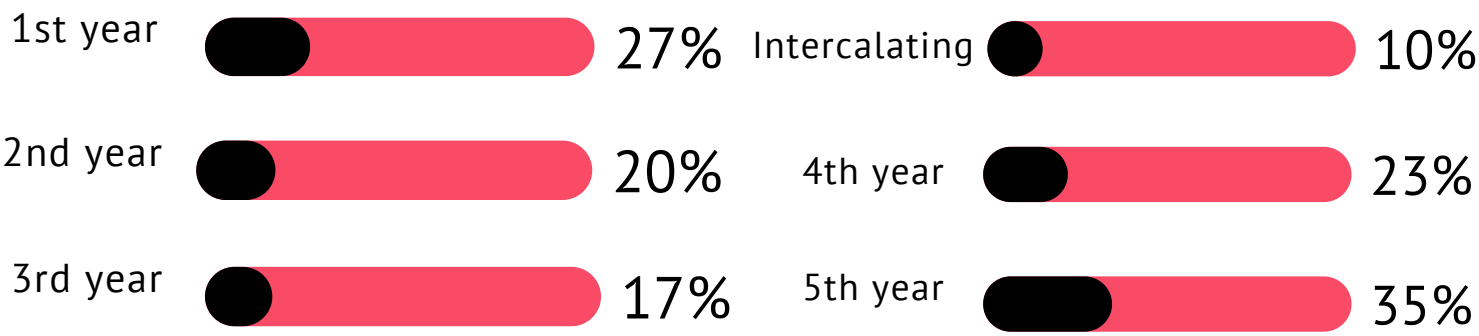
Are you aware of the additional competencies in the GMC's document 'Outcomes for Graduates' to mitigate against health inequalities?



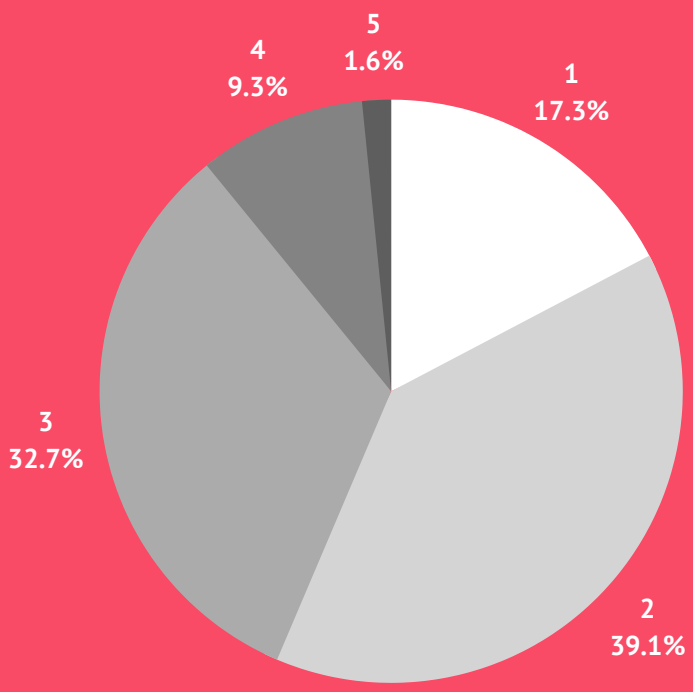
74.6% of students were not aware
25.4% of students were aware

When looking at who was aware with respect to the year of study:
The most aware are in their 1st and 5th years. For 1st years this was likely to be because they had an understanding of outcomes for graduates for their medical interviews. 5th years being above the average was most likely due to the emphasis placed as they are at the end of their medical training. Overall all results were below the expected.

% of students who were aware with respect to year of study

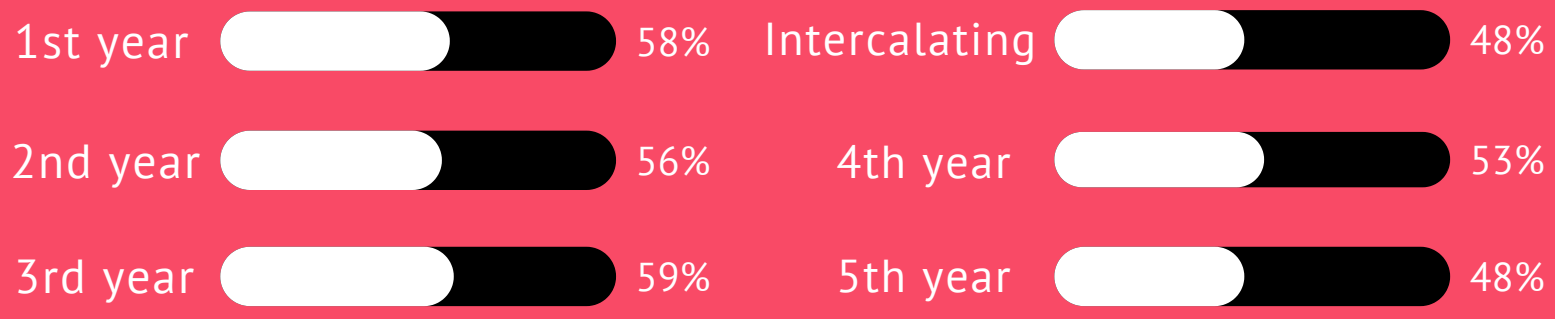


Does your university teach about the presentation of medical conditions in different ethnic minorities? To what extent is this taught? 1 - not taught, 5- extensively taught



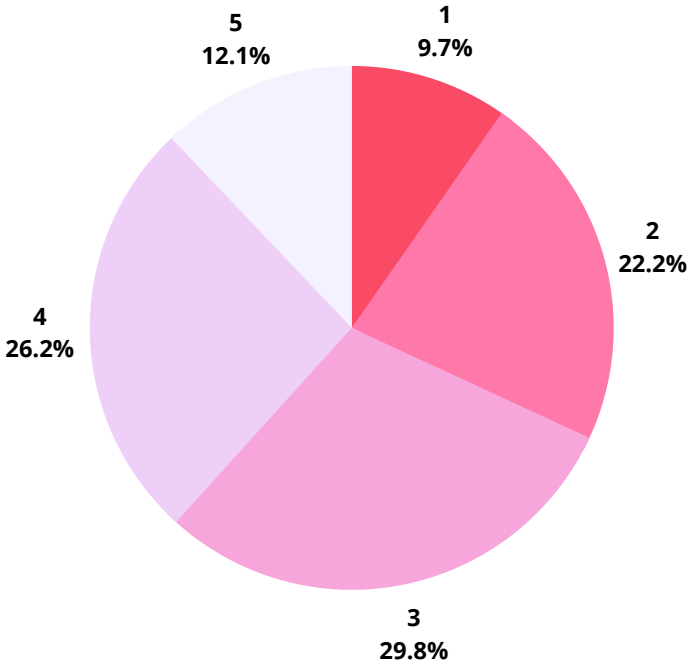
56% of medical students said this was not taught/barely taught, 32% of medical students said it was averagely taught and 11% said it was taught/extensively taught.

% of students who answered not taught/barely taught with respect to year of study



When looking at who said not taught/barely taught with respect to year: Intercalating, 4th and 5th years were below the average of 56%. This shows that the presentation of medical conditions in different ethnicities is taught more in clinical than pre clincal years.

How confident would you feel about taking a culturally sensitive approach when treating a patient of ethnic minority? 1- Not confident 5- very confident

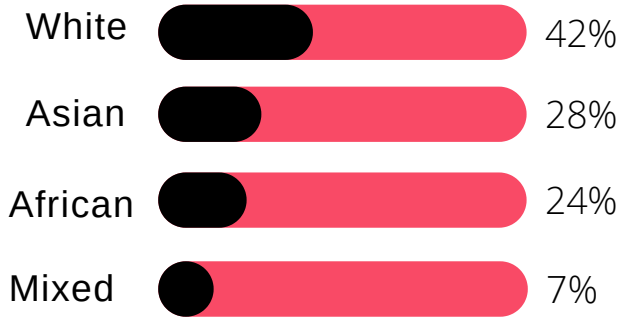


31.9% of medical students said they were not confident/barely confident, 29.8% of medical students were averagely confident and 38.3% of medical students were confident/very confident. We would have hoped that all medical students would have voted confident/very confident (4 or 5).

% of students who said not confident/barely confident with respect to year of study

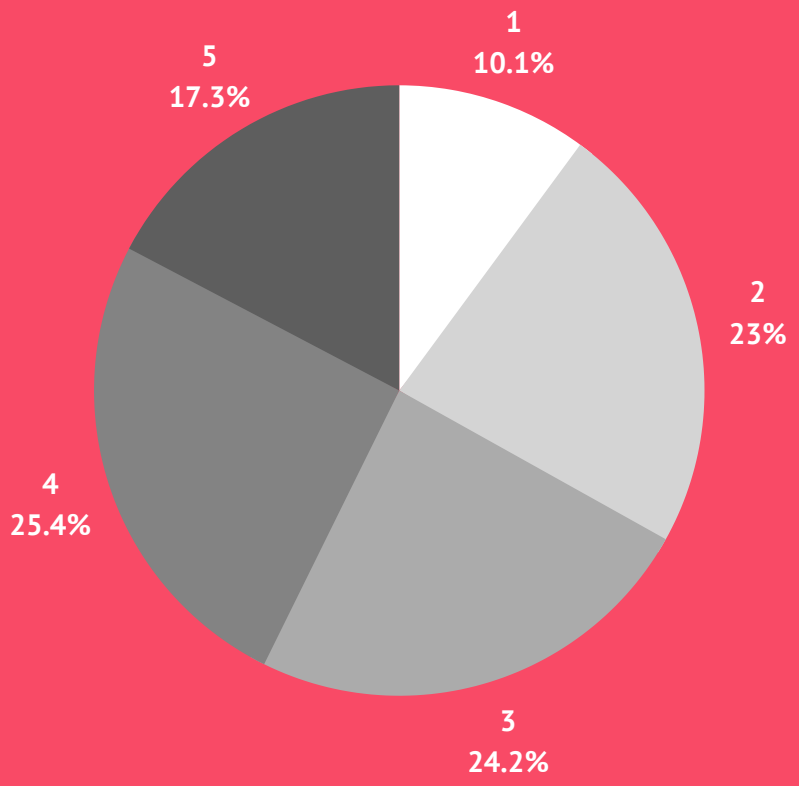
When looking at who said not confident/barely confident with respect to year: There was no trend, 3rd, 4th and intercalating students were above the average of 31.9%.

% of students who said not confident/barely confident with respect to race



When looking at who said not confident/barely confident with respect to race: Students from a white background were above the average of 31.9%. However a large amount of students did not feel confident treating an ethnic minority patient in a culturally sensitive way.

To what extent are you aware of the specific barriers facing minority ethnic groups when accessing mental health services? 1- Not aware 5- very aware

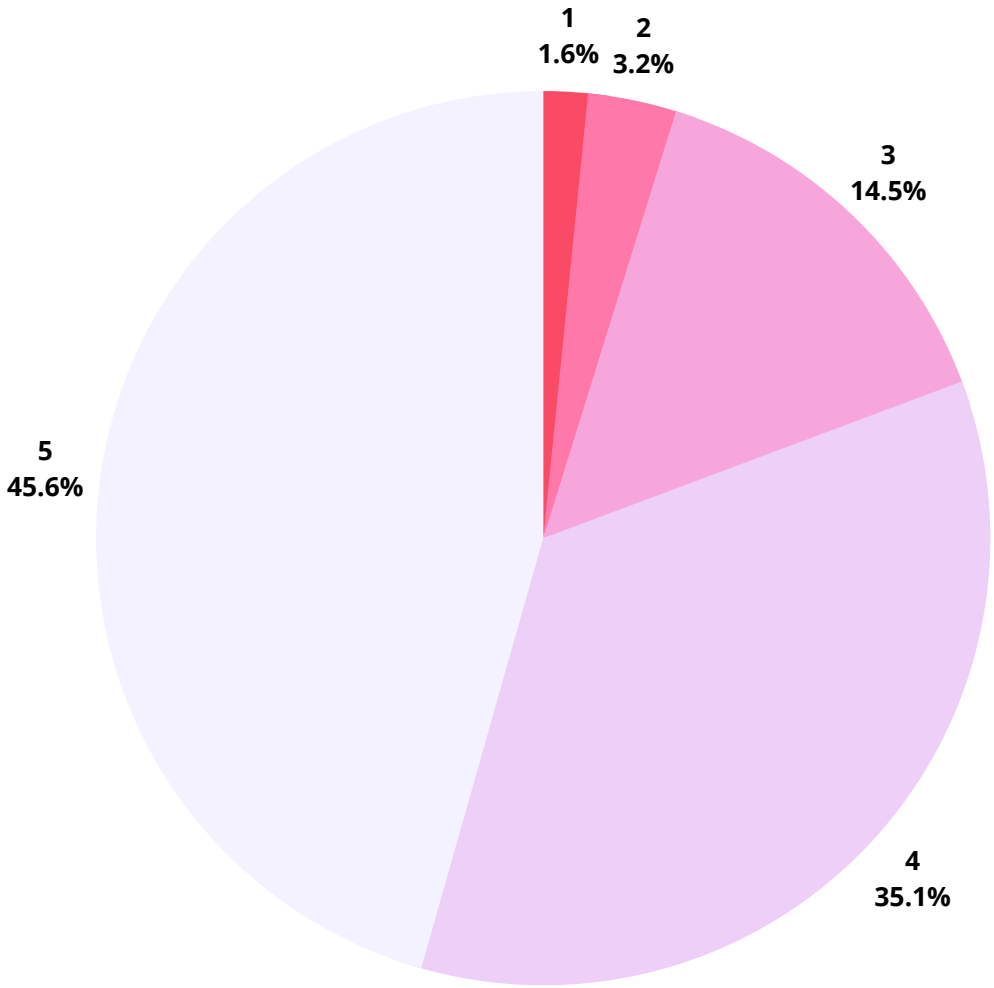


33.1% were not aware/barely aware, 24.25 were moderately aware, 42.7% were aware/very aware

% of students who said they were aware/very aware confident with respect to race

When looking at who was aware/very aware in regards to race: Students from a white background were below the average of 42.7%. This was to be expected for these results however we would have expected more students from an ethnic background to be aware.

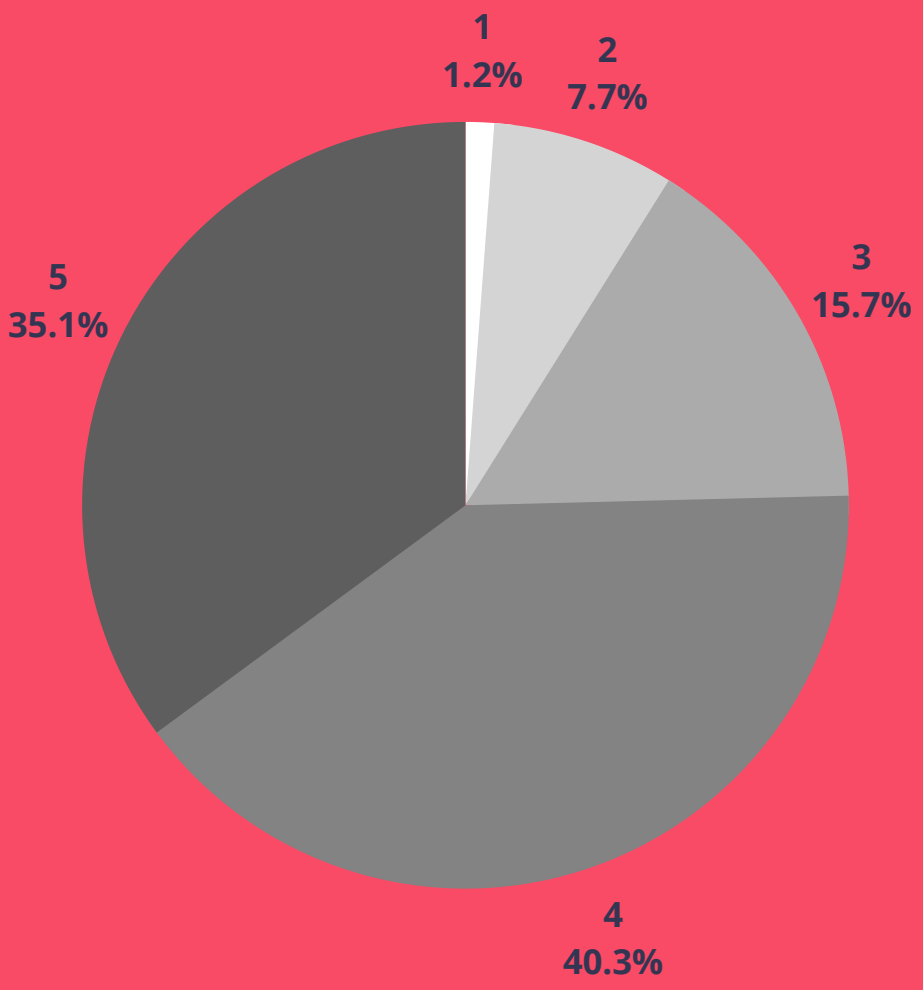
To what extent do you think the teaching around different cultures needs to be improved? 1- no improvement 5- extensive improvement



The majority of students felt the teaching around different cultures needs to be improved. 80.7% of students felt there needed to be extensive improvement/improvement. 14.5% thought there should be moderate improvement. Only 4.8% of students felt there should be some/no improvement.

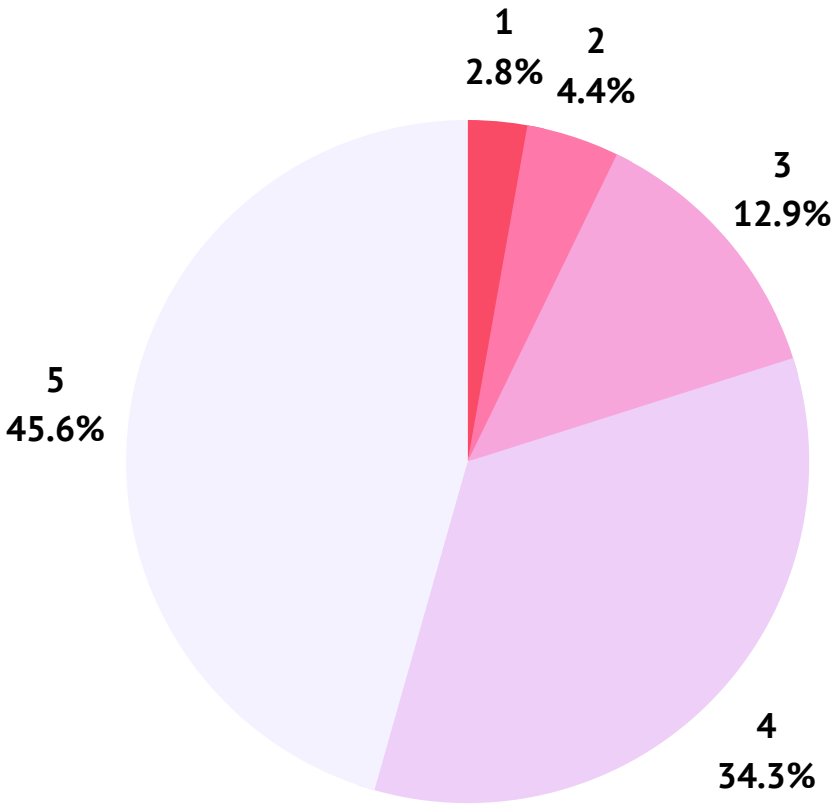
Students feel they're not adequately prepared on this topic which could make it difficult for them to offer the most comprehensive healthcare to a person of a different culture from their own.

To what extent are you aware that cultural factors (such as diet) contribute towards pathology (study of causes and effects of disease or injury)? 1- not aware 5-very aware



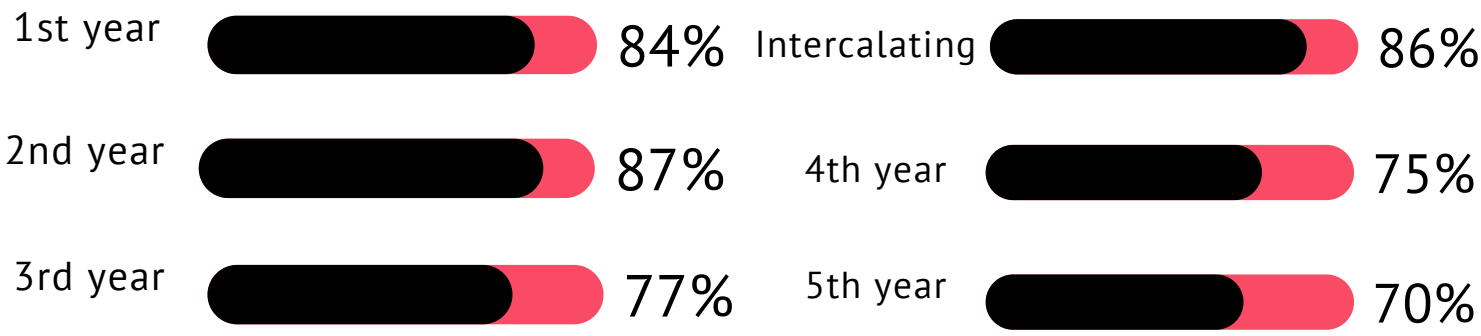
This question is very reassuring that 75.4% of medical students were aware on how cultural factors can contribute towards pathology. We would have liked to explore this question further focusing on select factors in culture.

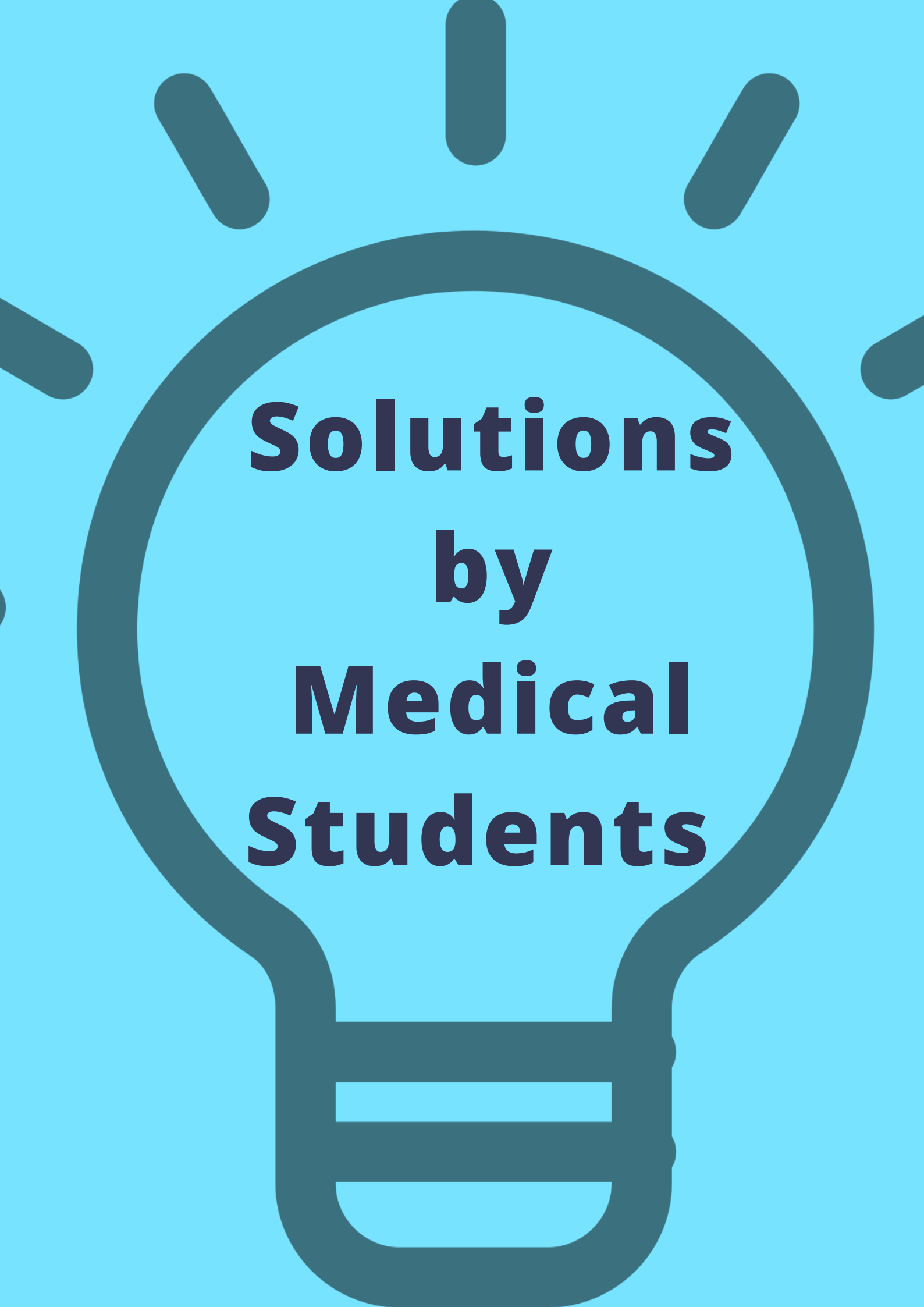
To what extent do you believe that the education of medical students, could reduce the inequality faced by ethnic minorities in England? 1- No change 5-Extensively Reduce



The proportion of students that answered reduce or extensively reduce with respect to their year of study: 1st, 2nd, intercalating students were above the average of 80% whereas 3rd, 4th and 5th years were below the average. Students undertaking their clinical years felt less strongly but not by a significant margin. These results were extremely reassuring as that there is thirst for knowledge.

% of students who said reduce/extensively reduce with respect to their year of study




Solutions
by
Medical
Students

In the survey we asked one qualitative question: What changes would you want to see in the teaching around ethnic minority communities? Findings from our primary research suggest that a majority of medical students do believe changes in their education could help reduce health inequalities in the country. Many medical students commented on the fact that teaching around the presentation of conditions and diseases in ethnic minorities needs to be improved. Some did state that they had recently experienced more teaching on this subject, but didn't believe it was enough. Aside from dermatological conditions, medical students also commented on the potential difference in the presentations of mental health conditions and psychosis in minority ethnic patients. In regards to teaching, many medical students suggested that teaching around cultural differences and health inequalities should be delivered by clinicians, academics, patients and families of an ethnic minority background to ensure the content of teaching is of better quality. A number of students also mention lectures and teaching around this topic being a 'one-off' session and so ask for more integrated, consistent teaching with more resources.

The following pages contain some particularly powerful responses.

"More information about language and cultural barriers, the detrimental impact it can have if consultations are done badly, the extra importance of making people feel welcomed and listened to, an understanding of how people can be completely unfamiliar with the structure of the NHS/UK healthcare and particular considerations for this, the reasons that some diseases have more prevalence in particular communities (and ways to help mitigate this), the interaction between being an ethnic minority in the UK and risk factors for lifestyle-impacted disease e.g. more likely to live in urban areas, suffer from poverty etc., which are the major effectors. Less stereotyping and more factual basis. I want to see an improvement in research quality around ethnicity and health -- many groups are put together when there's no logical basis for this... or at least teaching that there's a real lack of good research and evidence, so not to trust what we're taught when it comes to ethnic minority presentations"

"Would want to see teaching integrated into current teaching. Teaching around ethnic minority communities shouldn't be seen as separate from current learning but, integrated. More clear coverage of real life examples of health inequalities in the UK as opposed to theoretical scenarios that are taught currently."

"I would really like to see disease presented on different skin tones when being taught. I would like signs and symptoms of different diseases that are taught in medical school to be more specific and the race that will present the symptoms to be specified. I would really like if the implicit biases that exist in health care are taught to all medical students to raise awareness and reduce ignorance around this topic."

"I've seen an increase in the amount of dermatology teaching which shows black/non-white skin, but I would really like to see more of it. More teaching about different views/cultures in scenarios themselves other than the typical Jehovah's witness one. e.g. how to approach asking to see under a hijab, knowing more about how each religion and different cultures approach medicine."

"Training to reduce doctor bias, encourage cultural sensitivity to explain why certain cultures/religions may be opposed to something or struggle to access healthcare or take part in healthcare avoidance due to the history of medicine. Involve BME history in medical education to understand the previous suggestions eg Henrietta lacks, Tuskegee syphilis experiment of the AA negro male, Marion J Simms etc."

"How we can effectively encourage people from ethnic minority communities to engage with healthcare services and how to encourage them to live a life which ensures prevention of disease. It would also be good to know what sorts of disease affect ethnic minority communities in comparison to the White British community and what the causes of these differences are."

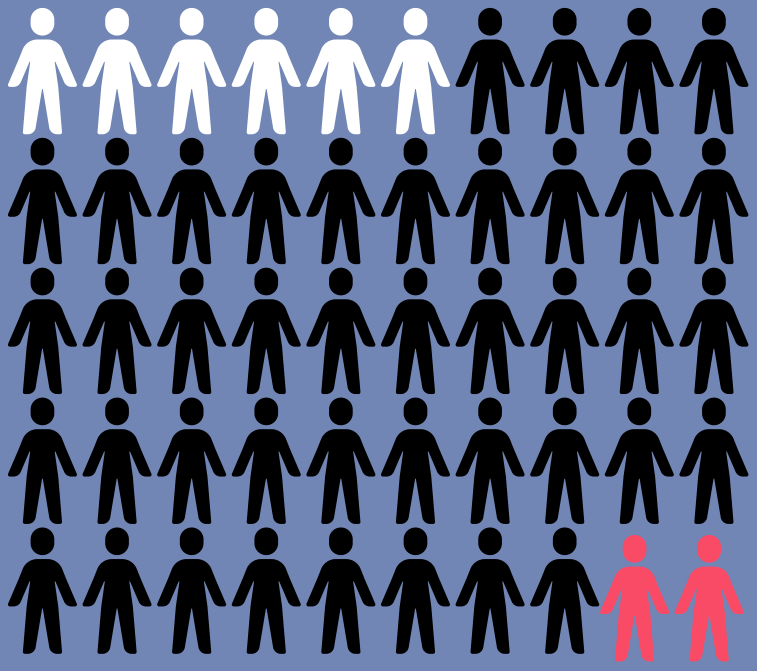
"More cultural humility teaching - as in asking questions to understand pts culture, teaching to de-medicalise ethnic variation (as in show how social determinants of health affect ethnic minorities' health more than 'biological' variations), specific teaching of resources available for vulnerable ethnic minorities in our area."

"Teaching from ethnic minority communities about their own cultures and traditions and how they want healthcare workers to show up for them As well as increased teaching from the med school regarding the different presentations of pathologies in different ethnicities, as well as different cultural perceptions of the healthcare system and healthcare workers"

"I want to see teaching incorporated to a point that anything less isn't accepted eg were taught using a range of pts from different cultures, races, gender identities, and socioeconomic statuses and how each of these influences disease outcome and treatment"

"There's been more emphasis on focussing on separate physical presentations of conditions across ethnic groups in my medical school. But we still desperately need more teaching, ideally led by patients/ family members who are a part of these communities on how to properly approach medical issues in a culturally sensitive way. Eg examining patients who wish to maintain modesty, recognising cultural factors around sex and relationships and how they play into sexual health and asking about sexual history, recognising any additional ways in which we can accommodate patients needs (e.g facilitating ways for Muslim patients to complete the 5 daily prayers in a busy hospital ward) etc. There are so many ways in which we need to expand our cultural and spiritual teaching at medical school to accommodate and welcome all of our patients."

Survey Demographics

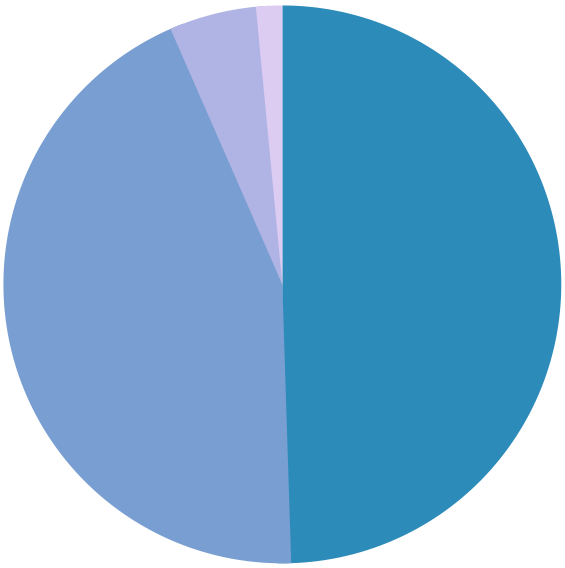


What gender best describes you?

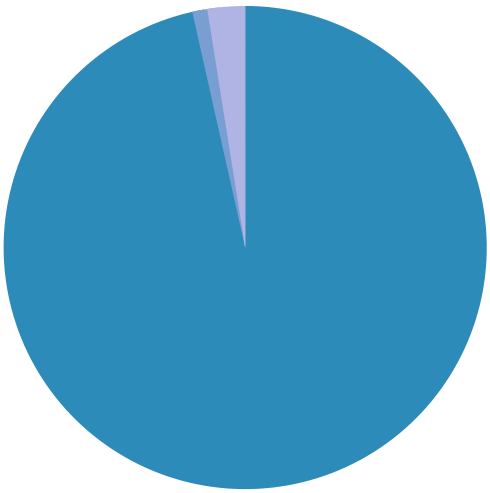
70.1% identify as Female
25.9% indentify as Male
1% indentified as Non-binary
3% preferred not to say

How old are you?

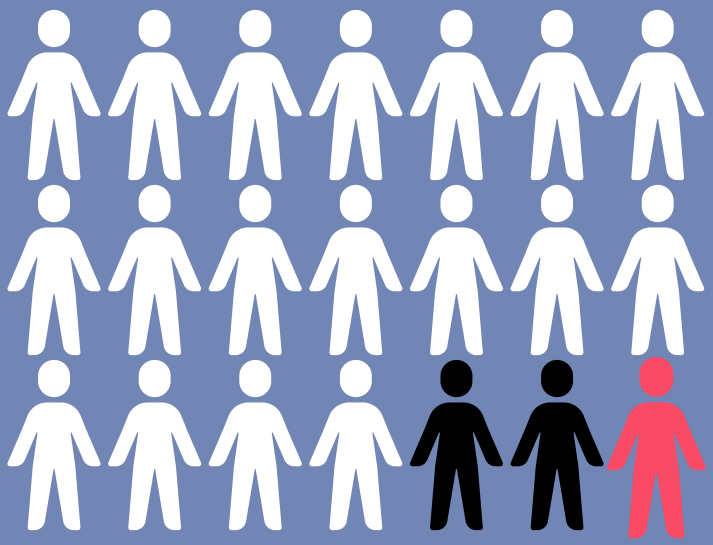
49.5% were between 17-20
43.9% were between 21-25
5.1% were between 26-30
1.5% were above 30



Is this the same sex registered at birth?



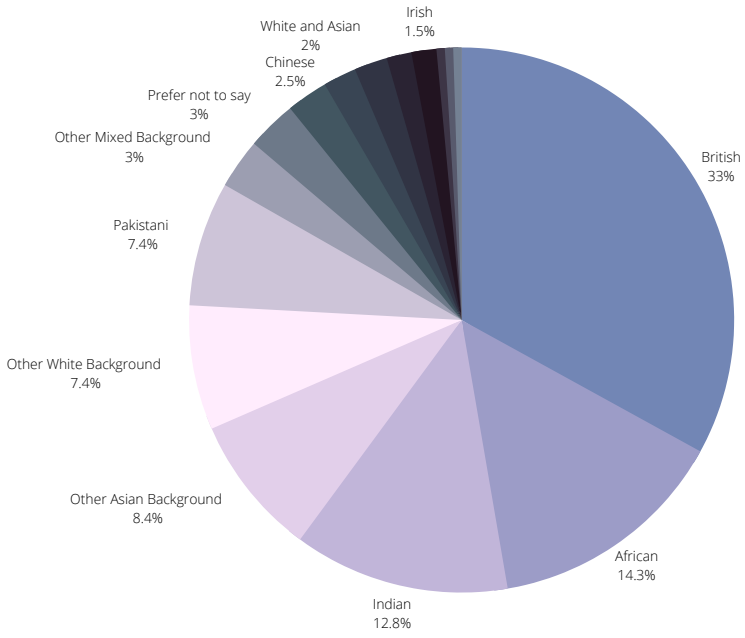
96.5% said Yes
1% said No
2.5% preferred not to say



Do you have a disability?

87.6% said No
8.4% said Yes
4% preferred not to say

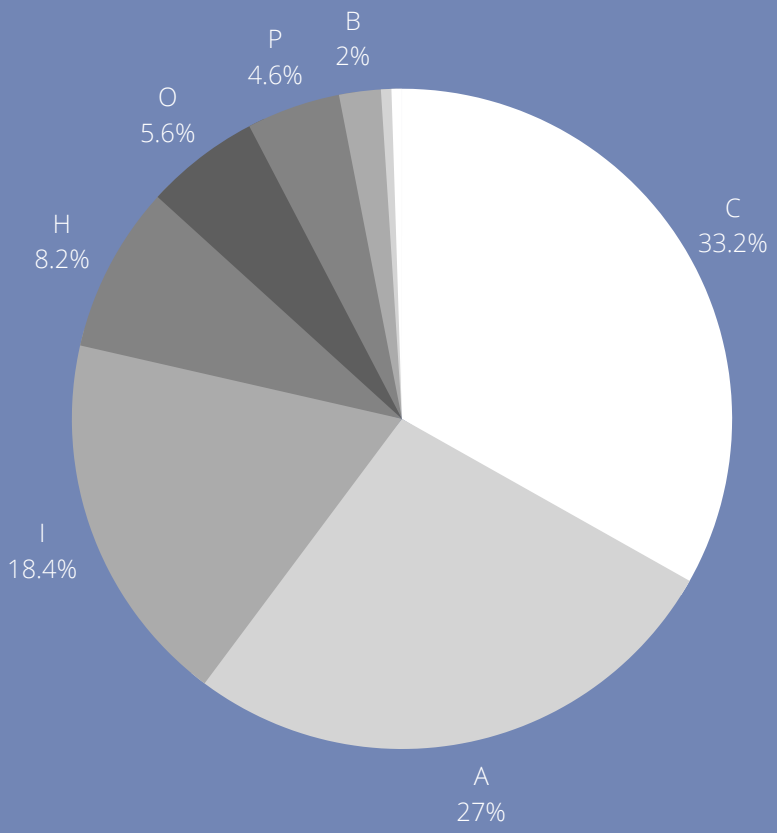
What ethnic group do you identify with?



33% identified as British
14.3% identified as African
12.8% identified as Indian
8.4% identified as other Asian background
7.4% identified as other White background
7.4% identified as Pakistani
3% preferred not to say
3% identified as other Mixed background
2.5% identified as Chinese
2% identified as Caribbean
2% indentfied as White and Asian
1.5% identifed as Bangladeshi
1.5% identified as Irish
0.5% indentified as Arab
0.5% identified as Other

What is your religion or belief?

33.2% identified as Christian - C
27% identified as Atheist - A
18.4% identified as Muslim - M
8.2% identified as Hindu - H
5.6% identified as another religion - O
4.6% preferred not to say - P
2% identified as Sikh - S
2% identified as Buddhist - B
0.5% identified as Jewish - J



CYP thoughts on the survey

It is slightly terrifying that medical graduates don't know they should be competent around health inequalities

Not what I expected, it just shows we are not doing all that we can do

These results are alarming as these are the doctors of tomorrow. It is reassuring that they want change

I don't understand how we have got to this stage I would have thought when teaching healthcare professionals this would be standard

We are shocked by the results however we are not surprised at all as we expected it

The figures are shocking and just shows a lot more has to be done around this topic maybe then the problems will reduce

CYP THOUGHTS ON THE PROJECT

This is an extremely important project and it is great that you are focusing on different cultures and ethnicity. Culture is an area that is particularly in looked over

By using medical students we can deal with this problem straight away

Important to discuss with high ranking officials such as the ones we are talking about it with

If they know from the beginning it is the best as it will be in their brain and integrated through their clinical practice

I think its very important to educate medical students however we also need to educate the doctors as they are going to be teaching them. For example how can you teach maths without knowing maths. The same principle applies here

Starting it from the let go rather than when they graduate will improve their clinical practice

It's great that we aren't targeting doctors that have been practicing for years as the bias may already be there and it's harder to educate them

These inequalities arise for a number of reasons such as the background, bias within the practitioner and lack of education. So if we educate them in medical school we should eliminate that

It is important to remember that it effects there friends, neighbours and people in that very lecture hall

The fact we are focusing on minority ethnic communities rather than BAME is great

I think this will start to tackle the unconscious bias within the medicine profession

Once we educate these medical students it will hopefully be passed down from generation to generation we have to start somewhere

Finally someone is addressing this

I think it's very important to educate medical students. However, we also need to educate the doctors as they are going to be teaching them. For example, how can you teach maths without knowing maths? The same principle applies here.

Roundtable Attendees

At the end of the project we held a roundtable with stakeholders in medical education and inequalties. We presented the findings of our survey, the results of our consultation with young people and our reccomendations. We then took questions and comments from the stakeholders. At the end of the roundtable each organisation pledged something they would do as a result.

We had a range of stakeholders from lots of different areas specialising in health inequalities and medical education. Organisations which attended included the General Medical Council, Medical Schools Council, Health Education England, Royal College of GPs, Royal College of Paediatrics and Child Health and NHS England and NHS Improvement

General Medical Council	
Professor Colin Melville	Medical Director and Director of Education and Standards
Claire Light	Knowledge Transfer Manager
Medical Schools Council	
Professor Ian Fussell	Member of the Medical Schools Council education committee
Professor Steve Riley	Member of the Medical School Council
Royal Collage of GPs	
Dr James Matheson	Chair Health Inequalities Standing Group
Dr Marian Davis	Chair of the Adolescent Health Group
Health Education England	
Katie Adams	Business Manager to Professor Liz Hughes Deputy Medical Director for HEE who can't attend
Folake Olubajo	Equality Lead
Wendy Reid	Education, Quality and Medical Director
NHS England and Improvement	
Dr Habib Naqvi	Director of NHS Race and Health Observatory
Nagina Javaid	Senior Strategy Advisor
Olivia Butterworth	Head of Public Participation
James Connell	Children and Young People Voice Manager for the CYP Transformation Board
Lizzie Streeter	National LGBT Programme Manager
Dr Micheal Brady	National Advisor for LGBT Health
Nathalie Carter	Patient and Public Involvement Manager – Innovation, Research and Life Sciences Group
Gabby Matthews	Youth Expert Advisor for the CYP Transformation Board
The Health Foundation	
Mimi Malhorta	National Medical Directors Clinical Fellow
Royal Collage of Paediatrics	
Emma Sparrow	Children and Young People Engagement Manager
Rakhee Shah	Paediatric Doctor, Member of the Royal Collage of Paediatrics

Key Roundtable comments

Whatever change that needs to be made needs to be integrated through whole curriculum. There is evidence coming out of work e.g. we know med students don't represent the communities they serve. Other ways not just changing curriculum. A way of engaging with whole community. - Dr Rakhee Shah

Really important to see regional differences between med schools. Attended London Med school used to patients from minorities. Sees sickle cell anaemia patients. Colleagues in York saw first non-white patient 4 months in. – Dr Mimi Malhotra

There are structural barriers not only to get into med school but also to progress and succeed in med school. - Nagina Javaid

If medical students don't know about opportunities, it's hard to co-produce and get involved - Gabby Matthews

This research shines very bright light on topic. Deans need to get on with it. You are more empowered than you think you are. We support people with ideas that are innovative e.g. NHS entrepreneurs. Most medical students are strong on peer learning – Colin Melville

There needs to be a thread going through all of medical education. Throughout clinicians medical practice also. Awareness everyone needs to have. Not just presentations but there is subtle inequalities such as the way clinicians interact with minority patients. - Marian Davis

Curriculum change is extremely difficult; this is not an excuse. Students are our allies and we need to keep pushing to get. – Steve Riley

Lots of things to reflect on to make sure it doesn't stay within this roundtable. Concrete action is needed. – Emma Sparrow

Thank you for all the work and insights and it is different perspectives for us to think about:" Send influence through schools and accept that their might be mistakes but push through - Ian Fussell

There are practical things that can be done. Don't feel like you are not empowered. We are committed from the top. It takes people like yourself to create momentum. If anyone has a go at you tell them Dr Colin Melville said you can – Dr Colin Melville

Personal perspective, I see on the ground there are still assumptions that are incorrect. Important to pull up clinician on incorrect assumptions. Hold people to account – Nathalie Carter

Thank you so much. This has been really helpful and thought provoking and will need your help. We need to look at social determinants. - Katie Adams

RCGP asked what they wanted members to represent and health inequalities came last. Less important to older generation. “How do you guys make the change to make sure health inequalities become top of the agenda for when your generation are GPs?” – Dr James Matheson

I quite agree about the point being made about the “ opportunity gap” regarding entry. It is a systems problem and it is all mixed up with these league tables. (eg Grade 8 Music Vs voluntary work in foodbank). Hard to shift but must happen. – Ian Fussell

The brilliant thing about our student staff group is that faculty are learning alongside the student. This model advocated in a paper from last year around environmental sustainability. - Steve Riley

Lots of things to reflect on to make sure it doesn’t stay within this roundtable. Concrete action is needed. – Emma Sparrow

There are different challenges around different identities. Have had conversations with young people about not being believed with their pain due to cultural differences. There are Barriers around language also, how can we breakdown languages including sign languages. Also over reliance of family as interpreters - Emma Sparrow

How do we empower medical students to keep their voice and how do we not squash them in the hierarchy system they will be working in? Medical students are limited and their voices are limited. How do we get doctors to recognise the social determinants of health? How do we keep relationships close with medical students and doctors?- Gabby Matthews

Roundtable Pledges

At the end of the roundtable we asked the attendees to come up with a pledge of what they will do in the future.

My action is to include yourselves and other YP in co-production and collaboration in the design of our future WA&P programmes/activity. Looking forward to working with you more closely in the future. I will not only share this roundtable with national colleagues but regional too. I feel energised - thank you all what a great session!

Katie Adams
Health Education England

I am going to connect with Black South West Network and connect Haris with Exeter's PIME group.

Ian Fussell
Medical Schools Council

I am going to continue working with my local ICS around embedding medical students in optional modules in the development of the ICS and in supporting community engagement.

Gabby Matthews
NHS England

Action is to take back the key discussions from this to Prof Liz Hughes – Deputy Medical Director, undergraduate education,

Folake Olubajo
Health Education England

1. RCPCH starts questions on inequalities included in consultant assessments. 2. Addressed to RCPCH annual conference. 3. Input into the SPIN curriculums on inequalities for the #Voicematters section. 4. Support for others on the call about how to engage CYP in your work through the RCPCH Engagement Collaborative.

Emma Sparrow
RCPCH

I hope you are all going to continue to be powerful advocates for addressing health inequalities and the wider social determnants of health. As clinicians we need to approach every patient as an individual, seeing them in their cultural context and listening to their concerns.

Marian Davies
RCGP

I will commit to moving the student voice forward and curriculum change to embrace minority ethnic community education

Steve Riley
Medical Schools Council

I think we need to consider intersectionality of health inequalities in education more. The LGBT health team at NHS England is doing something similar with medical schools and Anglia Ruskin University around LGBT education but I think we may need to look at inequalities more broadly than this.

Lizzie Streeter
NHS England LGBT Health Team

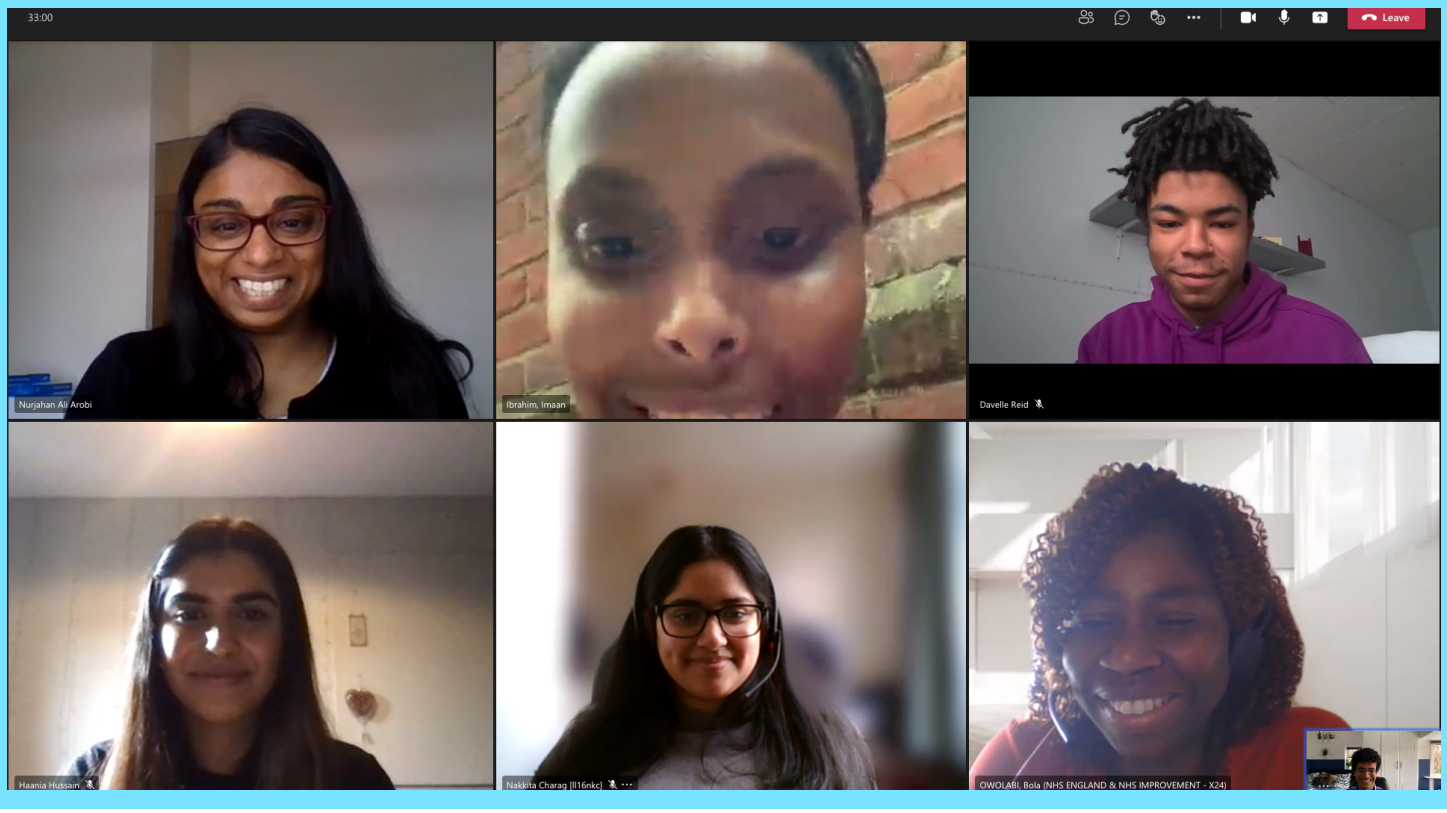
I am speaking tomorrow to GPs and Trainees about how to address health inequality. I Will encourage all to engage with teaching Health Inequality and involving the voice of lived experience in doing so.

James Matheson
RCGP

I will pose a challenge to the innovation, research and life sciences group to agree an action on how as a team we can contribute to taking the findings of this project forward.

Nathalie Carter
NHS England Innovation, Research and Life Sciences

Meeting the Director of Health Inequalties for NHS England



After the roundtable the group met with Dr Bola Owolabi who is the Director of Health Inequalities for NHS England. Dr Owolabi pledged her support for the project and explained how ensuring health professionals are educated in training is extremely important. Dr Owolabi also said she will ensure that our work carries on and has already made contact with Health Education England and the Medical School Council.

We discussed the challenges that can often be encountered when trying to formulate solutions to tackle health inequalities, with the largest challenge being a lack of evidence. The results of our research form a key piece of evidence and clearly demonstrate the need for change in the medical curriculum. The importance of co-production was highlighted and stressed during our meeting and thus it is clear that medical students must have the opportunity to ask for improvement and change within their education.

Although our focus was on medical students, Dr Owolabi mentioned the wider implications of our research and how our findings could help inform changes in the education of more healthcare professionals, in order to close to the health inequality gap as quickly and as effectively as possible.

Our Recommendations

From compiling all our research from the survey, the views of medical students, views of young people and views of stakeholders at the roundtable we have complied a list of proposed the solutions that we as a group believe should be implemented in the future.

There needs to be an increase in the teaching about the presentation of disease and illness in ethnic minorities, particularly in dermatology and psychiatry.

Medical students should be taught how religion, culture and lifestyle can influence a patient's choices in care, including some knowledge of alternative medicine. Cultural and religious understanding should be appropriate, diverse and accurately represent British society.

Improvement in communication skills to allow medical students to have an open discussion with ethnic minority patients about diet and lifestyle.

Discussion of historical events affecting ethnic minority population and how this could affect attitudes to healthcare e.g. Henrietta Lacks, Tuskegee Syphilis Study.

Understanding of the intersectionality between ethnic minorities and other groups in society e.g. LGBTQ+ community; elderly population.

Teaching around cultural differences, experiences, religion and health inequality should be (where possible) delivered by academics, clinicians, patients and families belonging to the relevant community.

Not relying on outdated research that was not representative in the first place such as black children feel less pain. Review and discussion of the eGFR calculation in Afro-Caribbean patients and the relevant evidence.

Teaching and learning around health inequalities and cultural differences should not be confined to one lecture or one teaching session but should be integrated into the core medical curriculum.

Ensure any changes are co-produced alongside medical students, young people and other stakeholders.

Medical schools, NHS England and key stakeholders in medical education should help to empower medical students so they can be honest and proactive about the changes that they want to see in their education.

Conclusion

Inequality within health is a serious cause for concern and as society becomes more diverse, there is potential for the inequality gap to widen. The results of our survey and findings of our research showed us that medical education is a point of weakness in the fight against health inequalities. Many medical students are not aware of the competencies that instruct them to be aware of health inequalities and therefore are not comfortable taking a culturally sensitive approach to patient care, encompassing cultural, religious and socioeconomic knowledge of the patient. However, the comments and suggestions received from medical students provide us with strong hope that medical students want and need changes in their curriculum, to feature health inequalities and cultural competency more heavily, making them the best doctors of tomorrow.

Nonetheless, children and young people are passionate about this issue and are keen to focus on the education of medical students and future doctors to begin to close the gap. The doctors of tomorrow will be treating our next generation and so this issue is of particular interest to children and young people. Children and young people were alarmed by the results of our survey and drew on their own experiences to form comments and suggestions on how they think medical education needs to be improved. Furthermore, it was agreed that children and young people are the source of our future doctors and so changes in medical education should be co-produced with them, whilst ensuring medical applicants come from a diverse range of backgrounds, representative of the society that we live in.

The key stakeholders in medical education acknowledge the work that needs to be done and have a range of projects and processes in place to help improve the teaching and learning around health inequalities and cultural competence. Teaching around these topics needs to be integrated into the core curriculum and delivered by patients, families and clinicians with expertise and lived experience. Moreover, there is a strong emphasis on the empowerment of young people and medical students to take action and make change wherever they see a need for change to be made. Looking forward, we, as young people and medical students, should work to establish a strong relationship with senior organisations and individuals to ensure that tomorrow's doctors can work to close the inequality gap. We cannot wait to see the change that we have ignited and what will happen in the future .