BeSST

Behavioural and Social Sciences Teaching in Medical Education

# IMPACT SURVEY

# 2026

## SUMMARY

# INTRODUCTION

In June 2026, we gathered reflections on BeSST's impact on professional practice, development, and sense of community. We were keen to hear the views of BeSST colleagues to help us better understand how involvement in BeSST may have influenced their practice (as educators, clinicians, researchers, academics, or professional leaders), including any impact on teaching, research, collaboration, and professional or personal identity.

The online survey was shared with BeSST community members via email and remained open for 3 months. Responses were anonymised. We also offered the option to answer in different formats, including creative artwork, poem, narrative, or audio reflection. All participants shared a written narrative text.

We invited respondents to answer 6 free text questions related to the impact of BeSST:

1. Can you give an example(s) of how the work of BeSST has influenced your teaching or professional practice? For example: changes in curriculum design, teaching methods, assessment, research, leadership, advocacy, etc.
2. Please describe any specific skills, knowledge, approaches, or perspectives you gained through BeSST that have influenced your practice?
3. Has BeSST helped you make connections with other people working in this area of medical education? If so, please tell us more about this.
4. Has being part of BeSST influenced your professional and/or personal identity? If so, please tell us more about this. For example, building confidence, motivation, belonging, wellbeing, or feeling more connected to others with similar interests
5. If you were describing the value of BeSST to someone new, what would you say has been its most important impact on you?
6. Anything else you would like us to know about the impact of BeSST?

# SUMMARY OF RESULTS

## 1. Respondents

- *Number of respondents*
  14 people responded to the survey.

- *Location*
  13 of the 14 worked at UK HE institutions.

- *Duration of involvement with BeSST*

  0-4 years – 7 (50%)

  5-10 years – 3 (21%)

  >10 years – 4 (29%)

## 2. How BeSST has influenced teaching/professional practice

**Curriculum alignment and redesign**

- Using BeSST core curricula (psychology/sociology) to align or redesign teaching, including mapping content to graduate outcomes; building new curricula/resources directly around BeSST recommendations

**Resource development informed by lived experience**

- Development of new teaching resources shaped by service user and carer perspectives/content.

**Strengthening the place of social sciences in programmes**

- Increased confidence to advocate for social science teaching within medical curricula—expanding scope, clarifying remit, and feeling like a valued contributor rather than an "add-on."

**Identifying gaps and improving assessment**

- BeSST helps people spot gaps in existing provision and develop new ways to assess content.
- Exposure to others' approaches influenced exam writing, written assessments, and assessment design more broadly (including best single-answer question workshops).

**Professional learning, feedback, and benchmarking**

- Provides a way to see what other institutions are doing, evaluate feasibility of innovations, and benchmark local practice.
- Enables feedback on local curricula from the wider community.

**Community, networking, and professional opportunities**

- BeSST activities (meetings, chats, workshops, conferences) build a supportive community of practice, raise awareness of developments in the field, and support networking (e.g., finding external examiners, invitations to present).

**Innovation in teaching approaches**

- Inspired experimentation with co-creation approaches after exposure to BeSST conference talks and discussions.

**Indirect value**

- One respondent noted no direct influence on their practice, but still valued learning about others' practice to inform future improvements.

## 3. Skills/knowledge/approaches gained through BeSST that influenced practice

**Teaching approaches and innovation**

- Gains in teaching skills, curriculum development capability, and exposure to innovative teaching practices.
- Learned and began integrating concepts such as structural competency and structural violence.
- Increased use of clinical vignettes/cases to support teaching.

**Learning from peers and disciplinary articulation**

- Valued opportunities to hear diverse educator perspectives, especially on how to position/justify psychology and sociology within medical curricula.

**Curriculum frameworks and keeping current**

- Gained a clearer framework for teaching sociology of health to pre-registration learners.
- Stayed up to date with recommended sociology curriculum content, and developed greater awareness of "state of the art" teaching and assessment in medical education.

**Assessment and exam-setting skills**

- Improved assessment design through seminars and guidance (including strategies for teaching social science in "crammed" biomedical courses).
- Developed practical skills in exam preparation and exam question writing, including:
    - Moving assessment formats from essays to MCQs
    - Refining SBA/MCQ item-writing for MLA AKT, which then influenced local assessments
    - Using OSCEs to assess psychology content

## 4. The role of BeSST in making connections

**Making connections**

Most respondents said BeSST clearly helped them build networks, meet peers, and feel part of a supportive community of practice—often addressing feelings of being isolated/ "solo" in their home institution.

- People made connections via online events, such as the Show and Tells and teatime chats; subgroup meetings (e.g., psychology curriculum update), and in-person events such as the Imaginarium and conferences that sustain relationships.

- Reported outcomes included collaborations in writing and research, educational opportunities (e.g., involvement in guidelines/curriculum writing), and practical support (e.g., reaching out for reading suggestions or advice on teaching challenges). One tangible example: appointing an External Examiner via BeSST-related connections.
- It was also noted that BeSST increased awareness of peer career routes and how behavioural/social sciences are positioned within different medical curricula and organisational structures.

**Barriers**

A few respondents felt connections were possible but limited because they couldn't attend enough events; some expressed a desire to engage more.

## 5. Influence of BeSST on professional and/or personal identity

**Stronger sense of belonging and community**

- Many respondents described BeSST as creating a wider professional "home" beyond their institution, reducing loneliness/isolation (especially for those who are the only social scientist in a department) and strengthening connection, belonging, and motivation.

**Increased confidence and professional validation**

- Participation in BeSST was reported as leading to greater confidence in teaching behavioural and social sciences in medical programmes.
- BeSST reinforced the value and importance of social science/sociology to health outcomes, helping members feel their work is legitimate and worthwhile.

**Supportive relationships and identity reinforcement**

- Members valued having trusted peers to contact for advice, guidance, and informal discussion
- The community was described as supportive and encouraging, even where teaching approaches differ.

**Imposter syndrome: acknowledged and often reduced**

- Several noted imposter syndrome (e.g., being a medic without a social science background; moving from professional services into academia without a PhD). For some, BeSST helped reduce imposter feelings by normalising challenges and affirming their work.

**Broader perspective on scholarship and identity**

- BeSST helped legitimise different types of research and scholarship, including theoretical and qualitative work, strengthening professional identity for social scientists in medical education.

## 6. The most important impact BeSST has had for respondents

We asked respondents, if they were describing BeSST to someone new, what they would say has been its most important impact for them. The overwhelming response to this was that BeSST is a ‘community’, or some said a community of practice ’, with ‘shared purpose’ and ‘like-minded’ people.