F: So, hello. Thank you again for coming. My name is Heather, and I’m going to be facilitating the focus group. If you wouldn’t mind starting by introducing yourselves

*[participant intros]*

F: That’s great. Thank you. So, my first question for you is, what do you understand about Widening Participation in Higher Education, so, not necessarily Medicine, you can be as general as you like?

P1: So, I guess trying to encourage people from a wider variety of backgrounds to access Higher Education in general.

P2: Having I guess a diverse workforce, so, it can have, I guess difference experience from different backgrounds, so, increasing the experience, the diversity of the workforce.

F: And do you know why universities do it; what do you think, or what sort of activities that they do?

P1: Well hopefully the fact that they offer bursaries for example, maybe scholarships, I’m not entirely sure, to, and maybe just education about funding, to students and families at a younger age, so, that they know that you can access Higher Education.

P2: There’s

P1: Yeah, go on.

P2: There’s stuff like ATS, which is like Access to Southampton programmes, which allow students from a particular background to gain education, Higher Education, and also like summer-schools for people who are applying to Medicine, so, basically making it easier for people to come here from a different background to access Higher Education.

F: Good. And do you know what sorts of backgrounds these students are coming from, who it’s targeted at?

P2: Generally, from low socioeconomic.

P1: First in family to university.

P2: Yeah, yeah. People who have other commitments and dependents and stuff like that, who wouldn’t normally have the opportunity to get to Higher Education, because of what their responsibilities are.

P1: People who access state benefits.

P2: People who may not, not able to do so, in terms of physical abilities, I guess, because of financial needs, and stuff like that.

F: Right. Yeah, okay.

P1: I think that’s it.

F: So, do you know anything particularly to do with Medicine about Widening Participation, so, thinking a bit more specifically, what sort of things do we do and why?

P1: So, I went to a college where nobody had ever, as a mature student, but it was you know a Sixth Form college, and nobody had ever applied to Medicine before, so, nobody there was able to help me with my application. So, I found at Exeter University, they did like an interview technique day, which I wouldn’t have had, you know the opportunity to do through my college. I know some better schools might offer that kind of service, but not all schools do, so, I was really pleased to have been able to access that, but again that was Widening Participation, so, I know universities do that kind of thing.

P2: Yeah, similar to people who have gone through the process of Widening Participation, so, there are some universities across the UK who have Access to Medicine, for people who wouldn’t normally necessarily go into Medicine. For example, Kings, they have like a EMDP Programme, which is similar to Southampton, because I live in London, I have friends who have gone on that Programme, and obviously because I knew there was something up there, I looked into it a bit more, and got an interview for Southampton, then obviously they helped me with the interview process. They were like, oh, this is how you’d normally have an interview and stuff like that, and they helped me structure myself. So, I think people who have gone through that process, are more likely to help you, because they know you know what you’re going through and what you’re going to go through, yeah. I don’t know if that answers the question.

F: Yeah, absolutely it does. Why do you think we do Widening Participation into Medicine?

P1: I think, from now, being a student as well, I think it’s really important, because you are going to meet people from all socioeconomic backgrounds and ethnicities, in your working life, especially as a doctor, and you have to be able to relate to them. So, the greater range of people that you have working in Medicine, the more likely they are to be able to empathise with their patients, and if you have the traditional doctors, they are unable to empathise and some things can’t actually be taught, and having been a student and still seeing some people like that coming through, it is evident that there will still be, at the moment, two different types of doctor, that one that’s been born into it, and the one that has worked to get there.

F: Right.

P1: And although everybody works to get there, some people have an easier journey, but I think it would make a difference to patient-care if they can, if medical schools can try and encourage more people from a wider variety of backgrounds to enter the profession.

P2: I agree, because it’s almost like challenging the status quo of the conventional doctor to increase diversity, but also increase the amount of people who are from different backgrounds. So, the more people from different backgrounds you have, the better workforce you have, I guess, because you can appeal to different people, different backgrounds, but I guess, yeah, just having different people and increasing diversity, and also, I guess there’s some sort of a quota that the university has to hit, in terms of diversity, so, if they can have potentially more applicants from different backgrounds, then I guess they’re just increasing diversity.

F: Yeah, I think there are requirements the university has to meet to retain its status, I think, but I don’t know too much about that. Okay. So, thinking about, I think you’ve mentioned, you know you’re part of BM6, do you know about the different Programmes that we have here at Southampton, and what they involve, how students get onto them?

P1: So, BM6, I think they’ve changed it now, haven’t they? So, when we applied it was B, B, C, and now it’s three Bs, I think.

P2: Yeah, they have made it a bit more harder, but it also reduced the amount I think from thirty to twenty.

P1: Oh crikey, did they!

P2: Yeah, last year, they’ve reduced it from thirty to twenty. I don’t know what it is now, this year. But, there’re three different courses. Basically, like basically, I found when I was applying to Southampton, I found out there’s a BM5, BM4 and BM6. Also, BM(IT) and BM(EU), so, there are like five different things to get into university. But what appealed, well what appealed to me the most was the BM6, because obviously it relates to me as a person, and for my background, where I come from, but it’s quite diverse in that sense, because you have people from the Kassel, from Germany, we have people Malaysia, we have people from, not just you know, people from low socioeconomic backgrounds, but just all over the World, which I think is quite good, because it allows different people from not just backgrounds in the Country, but different backgrounds from all over the World to come and study together, so, I guess it increases diversity in that sense. We might not all come from the same socioeconomic background, but we have different experiences, and I guess that increases diversity of the workforce.

F: Do you know that the differences are between those other Programmes?

P1: BM4 is a graduate scheme, so, they have to have a degree, I presume, it has to be a 2:1, I would have thought. It’s very competitive and it’s a four-year Programme.

F: Okay.

P1: BM(IT), is the campus with Malaysia, isn’t it? BM(EU) is the Kassel, German. BM6 is us, so, we do Year 0. I actually applied for BM5 and BM6. I’m really thankful I did a BM6, because, more than anything, we were discussing this earlier, what I found useful was the Statistics, the Essay-writing, because I’d been out of traditional education for so long, well I’d gone back to do my A-Levels, but I hadn’t done any Maths for my A-Levels, other than what you do in Chemistry, so I really would have struggled going straight onto BM5, without the Maths, Statistics, Essay-writing, you know that kind of help from that first year, and it made my first two years much easier, and again, not all of us, so, like I haven’t had any help with like my personal statement and things like that, so, I think they’re the things that are actually really important for widening access, are trying to access these younger people that don’t go to schools that coach you into getting into a Medical School, because so much is focused on the UKCAT, writing the right personal statement, and if you can’t afford to go on these UKCAT courses, which they do, personal statement, you know days, it’s really important to, because that’s the first hurdle.

F: Yes.

P1: Because if some people can’t even get over that, and yeah.

F: Yeah, absolutely. So, there are, you’ve identified five different Programmes, which is great. Do you all know students on different Programmes?

P2: Yeah.

P1: Yeah.

P2: Yeah, I’ve made friends with people from all across the board, in terms of like the different Programmes that they’re on. It’s not, like almost coming from a BM6 background, it gives you the ability to have, I guess an open mind, more of an open mind than BM5, because you know where you came from and you can try to empathise with people from different backgrounds, you always get along with everyone, I guess.Which is good. But also, like in BM6, there were inclusivity sessions which were really good, and that’s one of the positive things, amongst a million things of the BM6. Those sessions, also allowed me to combine all the different aspects, because I wasn’t born in this Country, but I’ve lived the majority of my life here, so, it allowed me to combine both of those traits, and I guess find and know who I am as a person as well, and determine what and where I want to go, so, yes, the BM6 definitely helped me in that aspect. It meant that I can use my experience to try and get along with different people, but there was a lot of support in the BM6 cohort. There’s a lot of support, financially, and also, just social support and everything like that as well, yeah. It also meant you were in a group of thirty people, and it was a small group, where you knew everybody, and you’d get along with I guess pretty much everybody, before you went onto a group of two hundred and fifty students. I haven’t taken a gap year, I think that was really important, because first of all, I was almost eased into the Programme, because we did like I guess, almost A-Level stuff, but also, we moved onto, we did a lot of stuff that we do currently now. We done, like the Statistics, you were saying, we did.

P1: We did like, the Foundations of Medicine, what we did in the first year, and bits of second year, we had already covered in Year 0, it was almost like revision, and a bit more information, so, it wasn’t all brand new to us.

F: So, it’s well structured.

P1: Really well-structured.

P2: Definitely. There was stuff there we did, that we went into so much detail, that we don’t even do, like the metabolic diseases.

P1: Yeah.

P2: Ptosis and all that stuff. I think we don’t even do as much detail in BM5, so, it gave you like an insight into what the different things are.

F: Yeah.

P2: So, you know it kind of set you off, it sets you off before you actually get onto, with the BM5.

P1: Yeah, I feel like it really did give us a head-start. It’s the first time, if I’d gone straight into BM5, I would have felt like I’d drowned I think, but actually I felt like I had a head-start. You know, I’d been in the anatomy lab, hadn’t we?

P2: Yeah.

P1: Which I didn’t like at the beginning, so, at least it gave us some experience. I mean we didn’t have anywhere near as much anatomy, but it gave us a bit of experience really, didn’t it, and you know, bone names, and it just, I just felt like we had a bit of a leg-up, which is nice, because we don’t often feel like that.

F: So, a bit more prepared.

P2: Yeah, no, and also just being surrounded by the university without having too much things to do.

F: Right.

P2: It felt a bit more, it was an ease into university life, because we didn’t have nine to five lectures in the morning, I mean all day, and then have to be somewhere else you know, and you had to, it was like an introduction to university.

P1: Yeah, and it’s three days a week, yeah it was really good.

F: I think you’re longing to be back!

P1: Yes, we are. We do look back longingly! And the placements were the best that I’ve done, until now.

F: Okay.

P1: So, until third year, where we’re actually doing, we’re on clinical now, years 1 and 2, I didn’t learn as much as I did in the BM6 placements; they were brilliant. Yeah, really well setup and you know, and we saw loads of stuff, didn’t we? It was brilliant, yeah, really, really good.

F: So, thinking about sort of studying and learning, now obviously you’ve had a couple of years where you have been better integrated with students from different years, Year 0 is quite separate isn’t it, but now that you’re integrated with different year groups, do you find that you study with students from different year groups, like do you learn together?

P1: Well I’m not normal, because I don’t live here. So, no, I have stuck with my BM6 people, if I’m honest. But if the university put us in groups, obviously I’m with BM5 students, and we work together and we do group sessions and you know if we’ve got a group presentation or whatever, but that’s, I don’t know if it’s different in your group?

P2: No, I agree, a hundred percent. We don’t, if we’re put in groups with other people from different backgrounds, I get along with almost everybody, because obviously we’re all here to achieve one thing, and we wouldn’t have been let into the Programme if we were uncapable of doing so, but, I get on with everybody, but I think I still enjoy spending time with the BM6s, even from years above and years below. So, my revision tends to, it’s around, you know we revise together sometimes and stuff, and we do OSCE practice together a lot, that’s just because we, I guess we can relate to each other. But I do have friends, obviously from the years above.

F: Yeah.

P2: Really great, you know we revise together, but as much as the BM6s, but yeah, I’ve made friends with all people.

P1: I just think when there’s only thirty in that first year, you do form a bond.

F: Yeah, yeah.

P2: It’s a family.

F: That’s nice.

P1: Yeah, that is what it’s like.

F: Yeah. And what is it like when you do study with different year groups, what was that experience like?

P1: Yeah.

P2: Yeah, like for me, I always relate to people who are a bit older than me, but also, with people on the BM6, because I feel like I matured a bit quicker than a lot of people.

F: Right.

P2: But yeah, so, I tend to form friends with people who are a bit older, for like who are again more mature, but yeah, when we study together, we empathise with each other, and just know what, how to study, I guess.

P1: Yeah. I’ve found it fine working with the rest of the BM5 group. They, I think it took them a while to lose the competitiveness, because, and I completely understand, up until this point, your competing to get into Medical School, and so, it just seemed like grades and everything was a bit of a competition at the beginning.

F: Right.

P1: Or you know, trying to get your voice across. So, when we did group tasks for student selected units in the first year, everyone was kind of speaking over each other, and not listening to what each other had to say, so, I feel like it took a little while for people to learn that it’s no longer we’re all up against each other to get in, you now have to learn to work as a team, because that’s what Medicine is. But I feel like everybody gets on, well from what I’ve seen, everyone seems to muddle along pretty well now.

P2: Yeah, and I think, that was a bit different in my experience with work in groups, because I’ve been, I always got along with everyone that we were put into groups with, I don’t know what the reason was, but I’ve not had that experience where we were speaking over each other and whatnot, but I guess that comes with coming to university and being a bit more mature.

F: Yeah.

P2: I still experienced some of that competitiveness around people, because they obviously, they still think it’s competitive. They think they’re competing against you, as a person, as opposed to they’re working towards treating a patient, but that’s just instilled in that person, from the get-go, because of their particular background often their parents are doctors or whatever, but it’s less so, it’s less so. I think people are starting to realise it’s not as competitive, you know you’re not here to be competitive.

F: And do you think that sense has come from working together that has enabled that to change?

P1: It’s age as well, I think.

F: Yeah.

P1: I think it’s something that comes with maturity, and maybe some of them have not had actual jobs before, so, they haven’t really had to work as a team, and most work places, you have to work as a team, but you know some people don’t have to work, and actually, the further you go through, the harder it is to actually have a job in Medical School, whether you need to or not, so, so, if some of these people have never had a job before, they’ve never really come across proper teamwork, and that just comes with maturity and age. I don’t think anybody is maliciously being competitive. I just think that it is something that they’ll.

P2: Self-conscious of it, yeah.

P1: Yeah, and some people are just more competitive in their personality, and they’re the people that will go on to specific specialties. I mean there are specialties for characters like that, I think.

P2: Yeah. I agree.

F: That’s interesting. So, kind of those qualities, actually we need them. That’s kind of linked into the idea of diversity, that is a feature of diversity. So, I think were you mostly talking about the BM5 there. Do you get to work with BM(EU) and BM(IT) and BM4?

P1: I think the first couple of years, no, not BM4.

P2: BM4 I think come in, I think, next year, don’t they?

P1: Oh, do they.

P2: Yeah, I think they come in next year or at the end of this year, I’m not sure specifically when.

P1: Oh, what, they join us, do they?

P2: Yeah, they join us, yeah.

P1: Right.

P2: For placement and stuff like that.

P1: Oh right, okay. That’s interesting, I didn’t know that.

P2: Yeah, for Kassel, you have work with them for the first year.

P1: First and second year, so, like our anatomy groups and stuff.

P2: Yeah.

P1: Like I had quite a few of the Kassel students in my anatomy group, and we got well. But they, they really stayed together, if I’m honest.

P2: Yes. They do stay together, but also within Kassel, within the Kassel group, again, there’s diversity within that group.

P1: Yeah, right.

P2: Because there are people from different backgrounds. They’re not necessarily conventionally German. And they study there, because they’ve lived there. But it was surprising, because it felt like I was amongst BM6 when I was around them.

P1: Yeah, they were like another BM6 cohort.

F: In what way, just?

P1: Well they were diverse, a small group, really close, you know, and at the beginning, like Year 1, you got the BM6 group that probably stuck together. For the BM5s it must have been quite difficult, because they were a huge group that didn’t know anybody, and you’ve got the Kassel group that obviously knew each other, which was probably about thirty people, wasn’t it?

P2: Yeah, about that.

P1: Us, so we were thirty, and then.

P2: And then when they go, the BM(IT)s come, and I think it’s about what, not thirty is it?

P1: I’m not really sure. I don’t, I kind of, I couldn’t pick out a BM(IT) person, I just presumed that they were all together. I knew that it existed, but I didn’t know, they don’t, I didn’t know whose.

P2: No, they’re coming, yeah, it’s always difficult to tell, but yeah, I’ve worked with the BM(IT)s, I have like BM(IT)s in my SSU, and they’re, yeah, they’re very mature. There’s a lot again, from different backgrounds. I guess it’s not necessarily, I don’t know, it’s not age, it’s just a lot to do with your background and stuff like that and where you come from.

P1: And the responsibilities you’ve got in your family.

F: Yeah.

P2: Yeah, age is definitely a correlator, but it’s not just.

F: Not just.

P2: Exactly.

F: So, since you can’t necessarily tell whose BM(IT), but can you tell who is in what Programme, generally, do you think?

P2: Now that I’ve obviously, like you know, been with these people for three years.

P1: I mean if I was going to be really judgemental, I could guess who was in (IT).

F: Yeah.

P1: But that doesn’t mean that they are.

F: No.

P1: They could just be English, you know, because we have people from all ethnicities living here, so, you know if I was going to judge people on how they look, I could attempt to guess who is (IT), but then they could just have come here with their family and applied to the BM5 Programme, so, I don’t, the only reason I knew the Kassel group, was because they spoke German when they speak to each other, otherwise I wouldn’t have known that they were either really.

P2: It’s very difficult to tell in terms of diversity, because it’s, there’s I know a few people who applied to the BM5 Programme, who could have applied to the BM(EU) Programme, and as P1 said, she applied to the BM5 Programme as well, or she looked into it, and it’s almost as, like as if, just because you applied to one particular Programme, it doesn’t mean you can’t have done another, you know.

P1: Come through a different route.

P2: Yeah, come from a different route.

F: Yeah.

P2: Which is really important, because Southampton has a very good diversity scheme to allow people from different backgrounds to come in and just you know work together, it’s like a melting pot for diversity.

P1: I’m still not sure that, if I’m going to be brutally honest, that BM5 is very diverse. If it wasn’t for, if you took away the (IT), BM6, and Kassel.

P2: Yeah, I agree.

P1: It’s not a diverse group of people at all, actually.

P2: No, no.

P1: It’s a traditional Medical School group of people.

P2: Because when you talk to them, you ask them well you know, how did you get here or whatever, they’re like oh my dad’s mate is an ophthalmologist, or my dad’s an ophthalmologist or my dad’s a surgeon, and I got to spend five days with him, and his mate helped me with my personal statement, and blah, blah, blah, and this and that, and I don’t have to worry about financial problems, and I don’t have to worry about any of that stuff, I get everything paid for me. Whereas to compare everyone else, everyone else is just from different backgrounds. I guess we all have different challenges, you know that we had to overcome to get here, some more than others. But yeah, as P1 was saying.

P1: I still think there’s a way to go with a traditional BM5 group.

P2: Definitely, yeah, yeah, I guess.

P1: Diversity, I really do.

P2: Yeah, I agree. There’s, I don’t know, but there’s, they can be a bit judgemental when it comes to BM6s, you know, the BM5s they can be a bit judgemental when it comes to BM6s, because they don’t understand where the BM6s come from, and it’s not just the grades, it’s not just that, you know the grades or whatever, it’s not just because of socioeconomic background, there are many different tick-boxes that we had to like tick in order to get here.

P1: Well I think they do begrudge the fact that we managed to get in with lower grades, but what they don’t understand is, is just because the grade boundary was B, B, C, that doesn’t mean we all got, B, B, C.

P2: Exactly.

F: Right.

P1: You know many of us got higher than that, many of us could have gone through the BM5 route, we chose not to, because we felt we needed the additional support of that first year, and if the BM5 group were honest, because many people have had to do re-takes from the BM5 group as well, they would have benefited from the Year 0, everybody would actually. If it was an option, everybody would benefit from that support at the beginning, but I think, and I do understand the emphasis on academics, I do, because it’s mentally challenging course, but you can’t teach communication, and if they manage to get more people in front of them at that interview, I think they would be able to get a broader, more diverse cohort, but because they still stick to the strict UKCAT cut-off, the academic cut-off, they’re missing a whole group of people that just because they didn’t get A\*, A, A, aren’t, you know they never got to sit in front of somebody in an interview, and they would have, maybe they would have interviewed excellently.

F: Yeah.

P1: So, I mean you have to be academically strong enough to keep up, but I still, I still don’t believe that you need be an A\*, A, A, student to keep, academically keep up, actually you just have to be willing to put the effort in. And some people don’t go to a school where you’re ever going to achieve an A\*, A, A; they just don’t have the teachers who are able to teach at that level. And that’s just, and it is a postcode lottery. You know it is a shame.

F: It is difficult. So, when you go to a difficult school, to be compared to someone who has been to a better school, it’s very difficult.

P1: Yeah. So, and it is just a shame, because they are missing a whole group of people that would make excellent doctors. And there are some people who I’m studying with, who are academically brilliant, I can see that they are, but they’re robots, and they will be excellent, but then perhaps there are specialties for them as well, that aren’t patient-focused, so, you know maybe they’re the pathologists, or you know people that work in labs and stuff like that, who are academically brilliant.

P2: Yeah. But I think it’s very important not to take away from the fact that no matter where you are placed to, in a hospital, in healthcare, communication is very important, and being from a particular background, I guess BM6 or whatever, you do have a different way of communicating, and I guess we’ve all had a lot of challenges to get here, and if you weren’t able to communicate, you wouldn’t be able to get here.

P1: No.

P2: So, I guess, I want to say, all the better at it, but we’ve just been exposed to different ways of communicating, that has allowed us to get here. But just because you have A\*, A, A, it doesn’t necessarily mean that you are going to be academically capable of keeping up with Medicine stuff, and just because you have A, A, A, or A, A, B, you’re not going to, you know fall out, or you’re not going to you know do necessarily worse than a person who has got A\*, A, A, in Med School, because it’s very important to realise that it’s a marathon, it’s not a sprint, you know. There are many reasons why some has got A\*, A, A, to get into Med School, and there’s a lot of reasons why someone got A, A, B, or you know B, B, A, or whatever grade that they got, so, it’s very important to realise that just because you have a particular set of grades, which may or may not have allowed you to get here, unless you applied to BM6, doesn’t necessarily mean that you’re gonna do worse in the Programme, but yeah, communication is very important I think.

P1: Yeah, and as much as they try and teach it to us, they’re the lectures that people don’t go to, because people feel like it’s nonsense. And until you are in third year, taking patient histories from real patients, in a natural environment, i.e. on the wards, clerking, you don’t realise how important it is, and you can’t go back to those lectures, because they’ve been and gone. But like I say, I mean I suppose you can teach communication, but there is only a certain level that you can teach it to, and if you haven’t been exposed to a broad enough range of people, you’re just not going to be comfortable enough speaking to them naturally, and people can detect that I think, when you try and speak to somebody, you know if people feel judged or if you look shocked, and it’s quite difficult to like, keep your facial expressions, you know, neutral, but if you’ve never been exposed to people, like you know all these different kinds of people, then you’re, but then again, that’s going to come with experience as well, so, I mean I’m not saying that people from, because they can’t, at the same time, they can’t help the family that they’ve been born into, they’ve been born into affluence and privilege, but that’s not their fault either, so, it’s really difficult, but it’s just, it would be, I hope that what comes from all these focus groups and research and stuff, is that the BM5 Programme itself becomes a bit more diverse, and they don’t have to have special, you know groups of people to bring in, to make it diverse. It would be nice if they made more of an effort with the main cohort.

F: Great. So, I think you’ve sort of actually kind of segued into my final question actually there, which is, what do you think, if anything, that having diverse students brings to the learning experience as students, or brings to the kind of medical, your professional clinical future? So, sorry, just to clarify, what do diverse students bring to the table?

P2: I think many things, not least, the different ways of you know attacking a problem, so, different ways of thinking outside the box, I guess, using previous experiences, diversity improves healthcare, and the way we deliver it. There’re many things that it does. It also reduces prejudice.

P1: And I hope that more that we’re here, the more that people that what we bring to the table, you know, it will be nice if clinicians fed back to the Faculty, to say, you know, these are great students, or you know they’re, you know we need more of these students, but I don’t know if that ever. I mean it’s very difficult, because we’re spread out everywhere, it’s very difficult to have any kind of centralised feedback. They try don’t they, with surveys and stuff, but I don’t know, actually, but hopefully as well with the BM5 students, we help them, because they’re speaking to a broad range of people from different backgrounds.

F: So, in what ways do you feel that you’re helping them?

P1: Because they speak to us, so they, you know, know that, for example, I’m thirty-three, and for an eighteen-year-old that’s just come out, I mean not that they’re eighteen anymore, they’re not twenty-one I suppose, they know that you’d, I’m traditionally they might think I’m quite old to be starting, you know to be starting Medicine, but hopefully they see that actually I’m not, you have to work until you’re quite a big age, and you know I’ve got lots of working years ahead and by the same token, lots of people that we studied with have got caring responsibilities of their own, it’s not just having children, you know they might have family members and stuff that they care for, so, hopefully they can see that you know it’s not just one traditional person who studies Medicine – or needs treatment.

F: It sounds like, when you’re saying about reducing prejudice and changing perceptions that they might hold towards certain types.

P2: Yeah, by being here, we’re almost increasing their knowledge of diversity, because obviously if we’re here, they interact with us, they understand that you know there’s more to us than meets the eye, so, therefore they change their outlook and things, and they have an open mind when it comes to talking with future patients, you know future, you know what if they get to a position where they can employ someone, hopefully they will employ someone who is based on their character, not their ethnicity, so, I guess it’s almost, it’s like a domino effect.

F: Right.

P2: To increase more diversity.

P1: And ultimately one day, it will be nice if people employ and let learners come, based on their ability, rather than their ethnicity.

Because then we know that we’re diverse naturally, rather than having to meet a number, because we should have, you know you should employ for the job the person is right for it, not because you need to employ somebody of a different ethnic origin, so, it shouldn’t matter what your ethnic origin is. It should just be whoever’s best for the job, and yeah.

F: So, you mentioned something a minute ago, about how having a diverse workforce actually improves the healthcare that we can provide; could you expand on that at all?

P2: Yeah. It does increase, if there’s a diverse workforce, there’s going to be more people who are able to communicate with people from diverse patient backgrounds, so, if a doctor speaks a particular language, because they come from a particular background, they can communicate better with that patient. Also, if, in terms of improvement as well, it’s just communication, it improves communication in many different ways. Yeah, diversity, yeah, is very important in improving communication, yeah.

P1: Yeah, I agree. I think, it, oh, it’s just, I don’t know, diversifying the workforce and Medical School in general, is just to make sure that an equal amount of people are represented, and that will feed into the workforce as time goes on, you know. Twenty years ago, it would have been very different, and now, twenty years on, we’re a little bit further on, and you know eventually it will feedback in and then we’ll be able to represent a bigger proportion of patients.

P2: It also gives the patient the choice, instead of having the conventional doctor that you know, that would have normally treated this patient from x background, they have one, two, three more doctors, who are from a different background, different experiences with different ways to do things, so, the patient has a better choice in terms of their healthcare, and that’s very important to give the patient a choice, and they’re empowered how they are treated, ultimately it’s their choice.

F: Great. Thank you. Thank you so much. Was there anything else to do with Widening Participation or diversity, that you feel that we haven’t covered?

P2: Not at this moment.

F: No, great, in that case I will stop the recording.