Focus group 11, teaching staff

H – facilitator

P1 – senior teaching fellow and deputy programme lead

P2 – module lead and deputy programme lead

P3 –teaching fellow and researcher

H: Great, thank you very much. So my first question is more of a general question, not specifically relating to medicine. I just want to know what your general understanding is of Widening Participation in Higher Education. What is it, what do we do? Does anyone have any ideas?

P1: Yeah, so my understanding of WP is that it allows students to potentially get onto a course that may feel disadvantaged in some way. Part of that could be that they’re from perhaps a poor background, or they may not feel like they have, may get the necessary grades to get on to a particular course. Or it may be the demographics of where they live for example, that may dictate whether they make it on to, or the way that they feel they may not get on to a course

P2: So I don’t disagree with that. I would add that I think that it’s also about encouraging students who have been brought up in backgrounds that wouldn’t necessarily encourage them to think about certain, HE itself, or certain professions to go into, because either culturally or socially, because of their parenting etc., or their schooling, that’s not an expectation of them. So it’s enabling them to achieve or enter education with an expectation that they may be able to gain other qualifications or professional qualifications. It’s also about having people from different cultural backgrounds as well that are included in the uni.

P3: Well I think, a further point of that would be, earlier intervention in the sense of going into schools and bringing the opportunities, presenting the opportunities to the people we’re talking about so that they see it at an earlier age that that might be something they are able to do, rather than just suddenly seeing it at the age of 17 or 18 and saying I’ll investigate WP. So you know, actual outreach that enables facilitates that to happen

P2: So to be successful it probably has to occur quite early on in like 10, 11, 12 years olds, quite early on really, to make them think that they’ll be able to do these things or achieve those things. It gives them confidence to have a go

P3: Indeed, yes.

P1: Does it occur in other degrees? That’s something I don’t know, I’ve only known it in medicine, I’ve only actually known it since I came here

P3: Well there are foundation degrees aren’t there, so I know that there are some Life Sciences people where they go into a foundation course to encourage them to universities generally. I don’t know if any of those ever find their way to the medicine side of that but there are, I know one of my sons considered doing that at one point when his A-Levels weren’t up to a particular stage, but he could do a foundation degree. So I guess that it’s broader than just medicine

P2: They have this science, STEM isn’t it? Science Technology Engineering and Mathematics that they introduce to schools and particularly to encourage girls, females into programmes in those areas and degrees, to take those potential careers on. And there’s quite an active STEMMY programme going on I know locally in different schools.

P1: And that would come under the WP bracket?

P2: Yeah, I mean my step-daughter lives on the edge of quite a deprived area of Southampton so she gets invited to lots of extra university and careers things which are designed particularly for her to think about doing a degree which she wouldn’t have if she were living in a postcode just a few doors up, so schools are doing work about WP that way

H: Do you know why they are targeting girls in these subjects?

P2: Well, they have a low intake of girls in those sort of…

P3: In those topics within those areas… in perhaps the “harder” sciences, you know the physics, the engineering, to try and bring the balance up. But I don’t think

P1: Oh really? Well maybe, to me I mean, historically, these sorts of jobs would be ones that men would normally go in to do. It was very male dominated, Engineering, science, maths, which is thankfully starting to change, but maybe there’s still that sort of feeling still there with it. I don’t know what the statistics are with it now, maybe it is still male dominated, but that is starting to get equilibrium now in those sorts of jobs and that will throw back all the way through to the portion of male vs. females enrolling onto these courses.

H: Great, thank you. And then moving on to medicine more specifically, what do you understand about WP in medicine, so who is it for, and what do we do, and why?

P3: I think what is undesirable is having a group of doctors who are unrepresentative of the patient populations that they treat. And historically it has tended to be richer white males who were the dominant forces in medicine. And that has shifted over the years so there are many more women involved in medicine now than there were 50, 60 years ago. But they all have tended still to come from more privileged backgrounds – so not necessarily representative of the people that they’re treating, so I think it’s desirable to have a population of medical professionals who include the appropriate ethnic diversity and in many cases those are people who might not normally, naturally, have gone into medicine in the first place

P1: Yeah, and also I suppose there’s this question of, were your parents clinicians, were they doctors? There’s this sort of, if their parents were doctors then they may go into medicine as well, and it kind of, there’s this feeling potentially, of there being this incestuous nature about it. And it not going outside those families, and actually, going to all corners of society for people that could potentially become really good doctors themselves, but feel like they maybe don’t have some of the qualities that make a doctor completely well rounded, which isn’t necessarily the case

H: What do you think makes them feel that they don’t have the qualities needed to be a doctor?

P1: Well, coming on from what P3 said, the fact that there’s this persona of a doctor of being somebody who is white, maybe male, has come from a privileged background. Maybe has gone to private school and I think that for somebody who feels like they could get on to medicine and get through a course, maybe intellectually, they may feel like that they might not fit in

P2: I think there are certain advantages that some independent schools confer to children, students, about public speaking and confidence. I went to a state school, I don’t think I ever had that instilled in me at a young age, but when I first went to medical school I was surrounded by probably 70% of my colleagues who had been in paid, independent schooling and some of them had a real natural authority and way of delivering and speaking up for themselves, and it took me years to develop anything and I still don’t think I have that now, but I felt very disadvantaged just in terms of how to, I would never have stood up in the front of a lecture theatre and encouraged everyone to come to the med soc ball for example, I could not have done that, and actually that transpires in group teaching and going on ward rounds, so even just something which could be seen as relatively quite a small advantage makes a huge difference through medical school and through being a junior doctors until your character develops and you find ways to overcome those things. And the other thing for me is actually if you think about who, the people that are making decisions about healthcare, about healthcare provision, finance, money, where are we going to build this hospital or what are we going to spend this fund on, it is still predominantly white, middle aged, middle class men, and some women, but the people that are making those decisions are not the people that are necessarily being affected by the decision making.

P1: That’s a really good point actually

P2: They’ve got their private insurance haven’t they? And certainly deprived and vulnerable people in our population are not well thought about and cared for and they miss out greatly on not having a close medical care

P1: Yeah I think quite a lot of it can, I mean I haven’t really any idea, any empirical data or anything like that, but it just seems like there’s a confidence thing, and I think that you’re right, private school can give you confidence and if somebody maybe doesn’t have that confidence that wants to go on in medicine may feel deterred because they’ve got this image of a doctor as being somebody that has confidence and can probably speak well. Having said that, I think the process of going through can give you that confidence, maybe I’m going to be answering another question that you’ve got, but I don’t think students realise that

P2: Yes I think going through medical school does, and going trough being a junior doctor does. Because you have to develop that in some ways, a resistant, protective thing to be listened to and not feel drowned by it.

P1: Yeah, just think about those OSCEs as well! I’ve sat in and looked at how that OSCEs operate and just thinking, ‘God I don’t think that I could do that!’

P2: They are acting out a performance there

P1: That’s right, and they’re just in their third year, and jumping from one to another with people they haven’t met before, and it’s high stakes. If that’s not going to build up your confidence I don’t think anything will!

H: Yeah they sound terrifying! Great, thank you. We’ll move on slightly. I wanted to find out what you know about the different programmes we have here to get into medicine? I think you’re all working with BM5, but there are the others ones as well. Could you tell me what you know about them?

P2: Well it’s a little bit unfair from me because I work the open days and have to talk about all of the programmes

H: okay, that’s fine!

P2: I feel like I do know quite a bit about access to BM4, which is our graduate entry programme, and has different entry criteria, which is that they need a degree at 2:1 or above. BM6, which is our WP programme and requires 3or more of the eligibility criteria to be filled, has 32 places and students have a year 0 which is bursary funded and as long as they pass the end of year 0 they can continue and join in with the BM5 cohort and running through the rest of the time. And our BM5 programme which is primarily for school leavers but does accept some mature graduates and some international students and has about 170 places. And then BM(IT) which is our liaison with Kuala Lumpur and Malaysia, and someone might have to help me out a bit there – but it has about 12 students who join us in year 3 and we give them an integration, introduction to medicine in Southampton modules to help them find their feet a bit and understand possible cultural difficulties. And we have the BM(EU) programme which is linked with Kassel, and we have bilingual students, German speaking. And, does anyone know the numbers for that?

P3: I mean it varies from year to year but

P2: Is it around 30 or something like that?

P3: Yes I think that’s the right number, 24 to 26 is typical in the end

P2: And their entry criteria is a little bit different in terms of how they’re assessed ad how we select them. That’s all fresh for me from working!

H: That’s fab, good for you for working the open day on a weekend!

P2: I didn’t mean to take over, please add in things!

P1: I wouldn’t have been able to talk much about BM(IT), my knowledge of BM(IT) isn’t very good

P2: They do their first two years don’t they, in Malaysia

P3: Yeah they do the first two years there, and the first semester in Y3 they, when the corresponding BM5 students are doing their [research] projects, these students are doing an orientation course which brings them to a similar sort of level, so that they then merge with the Y3 by the end of the semester

P1: Oh okay, missing out the research project

P3: And having a quick run through critical appraisals and lots of other bits and pieces which give them a sort of…

P2: An intro to GP, surgery, medicine, communication skills with Lecturer J; they’re encouraged to watch things like Eastenders so they get a sense of what things are like here; and go to parks and stuff

H: Great, thank you. So, you’re all aware that there are students from different programmes and often they’re in the same lectures. I was wondering if you have any perceptions of the students on different programmes. Any ideas about what they’re like

P3: There are a couple of things. Because I do foundation tutorials in Y1, its always very easy to identify who are the BM6 students because they come into the session a little bit more confident than the BM5 students who are in their first week. The BM6 students have at least some familiarity with what’s going on. And at that stage, my perceptions is that they are operating at a level that’s directly comparable to the BM5 students and I’m not seeing anything that makes me think that they’re outstanding students or not. They’re all operating at a very similar level, getting to know one another

P1: Yeah, I mean, the BM(EU) students I found that, sometimes it can be quite easy to tell because they kind of group together and like to work together a bit more. There’s only the odd one or to BM(EU) students I’ve known that they’ve wanted to do the opposite and integrate much more with the BM5, 6, and form friends with their British peers rather than sticking with their German ones. When I first came here, when I first learned about the BM6 course, when I first understood about the eligibility criteria and what enabled the BM6 student to get on to do medicine here at Southampton my thoughts were that they would struggle, or if I saw a struggling student I questioned ‘is that a BM6 student?’ However, since I’ve been here, for 4 years now, I’ve actually been really pleasantly surprised by the BM6 students and their performance, and even the fact that I’ve taken on the assessment lead role for Y1, I’ve looked at the results and actually seen that most of the failing students tend to be BM5, BM(EU), so that has changed my perception of BM6 students. So, to be brutally honest, my perception of that cohort… The BM(IT) I haven’t had many dealings with to be honest, so I can’t comment…

P2: I used to teach the BM4 and I still perceive that up until the end of the second, or equivalent third year, the BM4 students have an advantage in that they have a better, innate social confidence, and just in their history taking and their communication. Just because they’re a little bit more mature and a little bit more worldly wise really so that does stand them in good stead. But when you look at figures for final outcomes, really across the board, they’re very similar between BM4, BM(EU) and BM6. I sit on student progress committees, which is the committee that looks at all students who have issues with either their health or behaviours and I definitely see a larger proportion of students that are BM6 students or 4s to talk about them, and sometimes they seem to take up about 50% of the student numbers that we discuss. So although I don’t see any difference in terms of their academic attainment, I think there is a difference about the students that we have on BM6 in terms of the issues they bring with them from their backgrounds, or their lack of support and their health. Many of them have had mental, well, a number of them have had mental health problems and home problems that impact on they perform here. So that stands out for me, but I can without a doubt say that I sit on finals exam boards and see that actually when we look at how it all pans out at the end that its really very similar

P1: Yeah, I mean when I’ve had 1:1s with students and I’ve sensed that they’ve struggled or when I’ve had 1:1s with students that have done really well and then I look to see if they’re BM6 or BM5 or whatever, as I say, often really pleasantly surprised by the BM6 students. There are 1 or 2 that I’ve dealt with that have really struggled, and they’ve really struggled to keep up. There’s one in particular that has wasted staff time, promised things but hasn’t fulfilled, but again I think that there’s a certain amount of perhaps mental illness there as well from what I’ve heard, but there’s one particular student who is BM6 but, you know, that’s one student that I’ve come across myself. With BM4 students, I miss out on that cohort but I completely agree with you that they tend to be a cohort that is more confident because they’ve done work before, likely that they’re slightly more mature. They realise the value in the teaching time, and what they want to get out of it. They’ve also got quite a lot to get through, they’re got potentially 2 years crammed into one and a half years and I think they really value their time a lot more, so they’re confident enough to ask questions in the session, ask what they need to, make sure that they get that racked up before then moving on to their next session. I’m talking very generally here…

P2: They also tend to be a little bit more likely to complain if they don’t feel like they’re getting what they want

P3: Over the years I’ve had personal academic tutees from every single programme, so obviously, meeting up with them on an individual bases and talking them through issues at various points. I think, I’ve only helped one BM6 in recent years, but he, his issues were never infinitely more compelling than the issues, different issues obviously, but the amount of time that they took up in terms of coming to me and talking to me about their issues was pretty much comparable. One BM5 tutee whose mother died in Y2, that took an awful lot of time, but it could have been any of the other tutees so from my perspective on a 1:1 basis, I don’t see a particular issues over an extended time once they’ve got onto the course

P1: But do you think that because there a much bigger number of students on BM5 compared to BM6 that there will be maybe the same proportion, or same number of students on the bm5 that may have, lets call them issues, as BM6? If you were to compare BM6 with BM4, for instance, where there’s lower numbers, its closer, would you say that they’re the same number of issues? Between those cohorts?

P3: I wouldn’t have enough numbers to be able to make that kind of...

P1: When I say issues I mean more like students, number of students with issues that are struggling. Id say with BM4 there’s maybe less. I’ve come across less BM4 students. It might be that they’re hiding that well.

P2: I think the only place where I see that as a bigger picture thing is at student progress and my perception is that there is a difference and they do have more problems than BM6 in managing their difficulties as they go through the course, but I can’t say… it’s just a perception

P1: Yeah, I don’t sit on those committees so I don’t have that insight and it’s really very

P2: Yeah, when you’re just used to having a few tutees, it’s hard to extrapolate that, so it’s just perceptions

H: I think you’ve pretty much answered my next question, which was just about describing experiences of teaching and supporting students on the different programmes? Does anyone have anything to add about that?

P3: I don’t think I’ve ever had a BM6 students come to me and say ‘I’m struggling with critical appraisal’ or whatever it happens to be, and ‘could you give me some more insights into what’s happening’. I do sometimes perceive that some of them might benefit from that, from coming and asking for help. So when you get to the end of a session and you’ve got a stream of students coming to you, I’m not always sure that I’m seeing some of the people who ought to be coming and asking questions, and I think that goes back to the lacking confidence. It’s the confident students who are coming and asking almost trivial questions, almost like they’re trying to show off to the rest of them, they’re always at the front asking questions, and perhaps some of the others who would benefit from a 1:1 question session would… it would be good to do that

H: So when these students come to the front, are you usually aware what programme they’re on?

P3: Not always, but sometimes, it’s usually easy to pick out the BM(EU) students because of their accent and they are very precise. It tends to be very articulate students coming to ask questions, it’s seldom that you get students asking simple questions, yet its often simple things they need to get over and understand before they can understand progress!

P1: I don’t know at all, I never look up and know what programme they’re on. If a student needs to see me, or if I’ve been given a bunch of students to see for feedback, or if a student comes to me wanting to meet with me about some query on anatomy or something then I will never look up, it really doesn’t matter, the only time I’ve ended up knowing what they were on is because after a meeting maybe there have been a few flags or what have you, or if I’ve been allocated some students and they happen to say which programme they’re on. Or if after I’ve had a feedback I’m looking down a spreadsheet and I look at the programme, sometimes then I’ll know, and that’s when I said then that I’ll be either surprised… or not.

P2: At that point it’s sort of irrelevant isn’t it? What programme they’re on? Because they still have to sit the same exam and attain the same pass mark whatever, aren’t they, when you’re doing that sort of feedback. So, I agree with you that I don’t tend to look those up. I do have experiences with BM6 personal tutees is that their transition from Year 0 to Year 1, when year 0 is a very small group with quite a lot of input and support pastorally and academically is, I do spend some time talking them through about how they make that transition because I think they suddenly hit the ground with the rest of them and it’s a very different learning experience

P3: It’s 9-5 every day rather than a slightly reduced timetable

P2: And I think they all find that that is something that they really do have to work at adjusting to, they can’t just easily go to speak to someone at the front of the small little rooms, they have to go and speak to P3 at the front of the huge theatre and so I think that could be a transition point for them that they find quite difficult, whereas BM4 don’t. They only join the other programmes at the clinical years when they’re in smaller groups and there are different things, so it’s not an issue for them

P1: Do you think that they might have, or find some stigma about being on the BM6?

P2: I think that they do think that, yeah. And they do stick together quite a lot, I mean they’ve had a year together as a group

P3: Yeah, they have quite strong friendship groups

P2: and they all have often lived together and stayed together

P1: Oh right!

P2: And they might perceive, certainly in the Medics Review, although I never go, I think there are jokes about BM6 and possibly there’s some stigmatisation

P3: So, my most recent BM6 personal tutee who I would recognise in a lecture theatre because he’s a personal tutee… he had a group of friends, they always sat together. And it was only later that I realised that they were all BM6, they all came from the same cohort of BM6 students. And that sometimes is an issue for them if one of them for example has to re-sit a year and they then have lost that really close contact group and they’re back into the year below them and the BM6 students in that cohort are not the same BM6 students that they have grown up with so that can be quite a challenge for some.

P1: Do they get told, BM6, that its important to integrate with the others? I don’t know, because the thing is the last thing you want to do is force students who have formed friendships to separate from those if that’s where they feel comfortable. But at the same time, sometimes, a little bit of a push can really help them in the long term. Can help them...

P2: They are deliberately separated, their A, B, C groupings are done entirely separately so they wont be in the same groups for much or their seminar work or their GP MIP [Medicine in Practice module] work or anything, so I think they do then have opportunities to make those other friends, its just clearly probably quite a vital year when you forge some of those early friendships don’t they. And I can see…

P3: Once students are small group working its different scenario. If they’re in a big lecture theatre and it is the whole cohort in the big lecture theatre, then they will naturally gravitate to their friendship group, but if they’re in a smaller group and no one from your friendship group is there, you either sit there like a lemon and do nothing or you interact with the others

P1: I just wonder if its quite daunting for them to be separated from that group and if there’s any sort of build up that can happen? I don’t know, it would be interesting to know what the students’ views are actually I think, has anything been done? Any evaluation been done just with the BM6 students?

H: Not to the best of my knowledge

P2: Equally though, it could be quite daunting to be there in your first week as a year one BM5 students and not know anyone!

P1: Yeah and the BM6 students have that advantage of having that year

P2: Or having come over from Germany and learning all those other things about being here so… The foundation tutorials probably help them to establish friendships don’t they, that supportive groups through the first semester

H: Okay, thank you. We’re onto my final question which I think we’ve been hinting at anyway. What do you think having different programmes brings to the medical school learning environment? Or what do the different students bring compared to if it was just BM5?

P1: I think it helps to break down the sort of barriers that we were talking about at the beginning, about what getting on to medicine for some students, or what it used to be, getting onto medicine was about or our idea of maybe a doctor was a few years ago. Because at least then it’s bringing more diversity into an arena that could be perceived or used to be perceived as being a bit elitist. And at least its giving opportunities for students that absolutely do have what it takes to become a good doctor, to have a chance to come in and integrate with other future doctors that are mixing with a much more diverse cohort and will help in the future to break down these barriers.

P3: There are 2 merge points really aren’t there, because in the early years it’s the BM6 and the BM5 and the BM(EU) that are mixing together and then they kind of merge in with the ITs and the BM4s at a later point and I can’t really speak to the later merging because that’s in their clinical years, but at least in the more classroom linked scenarios, I think my perception is that the merging of the 3 groups is usually pretty beneficial I think to all of them. I think they do realise that they are all ultimately going in the same direction and they are the rough edges that they each may have to some extent are knocked off as they work together. Because the lists that I have when I’m doing the end of the first semester in second year they do group presentation work and I have to allocate them according to their choices, I allocate them to different groups, and I see from the list which cohort they are on. So, every year there are couple of BM(EU) groups that are just, a group of seven BM(EU) students doing a topic. And then you see groups where you’ve got all 3 and they mix up in their group and so there’s a little bit of insularity in some people, just I guess adjusting to the comfort zone that they’re sitting in. but there is a definite mixing of people who are self-selected group – they’ve chosen to be in that group, they’ve chosen to work on that topic, and so they are working together. They have deliberately chosen to work together and if you have 3 BM5s, and 2 BM(EU)s and a BM6 student all together in a group that’s chosen themselves, I’m sitting there thinking that’s a great thing, that they’re working together. And I get a bit disappointed with the BM(EU)s if they all choose to work together, but then, that’s fine if that’s in their comfort zone, again it’s a choice that they made

H: Do you think there’s any differences in the quality of work between the mixed groups or the ones that work together?

P3: So, part of it may be the topics they may choose, I give them a list of 35 topics to choose from, and for some reason, two of the completely BM(EU) group chose voluntary euthanasia. I don’t know what it says about them, its their personal choice, but it may just have been that they all thought that this is a topic that interests me, and they all got together from within the group, I don’t know. But, no I don’t think… there are intra-group differences, but I couldn’t ascribe it to the make up of the groups.

P2: So I suppose for me I think there’s a bit of an artificiality in having so many separate programmes because as we’ve said many of them will eventually merge and follow the same programme and, as the devils advocate, although I absolutely agree with having WA and P, I think that should probably be widening across the board and shouldn’t just be happening in one programme. So, thinking about contextual admissions and widening participation across all of our programmes, or even having a large programme which there are separate entry criteria into and then are followed. The danger of having, so a bit political, but the danger of us having so many smaller programmes is that in terms of use of our staff and resources and people to programme lead and people to teach on those programmes and all those different things, we spread ourselves really thinly, and we struggle, and our biggest programme with over 170 students, we struggle to have lecture and teachers and programme leads and year leads and things to fill those roles. So actually, relatively advantaged our smaller programmes, so if you look at the staff to student ratio on our smaller programmes with this year only 24 students in BM6, 48 on BM4 and we look at our staff to student numbers on BM5, they would look drastically different. So, there is some element of it which potentially disadvantages our biggest cohort, and I think if we are truly thinking about merging and being serious about WA, we should probably do it in a more blanket way, and not allow for stigmatisation which probably does, I think...

P3: I think you’d almost need to, and I don’t know If this has been done, what would be the nice version of the medical course, perhaps saying well that’s not cost effective in the way that its being done and trying to find a way of using the resources that doesn’t force pressure not o the system, a divisive separation

P1: That’s a really good point actually. You know I saw it from a student’s point of view that actually their experiences are richened by mixing with the more diverse cohorts. But I didn’t even look at it from a staff point of view actually. Maybe what you’re saying also is that from some student’s point of view, they’re not getting as many staff proportionately as opposed to some students

P2: I think they get the leading staff, the key people that will be delivering some things. Its split up and if you look at the number of clinicians involved, teaching on BM4 for example, it’s much higher, and they’re doing a day, half day a week for example, and we don’t have that possibility. So, I think there’s some unfairness about it, but I’m not saying anything is wrong about us having all those different groups and those different accesses into it, just whether having so many different programmes to do it, I’m not sure

H: That’s really interesting

P1: But how could you get around it? You’re saying more of a blanket like BM6 if you like, or not BM, could you even have that across different faculties, potentially? The widening participation

P2: I suppose you could have your full medical cohort. You might have to have your 2 separate years for your graduate entry but maybe you don’t need to call them different programmes, I don’t know

H: Could I just pick up on a point that you made a minute ago where you said that the student experience is richened by having a mixture or diversity in the cohort? Could you explain what you meant by that?

P1: Yeah, even having BM(EU) students come over and mixing in with the others, it allows students who are more local to mix with students from different cultures. I think it gives the cohort even more reason to remain than to vote for Brexit! You know, even more of an advocate for protecting rights, even more willing to fight for it. And likewise, with people from different socioeconomic backgrounds as well, or from different cultures, surely by integrating we allow them to integrate more so when they graduate. The fact that it got raised in the Medics Review, it just almost seems like they’re very aware of the BM6 students and I’ve not been to a Review, I don’t know what gags get formed, but I imagine that this sort of thing is gonna be quite, bordering offensive

P2: Yeah I think, I wasn’t there, I’m only reporting, I think they did “this is a typical BM6 student and this is a typical…” so it was probably that kind of thing rather than just focused on “this is BM6” and they probably did the same for BM4, but I do remember there was something about it that might have been difficult…

H: Thank you so much, I know that you have that meeting to get to so unfortunately, I need to stop the recording now

[50:37]