Focus group 12, administrative staff

H – facilitator

P1 – student administrator

P2 – placements team

P3 –curriculum quality assurance

H: Thank you again everybody for coming along, I really appreciate that you’ve given your time up for me today. As you know, this is a focus group based on what you know and think about widening participation and diversity in medical education. My name is Heather and I’m going to asking questions but with it being a focus group please do feel free to chat amongst yourselves, you don’t have to direct your responses to me just because I’m the one asking. So, if we could go round and introduce yourselves, would you like to start? Thank you

P1: I’m P1, and I work in the student office on student reception and administering, part of the student administration team. I’m P1

P2: I’m P2, I work in the placements team

P3: I’m P3, I work in curriculum quality assurance which deals with complaints and appeals. I also have a background in admissions in medicine

H: Great, thank you. So, we’ve got about 6 questions, if I feel like we need to move in I’ll just butt in!

P1: Oh, don’t worry!

P3: Yeah, the sooner we’re done here the sooner we have to go back to work!

H: So, my first question is just a general one, so mostly we’re gonna focus on medicine but I’d like to start off by finding out what you understand about Higher Education in general. So, what do you think it means, why do we do it?

P3: Do you want to go first?

P1: I thought it was first generation of students that arrive at university, and they come from a background where none of their family, or their parents, have attended university. That’s my perception of it.

P2: Yeah, so underprivileged backgrounds really

P3: I kind of see it as, and it changes with time, those who are least likely to go to university, and its typically based on wealth. It can be based on gender, it can be based on race, and it can be based on the country you’re living in, and school background. I think widening access is giving a chance to the students who otherwise wouldn’t have had the opportunity, and whether that’s reducing grades, or just offering offers specifically to them. It is an opportunity to kind of just expand who comes into the course, because technically its people from the same backgrounds, depending on the course, but usually coming

P1: Less affluent backgrounds

P3: Yeah, usually it’s socioeconomic and you know, typically I think it comes down to money and previous education. If your parents have gone to uni you’re way more likely to go and I think that widening access is typically, meant to be for people based on a certain background I think. Sometimes its misunderstood, by a few who have some sort of tragic story, but I think it’s meant to be on the basis of who you are, where you’re from, and what your family.

P1: As a stepping stone, to enter

P3: And we do need, I think, to give people an opportunity but also to expand the brevity of the course, because, you know, especially with medicine, they have to be able to work with people from different backgrounds, and I actually think it’s a big benefit, because then we get a course that represents society, rather than a course that just represents one part of society.

H: Brilliant, so that segues really nicely to my next question, which is about your understanding of widening participation to medicine. So, you talked about people who are underrepresented, do you know what kind of activities that we do, or any other ideas about why WP might be important, or not, for medicine?

P1: I guess just what we’ve already covered, really

P2: Well there’s the BM6 programme, that we run here

P3: I’m pretty sure that the university has like a BM6 experience, which is like a weekend that we do? Which doesn’t feed into the BM6 course but allows school kids to come over and I think do overnight stays and learn certain procedures and learn about medicine.

P1: But we also have the summer school with

P3: With Lifelabs, but I don’t know whether that’s paid or not, I don’t know if that’s WA, or if its paid for by schools. But we have a few outreach things. I know the university does stuff.

P1: Oh yeah, that’s it, outreach

P3: The uni itself has generic education outreach that goes out into schools and asks people to go into Higher Education. But I’m not too sure that they have an allowance really for going into under privileged schools. That’s the STEM programme over in the central university. I think with WA, it’s interesting because some people would say our graduate course is WA because we don’t specify what your degree could be in, so that usually enables students from smaller unis, different backgrounds to come in. So, if they have an art degree or a music degree they’re still allowed on the course as well, so some people call that. But obviously BM6 is the main think and I think the reasons we’ve done it, I think bout 15 years, obviously I have the admissions background, but the reason we do it, it’s meant to give an opportunity to students who otherwise wouldn’t have it. Its also meant to change what we see when we go to the GP, when we go to the hospital. We want to be able to see people who look like us, in the sense that they look like normal people, and that people with certain backgrounds, can actually bring a wealth of knowledge and experience that otherwise people wouldn’t do. I do know that there’s some theories that if WP, students are more likely to go back into their own communities

P2: Yeah, I’ve heard that

P3: Rather than go off to London or go off to other countries

P1: Yeah, they like to give back

P2: Yeah, they go to their rural origins, and that feeds into

P1 Yes, they give back to their community

P3: Yeah and I don’t know whether that’s enough or…

P1: Is that a culture thing?

P3: Oh entirely

P1: Yeah I think a lot of the time, I come from an Asian background myself, I think, if your make up and your family connection is majorly vast with the love you have for your family, I think it doesn’t matter which path you go down, which path you choose whether you’re a junior doctor or you’re training as a lawyer, you know, my niece did law, my niece went out and studied law. She went back home after studying law, she lived on her own for a bit, she went out into the big world, and then she realised it was very difficult to get what you had. It was very hard the training contracts and everything so she decided to go back home just to have that comfort again before she moves on again and I think it also depends on your family environment and it doesn’t matter which programme you do whether you’re BM4, 5 or 6, some of our students will definitely have that connection from beginning to end, about going back to be close to their family. I hear it all the time, being front line, a lot of students that are on the BM5 programme will say they don’t want to be out in Hampshire any more, or they want to go back home and do their F1 because they want to be close to their family. I think the BM6 programme isn’t just designed so that every diverse and ethnic minority student all make that decision of going back to where their families are, but I think that its that balance isn’t it, because they grow as people

P3: They do, and I think as well that its interesting that BM6 is technically only the Year 0, and some students will go through the course and identify themselves as BM6 the whole way through, and then some students after year 0, no, they are BM5, they are the same as everyone else. So, there are different approaches that the students take to it. Some people take it as, they’re happy to be a BM6 and some people are like, no no, I’ve met that requirement, I’m now as equal as everyone else

P1: Oh gosh yeah, they all are

P3: But its interesting how BM6 is perceived by the students

P2: Mmmm

P3: You never really see, and it reminds me how you were talking about family, and inevitably we have with BM6 is that they have, some have, very hard upbringings

P1: Yep

P3: And when they come here we see that in the initial years with sometimes struggling to break away from maybe a lifestyle that they may not want to be associated with, or you can see that their family ring up because they’re a bit more worried about them because there’s not an experience of uni and I think that there’s usually

P1: I think that they have so many challenges

P3: It depends, yeah

P1: Especially as they progress and grow up as individuals, I mean some, and I’ll be honest with you I come from a background where my parents came to this country, my mother was 17 and she married my father at 21. My father had come to the UK at 13 years of age, he’s very British Asian, my father. He’s moved with the times. My mother has moved with ourselves, us four girls, but we’ve always got that family connection. It doesn’t matter where we live, where we are, we’re all girls in my house, and I think it depends on each individual family connection. It doesn’t matter whether you’re Black, Chinese, Indian, white, where you come from. I think a lot of our BM6 students, they’ve got that, their parents have got that sort of connection with them where they’re so proud of their achievements, of coming to university in the first place. I’ve seen it from start to finish because I’ve been working here over 10 years, you always get them student that’ll come to the desk, whether they’re BM4, BM5 or BM6, that will say, P1, I’m really close to my parents and I miss them. I think it’s an individual, personal thing, with your family connection. It’s not always necessarily...

P3: No, its not always necessarily BM6, but I know from my experience, for instance, that BM6 students are from more difficult backgrounds, typically. That’s not all of them, and that’s not to blanket them all, but the ones we usually see coming into to appeals and complaints, are the ones that are having that hard time. It does stem back usually from financial family issues or health and family issues. I think we see it a lot more

P1: And culture, too

P3: Yeah, cultural expectations too

P1: Definitely!

P3: I think the only other thing to say about widening access is I think as well, that more in the last two years, we now allow re-takes across the board of BM5 and I think that now that makes our BM5 cohort whereas it used to be you had to get your grades firsthand, but now that we allow a lot more retakes, we’ve seen a lot more where I think people who would originally would have gone down the BM6 go, maybe that route isn’t for me, I’m going to re-take and go down the BM5. So, I think even though, we’ve allowed that in the last two years, so I think going forward that the BM5 course will start to become more widened access because we now allow retakes, whereas before we only allowed that for BM6

P2: Yeah, I agree with that

P1: Well the other thing we have a lot is the pressure.

P3: Oh yeah, I think that’s a family thing

P1: Yeah, pressure from

P2: Well they definitely put the pressure on themselves as well, because I think, as you said, the other courses, the other students perceptions of BM6 is almost like they, they feel like they have to hold themselves almost to a higher standard because maybe others think of BM6, you know, its just the first year, it’s the foundation year, and then they go and join their peers in the BM5, and its almost as if they know that they have to step up. I don’t think that its, it’s never kind of overtly said, but I know from steering groups for BM6 that I’d take the minutes for, there’s a lot of disconnect between the BM6 and the BM6 and the BM6 feel like they’re trying hard but they’re almost looked down on, in a way. And there wasn’t really a lot of cohesion between years and everything like that, so its quite difficult for them when they make that step, to join the others

P1: But the good thing is, that on the BM6 programme, were only meant to be talking about BM6 yeah?

H: BM6 is great but we can talk about any programme!

P1: Oh great! One thing I admire totally in my heart, and I do mother all our students regardless of whether they’re BM4, 5 or 6. Working in the kind of environment, role that I’m in at the desk, I think it’s just a natural thing that you want to look after everybody, it doesn’t matter who they are that comes to the desk, whether they’re a student or a member of staff! I find that they have such an amazing connection on the BM6 programme, their friendship groups are, they do a lot of things together

P3: They do have a lot of support in Year 0

P1: They really look out for each other

P3: Sometimes that can go good or bad, because when they go into year 1 some of them struggle with that loss of someone being there. There is that very supportive part right at the beginning and then they go into year one and they’re like “ah!”, they’re thrown into it a little bit

P1: But the other thing that I find is really really amazing is when they’re actually out in the placement years and they’ve had their lecture years, that they actually realise that “oh, okay”, they build other relationships. I’ve had BM46 students come and say “I’m in Winchester” and you’re like “oh wow, Winchester is meant to be amazing, all of our BM4 go on about how amazing the teaching is there”. And I think its so nice that they get that flexibility on their placements to go, not just to be based in Southampton General, so they can get that feel for the more rural

P3: I think overall the widening access has a really good intention; it has a really good intention. I’m sure well get onto it on another question. But sometimes, whether it is helping or hindering is where, when it comes down to the actual part of medicine, that’s I think where we’ve had issues. Sometimes we are taking people on for who sometimes this is a tough course. And perhaps they are not as supported by their families or their outsider environment, or their health as we’d want them to me. So BM6, I think it’s a great idea, I would hate if we ever got rid of it because I think medicine itself is like 95% one type of person, and we do still see that in BM5. And also, BM4, that’s our graduate programme... they’re a very similar type of person coming, and typically it is usually a white person, boy or girl from usually a fairly well-off background, their parents will probably have gone to uni, so this is where the BM6 is really, they really do well

P1: Me personally, I think they do need to mix it up a bit more. This is my personal opinion. I’ve worked here a long time and I feel that yes, we focus on the ethnic minorities like Black, Indian, but I think they need to, its not just every race has got less affluent families and there’s kids from all races, all ethnic minorities, whether you’re white, Black, Chinese, Indian, Greek, Cypriot, wherever you come from. It’s always going to be, people that aren’t as affluent in their background as others. And I think when I sometimes look at the BM6 programme, and this is my personal opinion, I would think it’s very, mainly Black.

P2: Mmmm

P3: Asian, Indian

P1: And that’s, sometimes Somalian, Black, refugees sometimes. And I think I’m very British-Asian and I love my roots I love my culture, I can speak my language, read and write it. Yeah, I’m proud of my roots, but I always look at it, surely because I know there are English white people that have been on the BM6 programme

P3: Yeah, we usually get 4 to 5

P1: But very very minimum, surely it should be a little bit more evened out maybe? I do feel a little bit like that

P3: This is where we’re jumping forward on your questions, sorry

H: No, it’s all okay

P3: Working in admission, I one hundred percent, we saw this year in and year out, and I don’t know whether it was more to do with who applied, or who we advertised, or whether it was to do with who we selected, but we ended up with a cohort that would be 90% minority race wise, and you’d have maybe one student from Wales, one student from Northern Ireland, maybe one Scottish, very little from the Southampton area, a lot of them from the big cities you’d have Birmingham, Manchester, London, we never, rarely see, it’s a hard thing to talk about because I completely get that in medicine, its 90% people who look all the same, but then I think BM6 has now kind of gone the opposite way where we’re taking in a lot of minorities

P1: I think they need to break it up a bit

P3: I think that what’s happening is that we’re missing people, we’re missing people that match the, socioeconomic

H: P2 did you want to add anything about that?

P2: Yeah, I just wanted to mention rural poverty really and that yeah you get people from the big cities, a lot of the BM6, a lot of the reason if they’re not, that they’re not attending placements is that there are family issues. So, we go “okay, where’s home?” Oh, it’s London, or it’s Birmingham, or it’s Manchester, and it’s very rare that it’s Winchester or Southampton and it’s just down the road. And I think that feeds in to that they’re from these big cities with immigrant populations and that feeds into the, as you were saying about that 95% of the BM6 course is not white

P1: Yeah there’s no balance, I think they need to, my opinion is that there’s poverty in people from every race, Black, white or wherever you come from, but we’re not seeing that. So, they need to shake it up a little bit, they need to, I want to see the groups uniting together

P3: That takes us back to our current understanding of what widening access is, because I think it’s been in the past that widening access means getting people in who are not white, and I think that’s what’s happened now is that widening access needs to really expand about what is the understanding, to be money, to be influence, to be education of parents, because you don’t really see... you’ll hear a lot of, it’s working class I guess, that you never really see as much

P1: Its more difficult for them to actually unite with other races, cultures, religions, other ethnic minorities, if they stick to their same group. If they don’t want to venture out because they’ve made their connections, they’ve made their friends at the age of 17, coming into medicine at a university away from home, living the dream of university life as youngsters, its more connected. Whereas if they mixed it up a little bit with people from different backgrounds, I think it would break up so much of that continuous cliquiness amongst them all. I’ll be honest with you I’ve never always had Asian friends and I was quite surprised, I’ve got a mix of friends, I’ve got Asian, Black, white friends, but when I first come here over 10 years ago, I was really quite surprised at how many students were on the BM6 programme and how less white people there were. Because I thought ‘wow’, and as the years have gone on as well, there are less and less

P3: That may not be as much racial as well as background, some people don’t wanna hang out with people who their mum and dad can buy them everything because they feel a bit more, well that makes me embarrassed and makes me feel a bit less. I think the BM6 like to hang around with each other because they can talk freely about their family issues and they can talk about more difficult things like they’ve lost a parent or they’ve a parent in prison or... they have issues that some of the BM5 have never even dreamed at. You know, the worst thing that they’ve had is their granny has got a cold! And then that’s very dramatic – oh has she? So, they’ve got different experiences family wise and money wise, I think is more the issue than race

H: Okay so I think we’ll move on. We’ve spoken a lot about the BM6 but I’m also interested in all of the other programmes as well, do you know what other programmes we have?

P2: So, there’s the BM[IT) students, its not widening access but I think they face a lot of the same issues that the BM6 students have. The BMITs are international transfer students, they came from Malaysia, they join in Y3 when the rest of the Y3 do their research projects at the first half of the year, so September through to December, the BMIT students are on their own introductory modules. I’ve always thought that was quite similar, their first 3 months here are very similar to how the BM6’s first year is, so very much introductions, insular, so the BM6 do their two placements in Psychiatry, GP and hospital, and that gets them ready for the clinical years later on. With BMIT, they do the same, they do pretty much a real condensed version of everything so that when they start their clinical placements with the rest of the Y3 cohort, its, they’re on a similar footing to everybody else. But I think they have the same, they come from different cultures, they’ve lived in different countries where maybe medicine isn’t the same as it is here, and I think we notice a lot that they all tend to stick together so that in the later years when they come to do their SSUs or their electives, they put a priority allocation and I think 9 times out of 10 it’s the BMIT students that come back and say “actually I’d like to be with so-and-so”, and you go “okay you both started together and both came from a completely different country and you’ve stuck together and that can be brilliant, but if we’re talking about widening participation they share a lot of similar qualities but it would be good for them and the other students if they could integrate more and sort of share their experiences

P1: Yes, they do feel very alone, the students who are international

P3: I think we usually have between 5-10 mature students coming in, mature students who are over 21 without a degree, and also about 10-20 graduates, into the five-year course. The five-year course is obviously made up of what, 240

P2: Yep

P1: Yep

P3: And most of them are 18, most of them are around 18-20. I’m so glad we do the widening access but I wish that it was taken up more. I find that we get a lot of older, and when I say older its just usually over 25, I find that, over 21 even, they come in and a lot of them have families, they’ve been married, they have kids and then they come here, and I think that the course, it’s great that they’re invited but sometimes I think that the course is not as adaptable to them. Obviously, they’re given student loans and whilst 3 grand a year might be livable for a student, if you have a family and a child, there are real issues. It’s great that we widen the access, but sometimes I do think that we need more bespoke care for people with. It comes along with the same, we’re getting more and more health issues, and we have no restrictions typically on health. We do not discriminate, I know some unis have issues with things like re-takes, but we have no discrimination if you’ve taken longer to do your A-Levels, if you’ve had health issues, typically as long as you’re judged as fit by Occupational Health you’re absolutely fine for that and were a very good school in that we get a lot of students with different disabilities from all over, we’ve got autism, to physical disabilities and in wheelchairs, and lots of people with learning disabilities like dyslexia and dyspraxia. I think we widen access very well because our students are treated exactly the same. We give them more support if they have a disability but they get the same placements, the same assessments, and we try to make as much reasonable adjustments, but I think we do really well in managing disabilities, I think that is something that our course has inevitably going forward, I wouldn’t be surprised that we have 1 in 4 or 1 in 5 of them who has a disability and they stick with us. It’s become much more wide there

P1: But the BMIT students I think are very homesick, because their way of teaching them in Malaysia, this is what I’ve heard, is very very different than when they come here. And I think that’s what they struggle with, and I think they struggle with the whole living arrangements from food to, well everything. And I think its that comfort thing again isn’t it, it doesn’t matter which programme you come from its about the comfort, do you feel like you fit in

P3: I think when it comes down to BMITs, it comes down to that age thing, there’s no upper age limit, we’ve had students who have been in their late 30s and early 40s, and inevitably they do have a hard go of it I think, its great we have them, but if they’re younger, it just inevitably comes easier to do the course. But we do a lot and I wish there was a way to be more, to have more of people from these backgrounds you know we’ve had policeman, fireman, from the army, and I do think that these people add such a dimension to the course because they can share this reality with students, and usually they take it very seriously but life gets in the way maybe a bit more. I think as you get older and you start to, you get commitments.

P1: Yeah, it’s like the graduate students you know, when they come in, they already had a pathway, a career that they didn’t enjoy anymore, they come in here in their, some of them have children. I remember years ago when the BM4 programme first started, there was a lady who actually had children and she had a family and a husband in London, and she was in Southampton Monday to Friday doing her BM4 and then back home at weekends with their teenage children

P3: Wow, and some of them don’t want to socialise, they just want to come in and

P1: Yeah, they just want to come in and that’s what they want to achieve, they’re not. I understand. Being the age I am, I’m really happy in my career, but I think if you’re really unhappy in your career and you’re working in London or a big city and you’ve gone and done a degree and you’re really struggling with what pathway you chose and you think this is really making me unhappy and I’ve spent all these years doing it, then of course, why not?

P3: And maybe we should promote it more, because I get a lot of questions from people you know can I do this course if I’m this or can I have a child. And plenty of people get pregnant while they’re on the course and complete the course and you know its possible, you can have both, you just have to work harder

P2: Yeah

H: Great, so we’ve got a couple more questions to go

P1: Oh, wow you’ve done so much scribbling there!

H: Yeah, so many notes, it’s great! So, could you tell me about any experiences you’ve had working with students from diverse backgrounds?

P1: When you say, do you want an example, an example regarding

P3: What we do currently or something that would just be a good example?

H: Anything that springs to mind of a time when you’ve supported or worked with a student from a diverse background

P2: Well I work with BM6, so I was last year the lead for BM6 placement, so all the placements, liaising with the placement guiders, and I think they have such a strong relationship with the teachers. But there are times when, like we said earlier, they call up or they leave an email saying they can’t come in, they have really really serious family problems, and a lot of the time when they, when students email and you ask what course they’re on you read it and think, yeah right, you just don’t wanna come in or you forgot what the time is. But I think its important for BM6 to have that kind of knowledge that actually there is something probably going on here and it’s about not treating it with a pinch of salt and treating it like if this is what they’re saying then we should do our best to support them, whether that be rearranging a placement for them, liaising with their placement manager directly and saying look, they can’t come in today, what’s your availability like next week? And being that go-between, because I think that can be quite scary, being new, kind of already feeling you’re a bit out of your depth, that you maybe don’t fit in, and thinking ‘oh I’ve got to email this doctor and I cant, I don’t know what to say’, and its harder for BM6 to talk to these people, they don’t have the experience from their home lives, and I think there have been a few times where I’ve had to be that go-between for them and had to say, okay, you can do these things and you can do these days, don’t worry, we’ll sort it, because they really do worry, and you just have to give them as much support and reassurance as you can I think.

P3: I’ve been saying that, I think the thing that I get the most, when I do admissions or open days, encouraging people especially with maybe a difficult health background, its taken a few years for them to get their course done or they’ve been dealing with, supporting families with health issues, I do a lot of helping and kind of focus on, yes, this whole context is going in, but I try to get them to focus on, if medicine is what you want to do then you should go for it. I think a lot of them feel like “you’re not going to want me if I tell you I have this disability or this problem you’re going to reject me”, there’s a confidence issue, maybe they’ve been told by somebody, there’s an expectation you have to get it right first time. So I have to give a lot of reassurance to students from these more challenging backgrounds that ‘this doesn’t make you any less than anyone else’ and I think we, I do a lot of encouragement of asking students to really open up and tell us about it: the best thing they can do from day one, and I tell them this every year, is tell us about any issues, if you’re struggling, even if its something historic, tell us as soon as possible so we can support you. Because if they don’t tell us then we can’t support them then that’s when it goes wrong. I think its really talking to them, us as humans, rather than them maybe thinking you’re in this authority position and we say, you know, ‘all you’ve done is repeat, we don’t care, that’s fine, absolutely fine’, and I think they kind of have this taken aback feeling of ‘woah, this is fine?’. And I think that’s a stigma they get from school

P1: Yes, there’s a stigma attached, they’re comparing themselves just with people who are maybe more privileged and maybe haven’t had these same issues and challenges and

P3: You know I’ve taken a year out; I’ve taken a gap year. It might be that something, that I know myself and the admissions team do very well is that we make this a very personable course. Its not about numbers; you are cared about as a person. I think that widens access a lot. Because people go, well, I’m gonna come in and see P1, I’m going to come in and see P2: they know who’s here, rather than going ‘oh it’s the administrators office’. I think we do that very well, whether that’s BM5 or BM6, we try our best to kind of make sure that they see us

P1: They see us and we see them as individuals

P3: Yeah, we try to make them see as humans rather than see us as just waiting to kick them out or something. That’s what our uni I think should sell a bit more, that were a caring, personable course

P1: Yes, and I think also, I work very closely with pastoral support and I have done since the day I started here. It’s been an amazing journey for myself, cause I don’t come from a university background myself; my sister out of the four of us girls, my youngest sister went to uni and that was it out of the four of us, but I almost come from a very working background, normal working class family, with a father that always worked in a factory, and my mother wasn’t well enough to work. But I remember when she did work, it wasn’t for very long, but when I came here to begin my first year at Southampton as a temp, it really opened my eyes to ‘university world’, and what I found is, as every year goes on, I always think in my heart about when I wake up in the morning and come to work I always think one size doesn’t fit all; every student is an individual and we have so many challenges ahead of us as young people. When I was that age, we do we have so many challenges, so many challenges ahead, as a young person. Yes, you have to give your undivided attention during lectures and when you’re in teaching and doing your placements, but outside of that box from 9-5, or 9-6, they have other challenges don’t they. So that’s where the one size doesn’t fit all, and to me, when they come to my desk, I’ll always try to focus and give them my undivided attention, and not focus on what’s going on around me because you never know what they’re going through until they say. But I can give you one really good example, if we’ve got time? Obviously I’ve dealt with many many students over the years but one thing that really stands out to me is that I had, about 3, 4 years ago, I had this young man come to my desk, very very Muslim attire, and he came to my desk and said ‘can I speak to you quickly’, and I said ‘what’s it regarding, is it about study or something?’, that’s always my first question so I can find out who can help, but he said ‘no P1, I just need to speak to you on a personal level’. And I said ‘I can listen to you darling but I might not be the right person for you to talk to, it depends what it is, I might have to escalate it to pastoral senior tutors. And he said ‘oh its just a culture thing’ and I said ‘okay’. So he started telling me that he’d come to university, he’d never left home, he came in on the BM6 programme and he met somebody and he fell in love, and he’s now in his third year of studies, and he has the whole Muslim thing, where as a religious person, but he’s really struggling with his parents accepting that he’s got an English girlfriend. And I said to him, he said ‘P1, I don’t know’, and he was really upset and it rally broke my heart because I thought, you’re the same as my nephews and nieces and I’d be devastated if they felt that they couldn’t come and talk to us as a family. Because I wasn’t raised like that, my mum always said, it doesn’t matter what it is, just come and talk to me. So I said ‘why don’t you speak to your mum about it?’ and he said ‘I can’t, because my mum and dad are really strict Muslims’, and I said ‘but you can’t come to university, leave your home life, come this far into third year on a medicine programme, and you can’t speak to your parents? You’re an adult!’ and I said ‘what would you like me to do?’ I said I can listen but I can’t do anything. He said ‘can you just be like a mum to me and talk to me and tell me what you would do?’ and I said ‘yeah well if I was your mum I’d just wanna know that you’re happy’, and I said ‘what you need to do darling is you need to make time for your mum and your dad, I know you’re loved up, we’ve all been there, but just make time, sit down, talk to your parents on a one-to-one and just tell them how you really feel, and let them know how wonderful this amazing young lady makes you feel. And it will be fine’ and do you know what? About 3 months later he came back and he thanked me, and he said, ‘thank you so much for supporting me during that difficult time, my parents have said to me when I complete final year, if I’m still with that lovely girl, which I will be, they’ll accept it’ and I thought, sometimes its just all they need, someone to have a chat. I am on the front line and I work with them but sometimes they just need someone to say its fine. Its going to be fine, just focus on your studies. I think BM6 appreciate that, and they will come back to thank you for your support.

P3: I think universities are having to become less of a business and more of services. I think 20 years ago, your job would have been ‘I’m sorry, I can’t talk to you about that’, I think the culture of our jobs are becoming much more caring services, rather than us making profit in a sense. We’re here to support the students rather than we are there to support the uni

P1: Yeah, I mean there is also the financial side of things, I think the fees, since I’ve been here, the fees, expectations of them paying all those fees, they’re vast. They are vast, the expectations of our students. When I first started working here, before those fees came in of 9 grand, there was no way that a student would come to your desk and expect some of the things now that they’re expecting. And you know, the thing is, they can email from their phones, they can email from their laptop, they can email from anywhere they want, and if they don’t want to really use their brain and think about something, they’re very quick to email. And you think, its so much, they’re paying those huge fees, their expectations are massive, about us as well, as a department.

P3: I mean maybe they should be, it’s no good widening access if we can’t keep them on board. If we’re not able to deal with students. Maybe we should be more prepared for it

P1: I think that’s, in its entirety, BM4, 5 and 6, their expectations because they’re like, “well we’ve paid those fees, our parents, we have got that big debt at the end!” 50 grand, or whatever it is

H: Ok thank you, so we’ll move on to our final question. We’ve talked about some of the challenges that students from different backgrounds face, but thinking about all of the programmes, including the non-traditional students. Do you think that having those students on the medicine course, does anything? Do you think they bring anything to the learning environment?

P3: I think that they do. I wish we had more. I think it’s very; if you took away all the BM6s, all the people from the difficult backgrounds, all the widening access students, I’d say they only make up about a quarter of the course. I think if we had a better mix of socio-economic backgrounds, I think our course would be a lot more approachable for some people, for others, the next students. I think widening access gives a really good perspective on medicine, I think we need students who can just sit and go, we would have missed you 15 years ago, when it was so much more academic, we would have missed this student and what they can bring. I think we’ve seen really stars who shine

P1: Oh my god they progress so well when they become a doctor

P3: Yeah and they come across very thankful, they can be so grateful, and they really take the opportunity and they take it seriously, and I think it’s very heartening to see it. And I hope it rubs off. Whether our course is fully equipped in every single year to support widening access students is a different question. I think it’s coming up more and more, we’re seeing more and more issues, so when there’s a problem, is it an issue of not having that support rather than. I think there’s more, whether in regards to just money and time, and things like that, but I think that without them on the course, I just think we’d have a very narrow

P1: Dull!

P3: Narrow, dull course

P1: Yes, it would be very dull! I think also its really really amazing to see them when they graduate, and the kind of doctors they will become. And like P3 said, they’re really grateful for their opportunity. But also, throughout their journey of medicine, they are very grateful, a lot of them, although I don’t know if there’s a difference between, I’d say 99.9% of them, whether they’re on the BM4, 5 or 6 programme I think they are very grateful for the opportunity. Because when things go wrong, you know their life crashes. You can see that, obviously you’re going to get a couple of them who, the stragglers who, might have never done the legwork in the first place, you’re always going to get them in any course, not just medicine, but I think there, it’s like when they come back. Because this graduation we had students that attended some of the graduation for the BM6s that didn’t pass, that didn’t progress last year, so their old colleagues came back this year. And they all come back and celebrate and support each other, its amazing!

P3: Yeah I think an issue that comes up a lot in our steering groups, and in our open days, a lot of the volunteers are people usually from difficult backgrounds or from the lower economic backgrounds, and they come in and they, not even just for the money, a lot of them come in and volunteer and they go ‘I want to encourage more people on the course like me’, and I think we get some of them we know their names for bad reasons but some of them we know their names because they’re very keen, they’re good to get involved, and I think sometimes students from less difficult backgrounds, you know, they’ve had special education, they know the right people, their parents are doctors, and they come in here and they just expect to be, to just, they’re used to it, they come in and just go “yeah yeah yeah, I don’t need to go to that, I don’t need to give back and give my time for that”, but I find that the BM6s, our BM5 mature registration, or the students for whom it’s the first time they’ve been to uni, they’re much more willing to do things. They’re much more willing to do the birth experience, to go to the shifts. I mean sure enough we do get some problems but they just, I think without them on the course we’d miss that, it would be a big shame

P1: I think they’re a very inspiring group of young people, the BM6

H: Sorry P2 were you saying something? P1 I’d love to come back to that in a second

P2: Yes, I just think they not only, they bring their diversity with them, their experiences, and I think it helps the other students on the course that aren’t from kind of the widening access backgrounds

P1: To remind them about different lifestyles

P2: And it gives the students a different perspective on medicine, different perceptions on life, because everybody brings with them their past experiences, and I think if anything it helps make the cohort as a whole more inclusive, in the cohort and in the way they think about medicine, and I think it bonds them. I think as medical students anyway they form such strong bonds because its such a solitary course sometimes and I think having people in there that are from different backgrounds really gives more of a kind of taste of real life, to the course, rather than it being your stereotypical ‘I’m a medical student because my parents are so I did this, and I can afford to be’

P3: And they pick on issues, they pick up on issues that we would have never thought about, things like, oh well we’ve never actually treated any patients with this disability, or we never get practice OSCEs or exams with people who are non-white. They pick on things that you don’t even think about because you just do the norm. Someone raised the thing that all of our practice bodies are white – and you sit and go, ‘I never would have figured that!’ And students from those kinds of backgrounds know to ask people about their occupation, about where they live, they just have a better idea about people from lesser backgrounds like them, and can see how it impacts their health, and I think that its really

P1: I think because it emotionally affects them and they’re more switched on to that

P3: They have much more of an idea about what they cope with, what they cope

P3: I think they’re very very inspiring young people because they really want it. A lot of them even if they want to live life and support each other whether they’re on the BM6 programme or any programme, but BM6 particularly, in my world, you can walk through Portswood high street on a normal day in the sunshine after work and you will see how united they are. They are very very united, which just makes my heart sing because I think they’ve been through struggle and they do come from really difficult backgrounds, like we were saying, immigration and other reasons why their parents might not be together. My nephew was raised by his mum, my sisters not with his dad, and my nephew went to university and he’s mixed race; his dad is west Asian and my sisters obviously Asian, but I think you see that they come from broken homes some of them. But when they come here, they are such a support to each other. And they are such an inspiration during our open days and they make a big difference to the visitors, our student ambassadors

P3: Yeah, exactly! And when they’re here they’re more willing to call things out, we’ve had some pick up on doctors that treat students in a certain way because of their background and we’ve picked up on it because students have told us – it can be their own experience but sometimes they’ll tell us about their friends too because they want to help each other. And I think widening access, whilst there may be this initial hesitation there, they’re usually very willing to tell us what we’re doing wrong which, fair enough, can be frustrating, but I think they are ready to change the course. Whereas some other students are just ready to get through it and they don’t want to make a thing. So, I think inevitably in 10-20 years when these students get through, they will be making changes there too, and when they’re teaching on our course, I think that’s where were at now. A lot of our teachers are really from that certain, elite background, whereas in 20 years we’ll have students from widening access backgrounds teaching so I think they’ll change the background of staff and that will change the way we

P1: Yeah, I think we have that already on the BM4, I think we’re getting there on the BM6

P3: That’s what I mean, so its slowly feeding up which I think is quite nice, that they can change things

P1: Yeah, and I think they have actually got a group where she asks people from the BM6 programme to come in and do workshops

P3: For the other students?

P1: Which is really nice, yeah, they work with the students. But, you know, also I always reminded of one thing when we go into the introductory lecture with the senior tutors, one thing I always say, H, when I look at the lecture theatre full of students, and I mean it from my heart, whether even if they told me to never come to that lecture again and be part of it, I’ll always say, nobody here is better than anybody else

P3: Yeah!

P1: You’re all here, united together, and you’re all going to work alongside each other at some point throughout your journey, so be nice to each other, be kind to each other, please be kind! Because when they start having exams and assessments it can become quite difficult and quite competitive but they shouldn’t let that... and maybe the BM6 students are better at seeing that whole person, that you don’t always get it right first time, so I say be kind to each other

P3: Yeah, I mean in medicine you see everything – you’re going to see everyone for every background, when you’re in the NHS, you’re going to have to care for everyone from different backgrounds so the BM6 students can help and if they’re get along, yeah.

P1: Is that okay? Did we go on?

H: No, just did you have anything else you wanted to add? P2 was there anything else about non-traditional students or the programmes?

P2: Yeah, yeah, I’m good