F: Okay. So, okay, so again, thank you very much for giving your time today. I know you’re all really, really busy. As I said, this is a focus group about widening access and diversity here at the University of Aberdeen, in the Medical School. My name is Heather, and I’m going to be facilitating the focus group today. So, if you wouldn’t mind introducing yourselves, for the transcribing, that would be great. Would you like to start?

P1F: Yeah. So, are you allowed to say your name?

F: Yes.

P1F: I’m P1F. I actually work in kind of Marketing and Student Recruitment, so, I don’t work in the Medical School as such, but my role, is an Access Officer here at the University. So, part of my role is running a Widening Access Initiative to local school pupils. So, they’re kind of aged between, I think the youngest one is about thirteen, up until kind of when they start in university. And the Programme covers Aberdeen, but kind of more remote and rural, so, starting in Aberdeen and up to the Moray Highlands, Orkney and Shetland as well. So, I don’t work so much with students once they get here, but it’s more focusing on that kind of pre-entry, kind of outreach and support before they actually start at Aberdeen or another Medical School as well, across Scotland, not just here.

F: Right, yeah. Thank you.

P2F: My name is P2F, I’m a Clinical Educator here at the University of Aberdeen, the Medical School. I look after students when they’re on clinical placements, from First to Fifth Year, across in the hospital. I’m also involved with P1F, if she needs people to help her run the days for the widening access. I’m also involved in interviews and things as well, with the students. I do a lot of Undergraduate teaching as well.

F: Great, thank you.

P3F: And I am P3F. I am in Admissions for the Medical School, and the Gateway Programme as well, so, I’m involved with initial enquiries right through to getting them in the door, and dealing with any registry type of queries for when the students are here.

F: Great, thank you very much. So, my first question is quite broad really. Just wanted to get a sense of what you understand by widening access and by diversity as well; what do you understand by those terms?

P1F: I would say that widening access is kind of about levelling the playing-field I guess, is the term that we use most frequently, associated with that. So, kind of breaking down the barriers, but also so, widening it kind of out with the University going out into the community as well and encouraging people to, well in this instance, think about Medical School as something that’s an option for them. So, there’s also kind of a widening participation, and that’s something maybe slightly different in that I would say that’s almost kind of a longer thing once they’re here, whereas I think a lot of widening access work just focuses on getting them here, maybe not so much supporting them whilst they’re here.

P2F: Yeah, I’d agree to that. Yeah, no, I would agree, it’s about trying to put Medicine at the forefront of all the rest of the degree or other jobs that the students could do and thinking about it earlier on their, yeah, school career rather than just when they’re sitting their Highers or their A-Levels or whatever, that we’re actually saying to people, this could be a career for you, and it’s, you were saying about levelling the playing-field, that actually it’s a lot of the time they haven’t actually thought about it, they haven’t actually considered that Medicine could be something that they would want to do. Maybe that’s because they didn’t know enough about it either, because it’s not something that their school maybe has a lot of information about either, because they haven’t had pupils that went into Medicine before.

P3F: Also, a lot of being told that you can’t do it, it’s not possible to do it, so, by us giving them information that it is absolutely achievable, they want to do it.

F: So, who are you talking about when you’re referring to these students, what kind of backgrounds are they from, which students?

P3F: I was, I mean it’s difficult, because in my head I know that they’re students who go to schools who don’t typically send a lot of pupils onto Higher Education, that’s what I have in my head, but then that’s not always the case. There are real, that there are multiple measures of deprivation, like post codes and school meals and that sort of thing.

P1F: Absolutely, and I think it’s changing in the Scottish context as well, so up until really now, it’s always focused on like what said, these low-progression schools, they don’t send a lot of kids on to university, but now there’s more of a push within widening access that, yes that’s only one factor, but actually opening it up to anyone who might be living in an SIMD20 post code, so the most deprived areas, free school meals, there might be people who’ve come from like the care system as well, so like care experience, foster care, they might be a young carer, so, it’s more kind of oh what’s the shift now, it’s looking at individual pupil level and not just kind of making that assumption, because you go to a low-progression school you must be deprived. You know it’s not always as straightforward as that. So, I think it’s something that’s changing. And there will be more and more things that are coming out, new criteria, things like estranged students as well, that’s another one that’s kind of popped up on the radar, so, people who are living without family support, who don’t have support from parents or relatives, and how we can encourage them to think about Higher Education or Medicine more specifically.

P2F: Because I think that’s a big thing, because Medicine is a Five-Year Programme, and that puts a lot of people off who wouldn’t want to come in to do Medicine because of the financial burden and the fact that that’s five years of maybe getting their parents to pay, or especially with, we don’t what’s happening with the current state of the UK [Brexit?], so that’s put a lot of uncertainty into people who maybe would be thinking of Medicine, but now they’ve just totally, as you said, we can’t just think about people who are in a certain postcode or at a certain school; they could actually go a very good school and a school that do send people to Medicine all the time, but actually their own personal circumstances is that they can’t actually even think about going to Medicine, even if they are academically achieving the grades to go to Medicine, they can’t think about it due to personal circumstances.

P3F: We know that there is support available to help students do that, but if you look, stereotypically back through the ages, it’s always been there, the more affluent sort of people, or they’ve come from that background really.

P1F: Yeah, and it’s about breaking down that kind of stereotype as well. And we find that bringing them onto campus, showing them what it’s really about, introducing them to the students who have all come from different backgrounds, countries, you know that’s kind of the best way obviously to give them that real-life experience, because in my role, I find even a lot of teachers who you would hope are supportive, are actually telling kids that I don’t really think that’s for you, or you’re not quite cut out for that or I don’t think you’ll get the grades, and they’re actually kind of acting as gatekeepers. Whereas now we’ve got all these new Programmes in place like Gateway to Medicine and using like contextual offers, you know it’s not that you don’t need five As anymore if you want to be a doctor. It’s actually more and more accessible now, which is really good.

P2F: I think it’s about what we look for as well, as you say it’s not five As, actually, we think more of the qualities that make a good doctor, which is not just by a lot of, as you say schools, and they are just stereotypically thinking of the grades, but actually that is part of it, but a big part of Medicine is the core qualities of what actually will be good to be a doctor.

P3F: Absolutely, we’ve reduced our grade requirements for people who, even from a widening access background. We’re still getting multiple, like enquires from schools who they weren’t aware that it’s something that we’ve done, and from [student] enquirers as well, so, it’ll take a bit of time for us to get that message out, but we are, we are making steps to try and help.

F: Yeah. And what does having diversity mean to you; what would a diverse student cohort look like, do you think?

P3F: I guess it’s accepting people from all walks of life, so, everyone, treating everyone as the individual that they are. We have, typically in Medicine there are more females than there are males, so, we have to sometimes work a little bit harder; we need to find a way to even out that playing-field. And in terms of people from different backgrounds or religions or ethnicities, I can never say that word, I’ve managed.

P2F: I think that we are quite secluded in the North East, because we don’t have, you know the Scottish Government did a huge pool to have Scottish students in Scottish Universities and Scottish Medical Schools, so, that actually narrows our pool, quite a lot to be, to have diversity as much as we would want to, because we would need to fill our places with Scottish students and therefore maybe our demographic of students that are coming in are, is much more limited than what it would be maybe if you studied, you know obviously in England, you have a huge, more pool of where you could, whereas in the North East, you know it’s always commented on, that it’s North East people in the North East, we don’t have, it’s getting better, for our diversity population, but actually we are still very, very stereotypical of...

P3F: Yeah, and that applies to widening access as well.

P1F: Yeah, absolutely.

P3F: The SND20 pool of candidates are in the central belt of Scotland, and we have a very limited number, and typically they would kind of want to stay at home if they’re getting an offer to go elsewhere, or the way around, it’s expensive for kids to move away from home.

P2F: Especially if they have commitments as well, they’re a carer or whatever, then we are losing that pool again of students that we would want to welcome to the university; that’s not something that can be actually achievable, just from the geographical position of the Medical School.

F: Yeah. Do you know why it is that the Government seem to want local students here as a priority?

P3F: They’ve done a workforce planning exercise, and their research has shown that students from England for example, will go home once they’ve completed their training, so, they’re now trying to train up a workforce that will stay in Scotland. So, they introduced that last year. So they’ve cut our number of the rest of UK places, and they’ve done that for all Medial Schools, so, I think like in four years time, there will only be an intake of a hundred rest of UK students in Scotland, over the five Medical Schools.

F: Wow!

P2F: Yeah. They’re putting that numbers back into Scottish places, which is great for the kids of Scotland, there’s never been a better chance to do Medicine here, but it’s not very diverse.

F: Does anyone have anything to add on diversity?

P1F: I think there’s a whole range of things when you think about diversity. I mean you can think about ethnic background, you can think about different widening participation characteristics, but also things like age as well, and you know what backgrounds people have come from, and that’s something that again I like about doing the Medicine interviews, is hearing you folk who have maybe decided to do it later on in life, they have come from other professions or maybe not studied for a degree before, and actually they often come across with a bit more life experience, than your typical seventeen-year-old school leaver, so, I think that’s absolutely a positive thing to encourage it, because you know you want your workforce to reflect that wider demographic of people, and to be able to relate to their patients.

P2F: You do wonder do we push them enough.

P1F: I don’t think so.

P2F: I don’t think we do. In Medicine, in Aberdeen we’ve had a quite lot of very mature people who came after having a full career, and have just changed at the age of forty to come and do something else, and do Medicine, but that’s just the one, you know I think we need to be saying, this is still something you can do at that age, and there’s only the people who have came to speak and chat on open days that have actually realised, oh I’m really quite happy, so, you know we always talk about the actual young people who are in school, but are we missing the actual people who have done something else in their career?

P3F: We do have a number of graduates who have had a life. And that number is increasing all the time, so it’s obviously getting in, when you leave a school that is more competitive, but they’re just coming from one degree to another. So, they do have a little bit of experience, but not a lot of life experience, and I think that we typically find that students who do have life experience do a little bit better, because they know how they work don’t they, their abilities.

F: And do you think it’s important to have all these different backgrounds kind of represented on the course?

P?F: Yes, absolutely, because that’s the patients you’re looking after. There’s not one set of patients, and also we have to realise that a lot of our medical students, although we want them to come here and work in Aberdeen, they’re not going to, some will go to the central belts, so, we need to be able to have other, have that diverse student body, as well, because that’s the patients they’re going to be looking after, and that’s how the students interact with, diverse others, is from their peers, and how they learn better is actually from their peers, and not from anything that we tell them, it’s from their peers and how their peers act and behave, more than us.

F: Right, interesting. Thank you. So, I’m just wondering if you know about, so, you’ve got the five-year Medical Degree Programme, but I think you mentioned the Gateway Programme, do you know much about the Gateway Programme?

P2F: Gateway to Medicine?

F: The kind of students that are coming onto it? Yeah, fantastic. So, with that in mind, when you are working with students, do you know if they’ve been through the Gateway to Medicine Programme or not, generally?

P2F: I sometimes will do, because I have a lot to do with the Gateway to Medicine students, in their second half, when they come here from NESCOL, so, I know who they are about, in the student body, because I will have seen them already for the first six months.

P3F: So, one of courses that we do is preparing them for, let’s call it, Welcome to the, Introduction to the NHS, yes, so, P2F is involved in teaching them. We do that course to help then prepare them for their interview, and for coming into Medicine.

F: Cool. And so, with that in mind, do you have any perceptions of how those students, what those students are like compared to the students who come in more traditional entry?

P1F: I mean I don’t really get involved with them once they’re here, but I do help out at like the interviews and things and see them around, and I think a lot of them do tend to stick together. I mean it’s good that they’ve got that kind of you know friendship group, but yeah, I’m not sure how long it takes for them to kind of integrate fully.

P2F: I think my thing with the Gateway to Medicine students is the majority of people who do the Gateway to Medicine is because they want to do Medicine, they have an absolutely burning desire that they want to do Medicine, so they’re very driven and focused, and they’re very enthusiastic about absolutely everything that you do. So, and I think because they’ve been in the university already six months, they don’t have that big leap from when we have our students that have just left school to come to university and it’s a building and it’s a different site and they’re very familiar.

P1F: Yeah, a lot of them will have had, you know they have came from out of Aberdeen, you know lived away from home, you know in student accommodation, for that period, so, I guess they’ve got that kind of experience as well.

P3F: We’ve only had two cohorts come from the G2M into Medicine, so, in terms of how well they’re doing, it’s a bit of a mix really. We’ve got some at the top of the class, and then we’ve got others at the other end, but the majority of them seem to be doing fine, in the middle, getting on. And I guess that’s a trait that we just have to keep an eye on and see how things go over the next few years.

F: And does that compare with kind of your perceptions of the more traditional medical students, are there any similarities or differences?

P3F: Coming in from like a widening access background?

F: Any background.

P3F: There is always people who do better than others. So, I mean, it’s hard to tell at this point in time whether they are doing. I mean a lot of it could be your mixed in a new group of people, you’ve got to go out and have a social life and again that sort of, a bit of complacency, because a lot of our first-term courses are a repetition of what they have done in the second half of the G2M course, so, there could be a bit of I know this already, type of attitude to that which pulls them down a little bit, but I don’t know.

P1F: Yeah. Just as a side note, so, not the G2M cohort, but there are pupils who are now students, who I have worked with in REACH, so they meet the academic criteria, they go straight into Year 1, they don’t, these people maybe not, they don’t do the Gateway Programme, but for those guys who have maybe come from a school where they are the only person who has applied to Medicine maybe that year, or for a number of years, they are very much used to kind of being top of the class in their school, and then come into Year 1, and what they’ve said to me in the past is, everyone’s way more intelligent than me, you know I’m not used to that, and you’re trying to say to them, no, everyone is here, they deserve a place, you’ve all met that standard and yes it is different, but you’re just as deserving as everyone else being here. They’re just not use to all the high-achievers being in the room, because that’s usually them.

P2F: That’s quite common for all of the students

P1F: Yeah, no matter what your background is, it is a big adjustment for them, and I think Medical students, from my experience of working with them, some of them can get quite competitive as well.

P?F: Really!

P1F: So, yeah, I know.

P2F: Which could motivate some of them.

P1F: Yeah.

P2F: But for others, it’s not good, it does engage them.I don’t think our Gateway to Medicine students are any different actually than, they’re still, yeah a lot of them, the Gateway to Medicine students are just young as well, so they’re maybe eighteen, when they enter the Programme, so, they’re still learning, but we do not spoon-feed, it’s not didactic teaching all the time, so, they’re learning with the rest of the cohort, so, I don’t think you know we would never label them in that they’re a G2M student.

P3F: And we never wanted to create that here in the G2M kids. We wanted them to be integrated, so, that’s why we make them have an interview, we make them sit UKCATS. We make them do everything else that everyone has done, so when they come into the Programme, they can talk about, they’ve had to do it as well. We never wanted to have them secondary to it.

F: What do you think the advantages of that are to kind of make that clear, to kind of integrate them?

P3F: Well I guess in society nobody is going to, when you’re out working, nobody looks at your background and thinks, makes a judgement on you based on where you’ve come from, so, we shouldn’t be doing that when you’re at university. You’ve got the grades, you’ve got in, so you need to be just like everyone else. You’re here because you’re able to do it, and you’ve proved that, so, I don’t think we should be making, or even making people feel like they’re a special group, they’re not being treated the same. Maybe some of them look at it like that. It’s hard, you never know.

P2F: You could say that about a lot of people in Medicine, the same with postgrads, you know they put their own, they will all sit together in first year, it’s evident, but that’s because they’re the same age, where the G2Ms have been together for a year, so that’s why you’re making friendship groups. It’s very difficult; if you’ve made friends, you’re not wanting to be like, ??? (00:22:52), so, it’s going to be inevitable.

P3F: The same with our Pre-Med students. Yeah, all stick together, based on their previous Bio-Meds, yeah

F: And I suppose anecdotally, have you heard anything from colleagues, is everyone aware of G2M and have any perceptions?

P3F: I think everyone is aware of it. And I guess really the only, in my head, it might not be true, maybe you know a bit more, but, the Year 1 team will know who the G2M students are, coming in from G2M, because there’s a bit of overlap of who teachers and who enrolled those, but as they progress further through the year, because we’re only in the second year of it, and I don’t know whether it’ll be a ‘thing’

P2F: No, in the second year, it’s not a ‘thing’. For the students that are now in Year 2, it’s not a thing, that they were G2M students now. The only reason for them saying that they were G2M students is just the fact that they may be able to say, oh that’s Doctor J, or that’s, because they had that familiarity with some of the team, and I think that was different, but now they’re in Year 2, it’s a lot of different people teaching them that they didn’t have in Year 1, so, there isn’t actually a ‘thing’ with now, they’re denying that they’re G2M students, they’re just Year 2 students.

P3F: So, they’ve passed, they’ve got through, they’re normal times, so.

P2F: And I think we have to go, as you were saying, we have to be looking at, especially from Year 1, we have to look at their grades and things at some point, that’s something we have to do, because it’s a new initiative, so we need to see, is it working, where do those, so, we have to, from a Year 1 team point of view, they do have to look at that cohort of students from an examination point of view, to see where they’re sitting within that, to say is it right, are we missing something that we’re not teaching, or.

P3F: Do we need to be giving them more support?

P2F: Yeah. And obviously they do get a lot of support, so, they do get, when they first arrive, the G2M students, are all, we’ve got an agreement with NHS Grampian, so, they all get offered jobs in the Nurse Bank, so, that they can support themselves and work and get work-experience while they’re going through that first year, which, most, the majority of them take up on it, because it also is great to get on the Nurse Bank, because getting work experience can be very difficult, so they get onto it now, and then you’re fine.

F: Very good, good experience to talk about in interviews and stuff, so, that sort of thing.

P2F: And they’re encouraged to do that.

P1F: They have got a mentor as well, so, all the G2M students get allocated a mentor, who is either from, we’ve got a like a team, we have Outreach Ambassadors, if you like, or someone who has previously been through that Programme, and that’s someone that can work with them, you know things like the UCAT, the Admissions Test that they’ve got to sit, or maybe have an interview, or just meeting up and chatting to them about Medical Student life, you know where is best to go out, or how do I get stuff out of the library, you know it can be anything. We just match them, and then we kind of leave it up to them, you know what works best for them. And then they do get all the support around like a mock interview as well, before they actually get to sit the real interview to progress into Year 1.

F: And so that support is all during the G2M year?

P1F: Yes.

F: And then do they get anything when they’re in Year 1?

P2F: Just the same as the rest of them, rest of the students, so they get a Regent.

P3F: Yeah, they get a Regent. If, they get, if it’s identified and it applies to any student, if they’re having difficulties, or like after their first set of exams, get support interviews, additional support given, if required.

P2F: Because again, we don’t want to have them labelled as these students that are getting extra support, but actually students who come in not via the G2M Programme, still may need that extra support, so, we have to have it open to the whole Year, rather than a selected group of students.

P3F: Exactly. So, some of the kids that come on to G2M course, might have better qualifications than people who are actually coming straight into, say, A100, so, we, if we have a special support system, it has to be available to all of them, not just to one group.

F: Just out of interest, do you, when you talk to the students, so, sort of the first and second years, do the ones who’ve been on G2M, have you spoken to any, do you know how they feel about that, do they acknowledge that they were on G2M or do they now just not really talk about it?

P2F: To the rest of the cohort do you mean, talk to their peers?

F: To anyone, yeah.

P3F: That’s a tricky question, because we know that they have been, and certainly the ones I’ve spoken to have all been really positive about it.

P2F: And they’re happy to discuss it.

P3F: Yeah, we find they’re happy to.

F: Yeah.

P1F: And the fact that they’re going back and helping the ones who are currently doing it, which would suggest that they feel that they have benefitted from that year.

P2F: Because it seems with the widening access students there’s a lot in fourth and fifth year who will, who’re very open and say, I’m a widening access student, I want to go and help, you know other students, or I want to go and help and support the first year students that were in, because I’ve been through it. So, they’re very, I think that probably is quite good in Aberdeen, people don’t care. You know everybody has got here because they got the grades, so, it doesn’t matter which, and I think that’s probably a lot to do with the diversity of who teaches them, I think, is valued and it’s a very, it’s a not a very hierarchical teaching system, if you know what I mean, so from Professor, [name], right down, we all sort of work as a team, it doesn’t matter where you are, who you are, the students all know us as, like from the secretaries you probably get the most respect, you know right up to Professor [name], everybody is sort of on an even keel, and I think that’s, the students see that, so, they don’t have any difference with each other either, because they see that we don’t. You know we don’t speak to Professor [name] any different than we would to [name and name] in the office, we’re all, so, they then mimic that.

F: So, what you were saying before, where there’s this kind of perception of like elitism in Medicine, that you don’t get a sense of that at all in this university?

P3F: I don’t think so. I genuinely don’t think that we have that sort of environment. Certainly, at interview, we always get the feedback that we’re friendly, how friendly and relaxed we are. I genuinely think that is how we are. Everyone’s door is always open if you need someone to talk to. I don’t think anyone would ever, ever say no.

F: Great.

P2F: I think we are lucky, because the majority of us are full-time employees in the university too, we don’t have, we do have our lecturers that come across from the hospital, but even that, they’re literally a hundred yards away. And even our clinicians, you know across, will say, here’s my email address, at the end of their lecture, if you want to drop me an email, you can come over and chat. So, we’re very good with proximity of our Medical School to the NHS; that’s a huge strength. It’s not seen as, he’s a scary consultant, well he took me for an assistant, or, and the students are encouraged to speak to the consultants at the end, if they have questions, to stay back and, or ask questions during lectures, but hopefully helps.

F: Because they feel that they can, so when they go over to the hospital for placement, they’ve already met.

P2F: Met some of them, yeah. They’ll have recognised some of them, especially from doing their lectures in first and second year, so they’ll know who they are.

F: So, obviously they kind of get quite a lot from studying for a Medical Degree here, but do you, and also you said before, that you think it’s really important to have diversity of students in the Medical School, what is it that’s important about it; do you think that they bring anything in particular to the learning environment?

P2F: Well I think just for recently, because we’ve just started getting Sri Lankan students, we had a meeting, well I didn’t personally, but there was a meeting that went on, and they’re going to speak to the whole year group, about even the diversity in Health, in different places. You know they came and have spoken to them, and that’s going to be an actual thing, they’re going to actually chat to the rest of them. Because we have to realise as well that Healthcare is changing, and we might take lessons from some of these other Healthcare systems throughout the world, so, by having people who have been exposed to that, whether that’s as medical students or as schools students, or whatever, I think that brings an awful lot to it, because they see a different side to it, rather than just the NHS, yeah.

P3F: I think our Sri Lankan students. Not just the Sri Lankan students, but all international students bring something, something different. I’ve forgotten what your question was?

F: Just whether you think there’s an impact of increasing diversity in the learning environment, do you think that students bring anything?

P3F: I think they do. Like the older students tend to work a little bit harder, and if that’s your peer group, that’ll have an influence on you, you’ll work harder too.

P2F: And I think you also find that the older students, the students that have obviously done something before, whatever, they’re more receptive for the younger students to come up and ask them, they see them, not so much as a father figure or a mother figure, but as somebody who had a bit more life experience, so, they find that it’s fine, and will go up and say, I never understood a word which the lecturer said, do you understand.You know it’s much more of a supporting each other.

P3F: We have a couple of societies, so, the PALS Society, so they teach clinical skills, teach anatomy to some of the younger students as well, which is good.

F: Yeah. So, what about the kind of maybe professional environment, so obviously these students kind of feed in to the profession, so, what’s the benefit to Medicine in having more diversity?

P1F: I just, yeah, it’s just about, for Medicine in particular, it’s serving the needs of that population, and as P2F was saying, it is changing, you know the NHS, so, it’s important that we encourage it amongst our students and you know like the work that goes with them doing work with other Healthcare professional, future Healthcare professionals, you know that kind multidisciplinary focus as well, something that we really try and emphasise too. And you know we do that all the way from kind of interview, our pre-interview, that’s something that we really try and reinforce to them, about that team kind of effort.

F: Yeah. So, when you said that serving the needs of the population, could you, sorry, could you just break that down a little bit, about how having diversity will help to service the populations, sorry?

P1F: Our population is diverse, and if you only have medical students who came from, I don’t know, upper-middleclass backgrounds, would they be able to relate to the patients that they’re treating, you know if you’re coming through A&E, or whatever, you know, the environment that they work in, you know, that’s what, you know we want the patients to be able to kind of open up to them, and if they saw someone who they thought actually, yeah, they’re like me, or you know, their doctor is comfortable talking to people from that kind of background they can encourage, then that would encourage that openly.

P3F: So, a workforce that represents the society that they are in. Not everyone comes from the same background, so, having that diversity means that we have a range of different, we have a range of doctors who have come from different backgrounds, they haven’t all went to private schools, and they all don’t have doctors in their family, and some people will have been in care, some of them will have struggled, yeah.

F: So, it’s about that relatability.

P?F: Yeah. I think so, yeah.

F: Yeah. And you mentioned many different perspectives of life as well. Cool. Okay, great. Does anyone have anything they want to add about widening access and diversity in Medical School?

P2F: I think we just have to bear in mind in widening participation and widening access and stuff is really good, and I agree that it’s very good and that we need to have it, but we need to not take away from them other people as well. You know, there’s drive always for the Government that we have to have widening access students and we have, yes, that’s brilliant, but we need to then not make, we need to make sure that those people who we aren’t encapsulated that aren’t losing out because they don’t fit into a postcode; do you know what I mean, just that we try and make sure people who are actually, they’re not one end of the spectrum or the other.

P3F: The middle majority. There’s no support and we want the support from private schools for their students, there is a lot of support for what we deem widening access students, but those people in the middle, who are probably, who maybe don’t get support at school, because they don’t have many people coming in, but they have a lot of people going on to university, there doesn’t seem to be a lot of help for them guys, yeah.

F: Are there any other challenges or problems do you think?

P1F: I think it’ll be harder in a way, going forward, to actually like identify who is widening access. Because up until now, it’s very much been about okay that means low-progression school, or postcode, but now we are far more shifting to that individual set of circumstances, so, things like free school meals or carer, young carer, care-experience, you know kind of smaller groups of students. You know how do we identify them, how do we best support them, without kind of saying you’re in the widening access box.

P3F: There’s only so much of that information that’s captured on their UCAS form, and it’s physically not possible for like all the admin that goes with that. So, for the Gateway 2 Medicine Programme, we ask them to fill in a form, which I think we maybe borrowed from Southampton, but we’ve had a hundred applicants, so, that’s a hundred bits of paper we have to put through and get them to provide evidence for that. So, I think that would be a huge burden, unless UCAS does something to capture that data differently. And also, I was going to say something else, but I’ve forgotten; I’ll come back to me. I can’t remember.

P2F: Yes, so, capturing could be people who, actually a lot, you know a lot of schools don’t know what their pupils do, so, how can we know, if their actual teachers in the school don’t know that they’re a carer, or that actually if you went around to their house, you would realise that things aren’t great or this has happened to their parents, because they’re not telling anybody, so, it’s very difficult to then, those people will just fall off the perch, when actually they could be fantastic, some would be fantastic doctors, but they’re not giving that information to the teacher, so then they can’t pass it on. As you say, it’s just, and then a lot of students still don’t want to write things down, because they feel they’re then being labelled.

P1F: Or it will come back. People think it might affect their work.

P2F: Yes, so they don’t want to declare, if you like, that they are a carer or they have got financial issues or they’ve got an expulsion, they don’t want to do that because they think that’s going to be deemed bad, and I think that’s probably our fault. Medicine up and down the Country, is it’s still seen as elitist a lot, because media and dramatization and stuff, people here speak on programmes, are always from high-class, you know people who go and speak in Government, it’s all high-class doctors that go, well actually what about you know somebody from here, who is now a consultant who speaks really broad, he actually, he's fantastic as a doctor.

P3F: Yeah. Another thing that I think sometimes is a bit of a difficulty, is the way that, certainly for Medical Schools, that the Government measure widening access, like achievement. So, we have our, not that Medicine has an intake target, but we set ourselves intake targets, and we are measured on how many people from a widening access background we take in, but the only factor currently that the Government have been looking at is whether they come from an SMD20 postcode or not, and that’s not representative of a widening access background. You can live in a big house in an SMD20 postcode, yeah how’s that fair, so, the kids who are in SMD40 postcode who were still living in a deprived area, they get free school meals or they go to a REACH school, but they don’t fall under that postcode, so they’re not recorded or regarded in the Government statistics, and so they do need to do something to change that.

P2F: Because that’s a big thing, living in the North East we hardly have any [SMD20]. Actually, so, right now, I could tell you all the deprived areas there is in Aberdeen, but they don’t fall into, yeah, that postcode, so, that’s not classed by the Government.

F: Great. Thank you very much. That was really, really interesting for me.