F: Hello again everybody. My name is Heather. I am a PhD student at the University of Southampton, and I’m going to be facilitating the focus group today. Thank you so much for giving me your time. I know you are particularly busy at the moment with exams and interviews and things, so, I do really appreciate you being here today. If you’d like to start introducing yourselves.

*[Participant intros]*

F: Lovely. Thank you very much. So, as you know, this focus group is all about widening access and diversity within medical education. But I’d just like to start off by asking what do you know or think about widening access and what does diversity mean to you?

P2F: So, to me diversity is like, especially when you look at like Medical Schools and whatever, it’s allowing people from sort of poorer backgrounds or people who are from low-income backgrounds to be able to come to medical school. And also, it’s basically making it a level playing-field, so that they do get those opportunities that maybe someone from a better area would get more often than they would.

P1M: Yeah, and I like the level playing-field analogy. It’s not about bringing people back; it’s about putting people up to the same standard.

P3F: I’m not sure. Because I’m an overseas student, I can see that as well, many students from all parts of the World, and it’s quite diverse.

F: Yeah, so, like international diversity, students from other Countries, socioeconomic diversity.

P3F: Yeah.

F: Yeah. And have any of you heard of widening access.

P1M: Yes.

F: Yeah. So, is that kind of what you were talking about?

P2F: Yeah. Yeah, a little bit, just think it depends sort of where I think you stand on the side of the fence. So, I’m sort of from widening, like access, because of my family income, because my mum is a single mum. Like statistically I shouldn’t be at medical school, based on like the divide I think there is very much between sort of like a two-parent household and a one-parent household, and the amount of money that you’ve got coming in. And I think sometimes, like when I have spoken to other people who have got maybe a two-parent family, they’re almost like well, you shouldn’t, do you know what I mean, it’s almost putting us, they think it’s taking away from them rather than actually putting other people from poorer incomes forward. So, I think it’s quite a touchy topic, depending on which side of the fence you’re on, but maybe that’s just my experience of it, do you know what I mean.

P1M: Well I was the same, in that I got it, but it was more postcode, in Scotland, from where you are, but it did actually wind me up quite a lot, in that I again was from like not a great family, and definitely no-one from like university backgrounds. But then there was people that were, that had doctors as parents, who were still getting the widening participation, because they went to a not great school. Which, I didn’t think was necessarily the fairest system in the World, because they were always going to be doctors at the end of the day, because that’s what they’d have been working towards since they were in Primary school.

P2F: Yeah, I definitely think there’s a lot of, especially as a graduate, I think the system is not very great, because, so, like, and it’s not to put my friends down, I love my friends don’t get me wrong, but you know I’ve only go my mum, and to come as a graduate you have to fund, especially because I’m English, I have to fund the full nine grand, which I know is like nothing compared to the International students, so, I think they pay like eighteen, do you pay a lot each year, are you, Internationals?

P3F: Yeah, it’s three times more.

P2F: Yeah, so, I think it’s, like it’s still not as much as what you are paying, but my other English friends, they’ve got two parents to start with, both are very, very wealthy, so, their nine grand a year is, their parents can just pay it, do you know what I mean, whereas my family is not able to do that. And I do feel like that’s, it almost does stop a lot of people, especially graduates, coming on to another undergraduate course.

P1M: Yeah, I had to work for a couple of years. Like I couldn’t have afforded to go straight from the first degree to a second degree, there had to be a break to be financially stable.

P2F: Yeah. I mean my mum is having to pay my rent at the moment, and I’m obviously looking, well I had a job and then I had to quit for my exams, and I’m getting another job, because all of my maintenance load is going on my tuition, and it still falls short. So, I think there is, I think it does depend what sort of side of the, and it shouldn’t be that sort of ??? (00:05:05), what side of the fence you’re on, because I think if you’re from a very wealthy background and you’ve got two parents and you’re from a good postcode and you’ve gone to a good school, I think the chances of you coming to medical school are actually very high, that’s whether it’s your first degree or second degree. Whereas, I think actually, you know statistically I shouldn’t be here, statistically I shouldn’t be at medical school, I shouldn’t have even gone and done the first degree. That’s based on sort of what the public have shown. So, I think while it is very important, but it’s probably not important to the people who are making the rules on it, which is ironic, really.

P1M: Yeah.

F: So, well, why do you think it is important to have this increase in diversity and widening access?

P1M: Because the general population, especially for something like Medicine, is diverse, and it is important that people go to, I’m not saying that someone that is super well off and has always been well off is never going to be able to associate with someone who is struggling day-to-day, but it’s important to have that range of people who are going to care, and I think that if you can be a wee bit more empathetic to the general range of patients that you see, that is a good thing.

P2F: Yeah, absolutely.

F: So, do you mean students from widening access backgrounds are more empathetic, or do you mean that having more diversity makes everyone more empathetic?

P1M: Yeah, I think if you just fill the room of medics with people from one, whether it was lower-income or higher-income, then they’re going to kind of only see things from their point of view, it’s very hard for them to intermingle, so, you need that kind of mix, for everyone to kind of see the experience, but, like hear about other peoples’ experiences and work from there.

P2F: I’d say that, especially like I think, when I’m speaking to people who I know are from richer households, I think there is, I know it’s, I don’t want to sound horrible when I’m saying this, but I think there is a very clear divide, because some people will go, oh, it’s only five pounds, whereas me, I’m like well that’s, that to me is a lot of money, depending, I think it’s very different on, and obviously five pounds, I’d go yeah, a bigger amount of money, so, some people are like, oh, well it’s only nine grand a year, my mum and dad have got that. Whereas, I think from a poorer income, that’s the majority of my mum’s income, like she’s a nurse, she’s raising two children, she hasn’t got my dad’s income, so, I think, and my stepdad, well I say my stepdad, he’s not my actual stepdad yet, but he’s helping a lot. Well he’s got no ties to me; he shouldn’t have to do that. But, I think there is a very clear divide between what people think is a lot of money and what people don’t think is a lot of money, and what some people will have struggled. So, like I’ve gone one friend who said, oh my family is really poor, struggling for money this year, and then they still go on a ski-ing holiday, two grand each, which to me, that’s like, that is to me is not struggling for money, but to their family that is. I’m not saying that that’s a pittance to their problems, I’m just saying it’s a very different ballgame. I think it’s important, because like you said, if you’re going to train as a doctor, if it was just that sort of group of people that’s not the majority of the population, the majority of the population are actually quite comparably poor, so, you can’t really, I don’t personally feel you’d be able to empathise on the same level, because you’ve not been there, or really spent a lot of time with people who are there.

P1M: We had a really good lecture on TB, and it was not necessarily about TB in general, it was more about how, because it generally affects poorer people, but it was about how those people maybe don’t really care as much about their condition as they do about the fact that they’re not going to be able to make it out to get their money that week, so that means that they’d not be able to like turn on the gas, or they’re not going to be able to help themselves, and for someone that’s never been in that kind of position, I think it could be quite easy to maybe not pay attention to those factors, and actually, and just to focus on the patient and like I’m going to treat you for your condition, because I’m a doctor and that’s it. Whereas, actually that’s secondary to what the patient is actually caring about on that particular day.

P3F: Yeah. I think I would say like when it comes to doctors, it’s much easier for the students from like the same background as the patient, they understand more, better for the patients, because they’re treating the whole patient, not just like they’re curing their disease, like what P1M said, it’s also like how they manage their life, and from like me, I’m from what is probably a better family background, but like through those lectures, like TB, I just don’t, like I’m so surprised, like he was struggling to meet those simple basic needs, say they have to try some, like the nurse actually helped them to do a lot of paperwork to get all those money, help them to like, and just helped them to cover their everyday life. For me, it’s just like, I’ve never experienced that and probably I go straight into my career, I won’t be able to understand it, but for all the other students, that they come from that, or, like wider, so like social background, so they can also help us to understand better of problems that might affect the health of those people, yeah.

F: Yeah.

P2F: It’s just the different people, and I think it’s sometimes, I think if we didn’t have widening participation, we wouldn’t have people training as doctors who are from different backgrounds, it would mean that we’d have a very biased view of the population. You know it would mean, particularly if I was going to go and work on a ward, it’s, I’m more likely to pick up on, I would say those sorts of cues, than maybe somebody else who has never been through that sort of thing, and it also means that I would then be able to say that, say to that consultant, actually, have you thought about this person from this point of view, have you thought about them from their wellbeing in another way. It’s not always just about making somebody healthy, it’s about actually this person doesn’t want to do that treatment, or doesn’t want to have surgery, not because they don’t want to be better, but because surgery means you can’t work and if you can’t work you can’t pay your bills, it goes a bit further. Whereas, I’m not trying to generalise here, but if you’re from a maybe a richer background, those sorts of problems wouldn’t be a problem, because you’ll have savings and you’ll have things in place, and a more stable environment that you can take that time off if you wanted to. So, I don’t know if that’s, I’m not trying to biased, that’s obviously, it sounds very biased, so I’m not saying all rich people are like that, I’m not saying that all poor people are like that, I’m just trying to say that there’s maybe a bit more likelihood for them...

F: Have you had any experiences of that in your working, placements, or in lectures or anything?

P1M: I did a placement in Cambridge, so, I wasn’t a doctor, and I wasn’t training to be a doctor at that time, but I was working as a (???), and I stayed in accommodation with a lot of doctors, and obviously Cambridge is very different from Aberdeen, but we had a lot of disconnected from general society, the people who I was with; ridiculous. Like I had people refer to me as their poor friend, and like they had no idea about like money trouble, at all, and it was almost like a status thing to have no idea. Like, and I have not seen any of that in Aberdeen, like at all; there’s not a single person that I would have held in that same thing, but it really shocked me that that kind of attitude does actually, genuinely exist. I just thought it was like a tabloid sort of bogey-man stereotype about these people that went to Eton, you know stuff like that, but apparently, for some, it is very true.

P2F: Yeah, I would say the same.

P1M: And that, they terrified me that they were going to become doctors. They’re probably going to become doctors in rich places, but it’s still quite shocking they could get all the way through without having, well having that lack of empathy for anyone that didn’t have that amount of money.

P2F: The thing is as well though, I don’t know whether we can, maybe I’m just being a bit too sympathetic, but I don’t think you can actually blame these people because they, I’m not, I don’t, never ever say these people need to be poor for a year to understand the troubles, like I’m not saying that at all, but they never have, their families have been very much ‘silver spoon’, it’s almost been set out for them that they will go to, because also I think it comes down to, so, through my A-Levels, my mum really, really struggled and she was picking up extra shifts on Saturday, working as a nurse in the bank, so that she could pay for me to have a tutor so, I’d be able to get into university, so, she had to work a lot more, which then meant that I was having to a lot more at home anyway, but that’s always been my life, I’ve always sort of helped around the house, any chores, any things like that, because my mum’s working, so, she doesn’t have time to do that, so, me, going home, making dinner, look after my brother, taking him to school, doing all of that, that’s quite a normal thing, but when I spoke to my friends, and they’re like, oh, no, I’d just, you know someone would always take me to school, would always bring me back from school, I’ve never had to make my own dinner, I’ve never had to do chores around the house. I think it does show a very big divide. I don’t think you can necessarily blame people, because that’s just the way they’ve been brought up, it’s not, they’re not being, I think that level of arrogant for the sake of it, I think they just, they generally, they have no idea, they don’t have any idea and that’s not their fault, that they’ve had a wonderful life, I just think, like, I don’t know. But something needs to be built in to help them with that. Which I think where widening access can come in.

P1M: Exactly, that’s why widening participation is important, because then it exposes them. So, I think at one point, was it ninety-five to five percent of people going to Cambridge were privately educated at a Public school, so, obviously now it’s forty/fifty, but, sorry, forty-nine, fifty-one, but that’s still like not representative of the population really.

P2F: Yeah, that’s what I’ve been getting at.

P1M: But then, if you mix people together like, I think that it does kind of like create a nice medium, because people do learn from each other’s experiences.

F: Do you think that integration is good at Aberdeen, like between different students from different backgrounds?

P2F: I’d say so, yeah, I think, but I do think there is maybe sort of, I don’t know what the word would be like, maybe, like I said, my friend whose really struggled for money, who can still go on a two-grand each ski-ing holiday, I think there is maybe, not quite the same understanding; do you see what, I don’t know how to, I’m not saying that to be horrible, she’s my friend, I love her, but I do feel like maybe there’s a mix of people, but that doesn’t necessarily mean a mix of people are understanding each other’s lives, if that makes sense. Like, in a day-to-day kind of way.

P3F: I think I am seeing, I don’t know, if International diversity, in a sense of widening participation as well.

F: So, I mean it doesn’t count as widening access, but diversity, yeah.

P3F: Right. So, I think Aberdeen has less like International diversity than universities in England, and or like Edinburgh, because I think my friends are at Imperial College, and there we did a year doing BioMedical Science, we had a year shared with all medical students, and there I think they have like a much more, like much higher proportion of International students, where here, I think I’m the only like Chinese in the whole year, which is quite surprising, and also all the other, have more Singaporeans here, but it’s still is they have a higher proportion of like local students. The social diversity, otherwise I think is higher here than in other like universities, in the South.

P1M: Do you think that is something to do with the fact that they took a lot of Malaysian students this year?

P3F: I’m not sure, because I mean here we’ve got like the pathways, like more friendly with a certain group of students, but also, maybe because of the ranking of the university or the location or the reputation, I am not sure, because obviously like those universities like this, have a better name, and when I say oh I’m from Aberdeen, my friends from China don’t know where it is, and they don’t know, even if thought it’s the UK or they’re from Ireland, they say, we are in London, so the Imperial, they were oh, wow, like, so, sometimes because of this.

P1M: I could be wrong, but I’m pretty sure but the number of foreign students is capped for UK universities because obviously the university would rather have you, because you pay them a lot more money than I do.

P3F: Yeah, it’s capped for medical students.

P1M: So, they do try and like have the same split every year, but if they didn’t have that cap, then they would just fill it with foreigners, because there’s a lot of money to be made.

P3F: I know, yeah.

P1M: But I don’t know about like the other faculties.

P3F: Yeah, well like we’ve seen like the capped the numbers, the proportion for each, like I don’t know, like each nationality is still different, and I had an interview at Leicester, they have like more American students, and they are just more diverse in general, and I feel the difference here. I think it could be hard, but, I don’t know, I feel quite good.

P2F: I don’t know whether this is just maybe people I was with where I did my last degree, so I studied at Hull University, and I felt like there was a lot more widening participation there. I felt like the majority of my year were from widening participation backgrounds, and that was on an accredited degree, it wasn’t like we were doing a, because you can have Biomedical Science that’s accredited, and you can have it non-accredited. And the people that I was sharing with had, and whether that’s because it was Biomedical Science rather than Medicine, whether it was the course, whether it was the area, whatever, I felt like the people I was friends with had a far better grasp on money trouble than the people I’ve come across here. I feel like here, when I say to people, you know my mum is having to pay my rent, I’m having to work, through the summer I will be working like sixty hours a week to save, but that isn’t just, that is just not something I feel like a lot of people who I speak to here have got an idea of. I remember actually at the beginning of the year, I said, oh I’m having to work, and I worked all the way through to November before our exams, I remember people saying to me, oh how are you managing to work, and I remember saying to them, well I don’t have a choice, you know, and that was very, a very foreign concept to them. They were like, well we’re going out every night, and I was like, that’s great I said, but I cannot afford to do that. And I think even now, I feel like, so like when my rent was going to go up, they wanted, my friend wanted me to pay rent over the summer rather than go home and live for free, and plus the rent going up, so, I think it was going to be like one thousand two hundred difference over the yeae, and I said to her, I said that’s one thousand two hundred pounds, that’s a lot of money, and it was almost like a, is it? Is it a lot of money? Do you know what I mean. I don’t know whether that’s maybe just the way I interpreted it, and I wasn’t offended by it or anything like that, because that is just the way you’ve been brought up, but I do feel there is much less widening participation on Medicine in this medical course, maybe that’s the people I’m coming across, but compared to my last degree, I felt like if I’d have said to them, you know we were all about right, let’s go somewhere that’s cheap, cheaper rent, let’s go somewhere that’s more affordable. Maybe that’s just my experience, but.

P1M: Certainly, is with the postgraduate group we hang around in; there’s a lot of people whose parents have bought a property up here. That kind of thing. I can’t imagine my parents being in a situation where they can just be like, oh, you’re going to university, have a house.

F: So, you said you’re part of a postgrad group, what’s the kind of.

P2F: A kind of friendship group.

F: So, you don’t interact as much with the people for who it’s a first degree?

P1M: I do quite a lot, but that’s mainly through like social clubs. Like I play a lot of football and running, so, I do see a lot of the undergrads at them. They’re kind of like I would have said, there’re some people that struggle for money at the end of the month, but it’s probably because they’ve had a really good, fun month! And that’s mainly I think because SAAS has like run out, but I know that quite a few of them, their parents will help them out. Quite rightly, if their kid is struggling. Like I would exactly the same if I could! And I’m sitting here saying this, but we’re all planning on being doctors, so, I’m sure that we’ll be trying to give our kids the best start in life.

F: So, do you think your, sort of your financial situation has an impact on your ability to integrate through socialising with other students?

P2F: I think it makes me choose what events I’m going to do and what I’m not going to do. So, when people are saying, oh, well we’re going to go out for a couple of meals this week, at thirty quid a pop, I’m thinking more that’s thirty quid, that to me is like over a weekly shop, do you know what I mean, that’s more than a weekly shop. I don’t know, it’s difficult, because often I do actually have that money, I’ve not quite run out of money yet, it’s sort of going, but I know I need to save because I don’t know what next month will be like, I am very much actively looking for a job because I’m already planning ahead, thinking I don’t want to be in a position where I am running out of money, because I do think it would impact your ability to do the actual course let alone socialise, especially as a postgrad, where you don’t have that loan coming in and you don’t have the same financial stability as last year. Like for instance, so my room this year is like, I’m paying eighty-five a week which really adds up over a month, and my stepdad has actually said that he will buy me a property with fifty grand, because the rent that I’d be paying would be so much cheaper, but then in December, by the time I’ve had time to save up for a deposit, I need to buy it off him. Which mean obviously I’d have a mortgage, which would be fantastic, but if I wasn’t able to do that, I don’t think I could afford to carry on paying what I’m paying. A mortgage is so much cheaper for me per month. I mean you’ve got your own property.

P1M: Yes, so this is why I can afford to, but I couldn’t afford to go St. Andrews or Edinburgh. I worked out that rent for the whole medical degree in Aberdeen is in excess of thirty thousand pounds.

P2F: It is, yeah, it’s a lot.

P1M: Rent, you’re going to be looking at at least, plus bills, you know four hundred, four hundred and twenty-five pounds a month. My mortgage comes in at like two hundred and eighty-five, and that’s a twenty-year mortgage, which, it’s not even like an excessively long, zero percentage, well like a high interest, you never pay it off kind of thing. So, I worked a few years before, bought cheap, did a lot of work on the property, which, has kind of helped, but this was the only way I could really see me coming to study medicine, I just can’t pay over thirty grand.

P2F: Yeah, that’s what I’m having to do.

F: So, your financial situations actually dictated where you go to university, because that’s what you can afford.

P1M: Yeah. Dundee and Aberdeen, I considered them and Glasgow, so, there was, in Scotland there was quite a wide area that I could have gone to, but like Edinburgh you’re looking at five, six hundred pounds, before you’ve even, per month, before bills

F: Just for like a little room isn’t it, usually.

P1M: Yeah.

P2F: Yeah. That’s what I couldn’t justify. So, when my friend said to me, oh, we’re going to put the rent up, and I was like, okay, fair enough, I was like but I’m going to move out for the summer, I said, and move home, because I can live at home rent-free, I can save, and that money can go, you know and then I can live for another twelve months, and hopefully my fiancé is going to move up at that point, so, he’d be able to help me with the bills and things like that. You know, this is going to sound crazy, I’ve actually considered getting married earlier, because I’ll get more finance.

F: Oh really!

P2F: Yeah, which is.

F: Is it offset by the cost of a wedding?

P2F: Yeah, but do you know what I mean, actually being married, it makes a difference, which is crazy really; that should not, that should not come into play at all.

P1M: The other thing I missed out on this year, because I am three weeks younger than my other half, so, three weeks, means losing thousands of pounds this year. Because although I am technically I am estranged from my mum and don’t really speak to her, there are ridiculous the hoops you have to jump through to prove that, and I didn’t want to go after her, and like have a conversation about getting her to sign some forms to say, like this is the case. And the burden they put on you to like, do that, it’s just extortionate. They don’t understand that kind of situation, it’s almost a..

F: It’s a bit of a juxtaposition isn’t it; you don’t speak to your family but go speak to them to prove you don’t speak to them. It’s not a pleasant, yeah, it’s not a pleasant experience in the first place, to be estranged, let alone having to do that. I’d just like to move us back to thinking about the impact of diversity, because I know you’ve got to nip off soon. So, just, we’ve talked a little bit about how it’s important to have increased diversity for your professional practice, but do you think there’re any benefits, any kind of other benefits to having a diverse range of students from different backgrounds while you are learning in medical school?

P2F: I don’t have, well, in medical schools, well my last degree, I had friends who were Indian and I had friends who were Chinese, and actually learning about their cultures, about their religions, learning about different holidays, learning about what’s acceptable, that, I think that has definitely made me a better person to become a doctor. Like this year I feel like, you know in my first degree, I don’t want to offend anybody by saying oh could you tell me about that, because I don’t want to, you know, but I’ve learned from that, and here I feel very much, quite open to say to somebody, please tell me about your culture, please tell me about your religion, please tell me about different things, because I find it interesting, I think it’s important to ask those questions and to understand other people and other peoples’ points of view.

P1M: Yeah, definitely. Having that diversity, it means that you’ll be able to ask, like by asking your friends, you’ll be able to find out the way that it is most appropriate to ask a patient, because at the end of the day, like some of these things, like the way you ask or advise, can dictate treatment. But if you’re not comfortable asking the question and you haven’t practiced with the people around you it will be really difficult when you go out onto a ward, and it can make a big difference. It can build rapport.

P3F: I feel is it gives an understanding of the global health as well, because I know China, it’s really, really far from the UK, and so many people who have never been like out of the UK or Europe, and they have, I don’t know, because I did my High School here as well, and I found my classmates, they have, like their understanding of China or like Eastern Countries, they are from fifty years ago. And also, because like TB for example, TB, China is high-incidence Country, but it doesn’t mean like everyone in China has TB, or like TB is around us, it’s just like because China is so big and it’s quite diverse, and where is the poor and is where there is a worse health system, so, that will be the higher, but it just makes the whole statistic like higher, but it doesn’t mean that we all have TB, but we do get that stigma. But it’s just, I just surprised that some students just have, I don’t know, a sophisticated understanding of this and also, like now with Coronavirus, I mean it’s from China and it’s killing the Chinese people, but it doesn’t mean like we have, we all have the virus and we are killing everyone else, so, and it’s quite surprising I see the news has found people, a Chinese girl get beat up in the street, because they are Chinese. It just, it does not make sense. So maybe another benefit of having like a wider diversity in the healthcare system, I think is, can help a bit, like for, because now, like after we become doctors, the patients will see us and maybe not stereotype, and the patients we’ll see are also not all from UK, from all backgrounds, like in India, China or other places, like Africa, so, I mean this is, diversity could be quite helpful in better understanding each other.

P2F: So, like with the Coronavirus, I’ve actually said to a couple of people, I’ve told them off for being racist about it. Especially people who I would think who are a lot of the time on their high-horse about being, so, we’re all human beings, so open. I’ve seen quite a few, like you’ve said, I’ve seen people who are sharing things that are incredibly racist and they’re basically branding one group of people, and you’re thinking, you are meant to be, not so much people from this medical school per se, but I actually said to somebody who constantly bangs on about racism and then sharing things, saying that Chinese people are sleeping with animals, they’ve had, the World Health Organisation have had put precautions out, and they’ve changed like the official advice and they’ve edited it to look like the World Health Organisation. Have you seen which one I’m on about? And I actually took a screenshot of the World Health Organisation and put, this is the official information. It’s been incredibly racist, people dying of this. I think if we don’t have people from different backgrounds going into the medical profession in a position of sort of respect and who are able to stand up and to correct people on that, like I am correcting people on that, and it’s not per se an issue that’s being targeted towards me, but that’s quite scary that we’ve got such, some people are being so narrowminded and actually not seeing that these are human beings who are dying from it. But I, a hundred percent, if you’re saying that you’re seeing it, that does not surprise me, because I’m seeing it, and that’s not, you know it’s not, I really got, so, I’ve got a few Chinese friends, but I’ve not, you know you’re going to see it from home, you’re going to see a bigger impact of it, so, yeah, I think it is important to have different backgrounds to call this sort of stuff out.

F: Yeah. So, having that communication where you can have sensitive discussions can help to reduce sort of stigma and misunderstandings?

P2F: Yeah. I mean saw something, a photograph of two White people sat on a train, they were opposite two Chinese people, it was Birmingham, where I am closer to, and they were actually sat with masks on, like doing this, so, they wouldn’t breathe in. And I was like, they’re in the UK, we’ve got, we haven’t got an outbreak of it here, like what are you, do you see what I mean, like.

P1M: Yeah. I think if you sit people down and lecture them on the correct way to not be racist or to accept everyone, it’ll never really work, because there will always be kind of have that thought of I’m being lectured this, but it is just something people say, whereas if you put people in a group and force them to work together on a problem or like on Med School, like it’s so important that we, as a like Year Group, work together and have good relations with each other, and learn about each others differences – and similarities. Because it makes for better doctors at the end of the day. We can help each other study, we can, like when we’re doing practicals together we’re talking and communicating on that, and I think that that actually breaks down barriers better than anything else could ever.

P2F: And I think it’s good to have mainly for International students, so, it’s quite good to have like a support system of diverse people to say actually, like if you were to get, start getting targeted about this sort of thing, to actually have other people, who are from maybe, who relate closely to the patient, so, you know, this isn’t an issue that’s been targeted towards me, but yeah, I have still felt able to call people out and say, actually no, that’s racist, you shouldn’t be doing that, people are dying from it. Whereas, I think maybe if you were saying it, they probably wouldn’t take you as seriously, and that’s not in a way I feel, well what I’m trying to say is, it’s, because I am sort of a White person, I am saying to another White person, actually you shouldn’t be doing that, I feel like they actually take that more seriously, and that’s obviously very wrong and they shouldn’t take me more seriously just because I look more like them, but they do, I feel it’s almost like a bit of a, oh, you’re not going to go along with this, so this behaviour is not acceptable. So, I think it’s important like for you to have a support system of people around you, who you can actually, who will be on your side of thing, and say that’s not acceptable, that’s not on, so yeah.

F: Cool. Did you have anything you wanted to add about the impact of diversity?

P3F: No.

F: Just one final question, which isn’t here, but anecdotally, do you feel like there is any sort of stigma or negative perceptions around people from different backgrounds within the Medical School?

P1M: In Aberdeen, I would have said considerably less stigma than, so my first degree was in Glasgow, and I think that there was some poor taste jokes made about some Lebanese girls that came over to do the course, and they came over because the Government was paying them, because their Country was really, really suffering from diabetes and things that were causing amputations, and English wasn’t their first language and they did struggle with that. And I felt that they were definitely more kind of grouped together, and I didn’t that that was necessarily the fairest way, and the Uni kind of perpetuated that as well. There was never any kind of like introduction. They just kind of lumped them all together and when groups were formed, the university seemed to actively form groups around them, so they’d always be together in seminars, which I thought was really not great. Whereas, Aberdeen, I don’t know what their selection process is for tutorials, but it seems to be very evenly spread.

P2F: Yeah. Yeah, I’d agree with that. My tutorials have been quite; like well spread out. I think there have been different backgrounds in my tutorials, but I don’t know whether that necessarily means that the people sat around the table have any idea what’s going on in other peoples’ lives; do you see what I mean, if that’s, yeah.

F: So, you feel like there is diversity in what sense?

P2F: I feel like you sit around the table, and there must be people from poor backgrounds, rich backgrounds, International students, home students, UK students, I think there’s that sort of diversity, but I don’t feel that, from my experience anyway, I still don’t feel like the people who are from richer backgrounds have any idea about the different money struggles, I don’t think. Their behaviour tells me that. They don’t do it to be nasty or horrible, I just feel like there is a very clear, who has an idea of money and who maybe doesn’t as much.

F: Yeah. So, the diversity is there, but you’re not, those conversations aren’t being had to facilitate understanding

P2F: Yeah.

P1M: Yeah.

P3F: Yeah.

P2F: Yeah, like you said, you’ve had to get a mortgage and that’s what I’m looking at, having to get a mortgage because it’s cheaper. Or like things like, for instance if my mum wanted to move in with her partner, that would massively impact the amount of finance I get. Even though he has got nothing, no biological relationship towards me, he’s not in our lives that way, but mum, that impacts my finance, which is crazy, that shouldn’t impact my finance because he’s got nothing to do with me, I’m an adult, but it does.

P1M: Yeah, I think, I think Aberdeen on the whole, like the support that the university gives you, more in a social aspect than anything else, they are always very open to you coming in and having a chat. If there was ever any problem, no matter what it was, they would take it very seriously, if you reported anything to them to do with discrimination, so, really. Do you both agree?

P3F: I think Aberdeen is quite fair, because I do feel, I don’t know if it’s because it’s Medical School or because it’s Aberdeen, that people are more friendly. At first, I was quite scared, because I was surrounded by people from here, and I’m a foreigner, so, but people are more friendly here than people in London. I do feel sometimes, like people have a different view of foreigners, maybe don’t trust them or something. Like my flatmate, and she was just, I don’t know, I think she was annoyed with me, because I brought my friend into the flat, and I just think that, because it’s just, I brought my friend into the flat before, and they met them, but it’s just the next time I didn’t, I didn’t tell them, like I’m bringing my friend in. But they are not in the kitchen, or the common area, they are in my room, and she reported them, because I was not in flat, and my friend was in the flat. But I just don’t understand, because you can, we have a group chat and she could have text me, saying you are not here, your friend is here, if she had called me to ask me to get them out, or for me to come back, because this girl was in my flat, and probably don’t want the guys in there, but as I said they just go straight to the reception and reported me.

P2F: Do you feel they’d have done that if you, or your friend, were a home student?

P3F: Yeah, because I, all the others in the flat, they are from Scotland, and there is another girl having her boyfriend, and sometimes she has her boyfriend into the flat as well and at we can see him around, in the kitchen, I just think oh well why didn’t you report her?

P2F: So, like if you had been, if that had been anybody else in your flat you had done that, do you think that she would have reported them?

P3F: I didn’t see her report anyone else. But I don’t know, maybe because they are closer together, maybe they are friends, maybe she texts her like privately, not in the group, but I just do feel that you are doing this because I am not, like I am not from Scotland, something like that. I mean except from that, I do feel like people here, I think it’s more friendly and in medical school, and I do have a group of friends and they are all from different Countries, and we all just get on quite well, yeah.

F: Fab. I’m going to have to bring it to a stop there, because.