F: Okay, so, thanks again for coming everybody. I really appreciate you giving me your time today. My name is Heather, as I said, I am doing my PhD at the University of Southampton, and I’ll be facilitating this focus group today. Would you like to start?

*[Participant intros]*

F: Great. Thank you so much guys. So, my first question, is just quite broad, as you know this focus group is about widening access and diversity. So, just to get going, I just want to know what you guys understand by the terms widening access and diversity, what do they mean to you?

P7F: So, I guess getting students that are from all different backgrounds, yeah.

P1M: More representative of the population as a whole

P?F: Like making sure there’s like a wider demographic because there’s that stereotype of all medics being from like private schools and really good state schools, so, like making sure that people who go schools that are further down like whatever lists are sort of used to rank schools, getting a core representation, or like some form of like help getting into medical school.

P?M: And that the best people get through on merit, not just.

P?F: I think also recognising that people have different kind of pathways, like they may have had certain issues when they were younger or things that have affected their academic performance and that’s not necessarily a reflection of their intelligence, so, I guess finding ways to overcome those types of issues.

P?F: Following from on that, universities acknowledging courses that aren’t traditional A-levels, they might have gone to college and done like Access to Medicine, or I did Higher Education Foundation Course, yeah, so, recognising non-traditional qualifications.

F: So, when you, some of you have mentioned different backgrounds and demographics, and you’ve mentioned the sort of school type you go to, but are there any other kind of demographic markers that you can think of?

P?F: Like age as well. It doesn’t necessarily have to have just come out of a school, like high school, you can join Medicine at any time, when you think is right.

P?F: Your financial background maybe, because that can be a barrier for some people, so widening access by making scholarships or bursaries more readily available or widely known about.

P1M: Having more of an appreciation for people from an Arts background, not just Science.

F: Okay. So, if that’s what diversity kind of looks like... In Medicine in particular, do you think it is important to have diversity, and if so, why?

P?F: Well your patients are going to be diverse, and I think it’s really important in Medicine to understand your patients’ perspective. And I think whereas, all people that have a lot of different perspectives is something that sets you up to be more attuned to that or be more sensitive to that, that other people think differently

P1M: And you’ve got different ways of thinking and prioritising certain things.

P?F: I think as well maybe the specialty that you maybe go into attracts certain types of people or different types of people, so, there’s such a broad range of specialties as well, so, it will attract a broad range of people too, I think, that are maybe better at some things than others.

P?F: Maybe like having a more diverse range of doctors might help like counteract like various sort of instances of like subconscious biases affecting how patients are treated. Like some people may not like, this has been historically reported, in research, that Black women aren’t really believed when they go in A&E and they’re in pain. If you were to have someone like me as a doctor, or on the course when we’re learning together, who is a Black woman, going into A&E and working as a doctor there, I might take an extra second to think, it could be serious, there could actually be something wrong. Actually, listening to them. I mean no-one does it intentionally, but if you were to have people from more diverse backgrounds, you might reduce instances where patients are unnecessarily treated poorly, and receive substandard care.

P?F: I think people with a bit more life-experience as well can be quite valuable in helping maybe other students that are, you know for example, sometimes the SSE, we’ve just done, the grads helped the undergrads, and I think that would be quite good, even just throughout like life really, or throughout Medicine, because it’s quite an intense course, so, it might be quite nice to have people that have got a wee bit more experience in such and such a field, or like one of the girls does nursing, so, she’s got a lot of modern nursing, she’s got quite a lot of patient-contact experience, so, that’s helped me quite a lot as well, so, just to see it from that different perspective as well, so, seeing people from different backgrounds, as far as that goes.

P?F: Getting involved in research as well. There’s like a SAR research scholarship, so, if you maybe you don’t have to have a degree, but if you have done some research before, that might come in hand, like I did Chemistry before and I had Chemistry summer project, so, they were like, because I was able to help a lot more. And then I went and sort of spoke to the first years, and discussed why research was a good thing, so, I could use skills I had gained earlier on in life and maybe help others to think about different pathways.

F: Okay. Let’s move on. So, has anyone heard of the Gateway 2 Medicine Programme?

P?F: Yeah.

F: Yeah, can you tell me a little bit about it.

P?F: I believe they do, a year of foundation courses, and then they re-apply to Medicine. I think it’s meant to kind of give them the background information they need. I don’t know very much about it myself, but to my knowledge it’s for people who have not necessarily got the right A-Levels or got all the right qualifications to go through the, like the traditional route, maybe gives them a chance to get the right qualifications so that they can apply again. And I think, I don’t know, correct me if I’m wrong, but I think you have to be like selected or it’s for certain areas, I think, but I’m not too sure.

P1M: I think they get offered the interviews as well.

P?F: I think they still have to do the UKCAT, but it’s after they’ve gone through the foundation year, so, they are like not guaranteed a place, but they’ve gone through it and like you get a certain, if they meet a certain threshold for the UKCAT, and do this well in the interview, then you’re set and you can just go into First Year.

P?F: I think a lot of them do, like get in after doing the Programme, yeah, so I guess it works.

F: And do you know what kind of students it’s for, so, they have to be selected, but does anyone know what the selection criteria are?

P?F: Well from, especially in Aberdeen, a lot of the students are from like rural backgrounds, so, like in the Highlands. I’m not really too sure about other things, but yeah, from my knowledge, it’s like from rural backgrounds where they might not have had the opportunity to study the correct subjects to get into Medicine.

P1M: Or like lower socioeconomic backgrounds as well.

P?F: I think one of the girls I spoke to, she hadn’t got into Aberdeen, like the traditional medicine programme, and I don’t know if they’d given her an alternative offer, or if they told her that she could go through that Programme, so, this is people that applied but hadn’t managed?

F: And why do you think those sorts of students are kind of selected, and supported to get through to go through this programme, to Medicine? So, students from a low socioeconomic background or rural?

P1M: Because they have an obvious disadvantage, compared to many other people; went through instability in their life, or not having the coaching necessarily, or support from other people, like we did, to know how to jump through the hoops. And it can be difficult to get good grades, let’s say if you’re not being fed regularly, or if your parents are working like multiple jobs and they’re not there at home to sort of make sure that you’re doing your homework or that you’ve got regular routines, certainly it’s important to help give those people a sort of an extra bit of help, further down the line.

F: So, maybe you’re kind of giving them opportunities aspect to it, as you’ve said. Are there any other kind of benefits to having them included in the Medical School do you think, from rural or socioeconomic backgrounds?

P?F: I guess they’ve got a lot of life-experience, because a lot of them had to be independent people throughout growing up and throughout their lives, so, I’d say in a sense, yeah, they’ve got good life-experience and I think they’re quite good with patients and interacting with people.

P?F: I think there may also be a recruitment component to it, because I think some people have talked about, if you have students that have come from the rural areas, they are more likely to go back and practice in those rural areas, and that’s definitely a need that many of those communities have.

P?F: They might be able to relate a little bit more to some patients that are from a similar background to themselves, than maybe people who are from quite privileged background don’t have the same understanding as maybe they do. Yeah, so, again, kind of just going back to the broad spectrum of people that should be taken into Medicine, because we’re treating a broad spectrum of people.

P1M: And that also may like help the community have more trust in the healthcare profession, because it reflects them more, and it’s not just distinctly from a group sort of posh people who come from the South. They believe they will be understood.

F: Right. Why do you think that sort of trust and relatability are important in Medicine?

P1M: People would be more likely to listen.

P?M: Patients are more likely to share information.

P?F: As you were saying, people at their most vulnerable point, when they’re sick, for them to see someone who like sounds the same as them and has a similar background that can relate to them, and you know at various levels, it might make them feel more comfortable and they’ll like open up, as you said, and just might help them you know feel more comfortable, which is important, because like hospital can be quite isolating. They can kind of grasp onto anything that feels familiar.

P?: Yeah, they might be embarrassed to sort of discuss issues that they think the medical professional would never have had to experience. It’s like if they were in financial difficulty, they might be embarrassed to say that, but it might impact the treatment they can access.

P1M: They also might just be an assumption from both sides, that they know what the other is going through, even if they don’t, because they’ve never experienced that. So, it doesn’t necessarily have to be a conscious problem.

F: Have any of had sort of any experiences of kind of having communications with people from different backgrounds while you’ve been on the course, like interacting and integrating?

P?F: I think to be honest with you it’s more the accent, is something of a barrier sometimes, yeah. But I think, yeah, there has. I’ve not personally really had that much of experience of it, but I’m sure we will do, in the future, while we’re on our placements, but we’ve all had different placements, so, I’m not sure if anyone else has.

P?F: I just think in particular, like IV and General, there is a lot of people that have gone through the Degree to Medicine Course, and there’re a lot of International students, I’m not from Scotland, I’m from England, so, the sort of English students, I think if you just look at our year in general, there is a lot of people from different backgrounds, and just like the patients that we see on the wards every week.

P?F: Yeah, definitely.

F: And do you think there is integration between the students from all different backgrounds?

P?M: Yeah.

P?: I would say so.

F: Yeah, and actually is it through lectures or through socialising or another way?

P?F: I think through, we did the SSE, which is like a group project. We get put into groups, and we did that last year and they’ve done it this year, so, that’s forced people to integrate. And we do a lot of like clinicals, clinical small study sessions, so that makes people interact.

P?: I feel like socially as well, there’s not like a distinction of there’s a group of people who went to some privileged private school and they all just hang around with each other. Like everyone just sort of bonds.

P?F: I wouldn’t be able to tell you who went to private school, I could maybe guess, but I don’t think I’d be able to tell you who went to private school and who didn’t, because I would, yeah, that’s not really mentioned, you know.

P?F: No, it’s not.

P?F: There is a pretty clear kind of distinction between like the Undergrads and the Grads though.

P?F: Yeah.

P?F: They don’t seem to really integrate very much.

P?F: No, that’s more of an age thing though, I gather. If I was a grad, like I wouldn’t want to be anywhere near someone my age, like now, I’ve been there, done that, but yeah, you’ve got to chat to whoever, because one of the interesting distinctions between grads and undergrads.

P?F: Well we’re all here for the same reason, at university.

P?F: Yeah, we’re all here for the same, we still chat to each other, like it’s not like we just avoid eye-contact and never interact.

P?F: I think it’s just naturally, again the age thing, it doesn’t naturally go towards each other, and I think that was very much the case in the first year. I think it’s maybe breaking down barriers a little bit now, just through things like, what was it you said, about just all the different, you know group projects, and things like that, that we do, I kind of hope that that is the case, but I think again it’s just, old, older people and younger people

P?F: I’ve heard from my friends in, like third year, so older years, that them barriers break down once you go into fourth and fifth year, so, you’ll just be, because you’ll be in small groups on ward placement all the time, you’ll tend to just interact with the people that you’ve got there, and all them will barriers won’t exist anymore. It gets more intense I think, as the years go on.

P?F: I think with medicine you also don’t really realise that there’s a lot of differences, because we’re all kind of here for similar reason, and we all have, driven by more of a passion for why we’re here, as opposed to maybe other degrees. But I think that kind of similarity kind of helps us overcome like background differences.

P?F: I suppose we’re all kind of more forced together, because you have so many lectures and so many contact hours compared to other degrees, so, I mean we’d get a bit bored if you didn’t turn around and chat to someone next to you in the five minutes between lectures, so, you know, it just happens.

P?M: And we have like a shared struggle in that medicine is extremely challenging. And we all sort of start off from the same point, because most of the degrees that we’ve done before don’t necessarily... Help, really, so.

F: So, generally, do you feel there is any kind of perceptions of people from different backgrounds, how people might be perceived differently, so, I think we’ve mentioned the students from lower socioeconomic backgrounds, maybe international students, do you think there is any kind of general perceptions about students who may be put into different groups?

P?: Personally, I feel, because of my accent and things like that, a lot of people say, ah, so, they assume that I’m doing nursing, or they don’t assume that I’m doing Medicine, I don’t know, I don’t know why that is, and people have made comments about me talking more clearly or more proper English, but I don’t know, I feel that that’s sort of breaking down, that there’re more regional accents. Like whenever you go in hospital, you hear regional accents, it’s not just The Queens English, or whatever. But yeah, that’s something that I have personally experienced, people make an assumption about what I do, or what I’m doing, because of the way I sound.

P?F: I’ve sort of had that. Because of the way I look, I remember I was working as a Health Support Worker in Glasgow, and I was chatting about applying to Medicine, and one of the charge nurses turned around to me, and went, oh, I didn’t know you had any Highers, and I got so angry. I was like I’ve worked too hard for this. So, I was like no, I have Highers, I’ve got Advanced Highers, I’ve applied, it’s going really well, and just walked away. So, it happens, and it is really irritating, it was like, I’m putting in all this graft and people just look at me and go, oh well she can’t possibly do Medicine. And I’ve been told by others, no point in you applying, they’ll never take you, because they’d rarely take like Black students, you don’t see many in Aberdeen. I’m like, hmm, hmm, okay, cool, that’s nice. But in Medical School, I’ve not really seen or like heard anyone, like been like oh you shouldn’t be here, you’re not really the type of person who should be in Medicine, it’s more like, you know external to the Medical School, who like project that on to you, and you need to kind of brush it off, well here I is, what are you going to do about it!

F: Yeah. Is that the case for you as well with the accent, that it’s more outside of the Medical School that are kind of?

P?F: Yes. Yeah, yeah, it is, yeah.

F: Has anyone else sort of experienced, or had situations when people have made assumptions?

P?F: Not myself personally, no.

P?M: I get it from the other side, which is better, where people just assume, I should be here, which is nice. Or, if, say, we’re in Anatomy, some of the people who’ve gone in, will direct everything at me, the white, middle class man, and ignoring other people around me. It’s awkward.

P?F: Yeah.

F: Sorry, can you explain, what do you mean people in Anatomy?

P?M: So, I might ask a question or one of my colleagues may ask, but they’ll always end up focusing back on me.

F: The lecturers?

P?M: Yeah.

F: Oh, right.

P?M: It’s almost as if everyone around me is a ghost, which is just very unsettling.

F: That’s very interesting. What’s the diversity of the lecturers, the staff?

P?M: Reasonably diverse.

P?F: Oh yeah, it is.

F: So, why do you think that is then?

P?M: Because they’re biased, that’s who they see in the hospital, that’s who they expect to go through

P?F: Or the cultural thing, I don’t know.

P?M: Yeah, or it’s a cultural thing, a social thing, where I come from, it’s just a bit awkward.

P?F: Yeah, I think if we’re talking about the same person, I think someone else had told me that they were asking a question and, yeah, this was a female colleague, and she had felt that he wasn’t like looking at her, he was like four feet away, so, not sure what exactly the cause was there, but yeah.

F: So, you said this female, do you think it was a gender element to it?

P?F: I think so, but I think it also might be cultural, because she was from, I’m not entirely sure, Egypt, or somewhere like that. I don’t want to make these assumptions, but she was not British.

P?F: I think there is a gender, when I mentioned about like the nursing thing, when I was saying I thought about doing this, and then I thought about doing that first, I think it maybe is a gender thing as well, that they’re like, they just assume that you’re doing nursing because you’re a woman.

P?F: Yeah, I’ve definitely had that too working as a Healthcare Assistant, oh you’d make a great nurse, are you doing your nurse training? Or whatever. I think it’s just because people, like patients might not know enough about Medicine and how you get into it. I think, well especially for my family, they’d have no clue about the training and what it means or anything, what’s an FY1, what does that mean, so, I feel like that’s represented in patients as well, they just don’t know what route, how to get into Medicine and what route people have to take, whereas nurses, the route for nursing is like more well-known to them, so, maybe that’s why they presume we do nursing.

P?F: There is still a massive gender stereotype as well. Like I think there’s this, I don’t know, experiment or something, in children that you know draw a nurse, draw a doctor, draw a firefighter, and it’ll be, well not always, but most of the time it’s a male doctor, it’s a female nurse and it’s a male firefighter. I have to admit myself, you know if I was, I don’t know, maybe a little younger, I’d probably draw a male doctor and I’d probably draw a female nurse, so, I think subconsciously and consciously, there is a gender stereotype as far as Medicine goes. Not necessarily within Medicine or within the Medical School, but I think from the general public there is still.

P?M: That may be also because of like media itself. The TV shows you watch, like the main protagonist is mostly male, in medical shows.

F: So, do you think if you were asked to do that task now, do you think it would be different?

P?F: I would, yeah, personally yes, so, it would be different, but I think even before Medical School, it still would have been a male doctor and a female nurse, despite me applying to Medicine, which is strange, but I think just, yeah, probably it would have been that.

F: So, do you think having the diversity going through Medial School might have any impact on public perceptions? So, we’ve talked about some impact on you, but do you think there’s any impact of having more diversity in Medicine on patients maybe?

P?F: Yeah, I think so, because like when you were saying that, I was thinking like what I would do as a child, and I know my GP growing up was a female, so, I figure I would have been more likely to draw a doctor as a woman, because of that, so, I think that would have an impact.

P?F: Having more diversity might make Medicine like seem like more realistic or achievable career for some people. Because if you see someone like them, from the same background, they speak like them, they look like them, they might go, oh, I could do that. Whereas, if they just see someone who is completely different to them, which traditionally it has been a very narrow pool of types of people, they might think well okay, that’s just not the course for me. I think often even when people from different backgrounds do go into medicine, as I said people have told me about my accent, so I think maybe they are trained to act and to appear in a certain way which does not represent the diverse backgrounds, so I don’t know, maybe just, it’s not enough

P?M: But also, once they’re in, students from those backgrounds, even though they might act a certain way professionally, they might interact with people and think actually as well, and sort of push the idea forward. So, I give a talk at my old college every month, which was not a like, good college, to try and help people, sort of give tips on how to get in, which, if I didn’t do, they might not get any experience of that.

P?F: Yeah, I think that’s important, having people in your community that have gone through the same process, and like yeah, exactly, give you tips on how to get in. Because a lot of people in my school didn’t, and I was the only one in my Year, who applied to Medicine, so, I didn’t really have much guidance, I never felt like it could be right for me being from that area even, but I feel like if there was more, there was wider access and more people in the year above or below who’d gone into Medicine, then they would have found it a bit easier.

P?F: I was in the exact same position as yourself. I’m glad now, but I initially applied as an Undergrad twice, and I didn’t get in. But I think my school wasn’t really that equipped to be honest with you, to get people into Medicine, I think, and it was really quite frustrating when there was other people that I believed personally would maybe not make as good a doctor as myself, but because of the school that they went to, because of the coaching they got, I mean some of them were training since fourth year, in interviewing skills and UKCAT. I mean it’s just really frustrating, you can’t compete against that. And I know the Uni don’t necessarily look at what school you went to, but I think you can tell by the calibre of the candidate sometimes, the ones that have had training in such things like UKCAT and interview, to the ones that haven’t. Because I remember going into interview at Aberdeen, it was a wee while ago now, and I was just like a deer in the headlights, you know the first time, I really didn’t know at all what to do, so, I think you, you said it would be so much easier if there was people like your self [name] coming in to speak about it, or you know maybe some kind of system that would help people. I know there is the REACH system, and I went through that the second time; that helped quite a lot. But I know if there was maybe more things like that, and Gateway 2 Medicine, that would help more people get in, that would maybe, like I believed, well obviously I’m in now, I believed I was a good candidate at the time, but I was, incomparable to people that had had experience like they had had.

P?F: Yeah, I think those tools are really valuable, because when I was preferring for interviews, my school had, they did like a little course on NMIs, like what to expect and how you answer things, and I think that was really helpful, certainly for interviews, in preparing, and I think if I hadn’t had that, it definitely would have impacted my performance. So I was lucky, because so many schools are not able to do that, or don’t know to do it.

P?F: Do you think it’s assumed, because like you said, people who could be like mediocre, middle of the road candidates, but who are at good schools, and they have like, they know about the process of applying to Medicine; they’ve got ten people in the Year above, they can give you tips on if you were to apply now, kind of out-trump someone who is like an extremely good candidate, someone who has really like very passionate and could make an amazing doctor, but they just went to the wrong school, and they don’t have access to these resources, and maybe they don’t really perform as well at interview. You know they’re amazing, and they get in eventually, but they’re kind of, beaten out by someone who is like, yeah, average. It’s frustrating to see.

P?F: I think my school as well was kind of, it wasn’t a bad school, it wasn’t like considered a really bad school or anything like that, but it just didn’t have the experience of people going into Medicine. And because of my, like socioeconomical background, I wasn’t, well I wasn’t a candidate for things like Gateway 2 Medicine. So, I was kind of in the middle, I wasn’t you know up here, or I wasn’t down there, you know I was in the middle, and there wasn’t a lot of help for people like myself, because I didn’t qualify for certain things because of my, you know parents jobs, but I still didn’t have the support that was required maybe to get into Medicine.

P?F: I think as well, it just sort of carves your life out, if you come from somewhere that’s disadvantaged or like you go sort of off the rails you feel like, and don’t do well in GCSEs and you end up down a different path like I did Hairdressing, and then I went and did Chemistry, because I knew I had to change it all around. And if somebody had asked me, would you want to do Medicine aged thirty, which I am, I’d say I’d rather have done it a lot earlier, but I feel like because my situation and the way that my life was when I was growing up and whatever, that choice has kind of been take away, do you know what I mean.

P?M: I would still say that like, just like Gateway 2 Medicine seems kind of like a risk, because you’re still applying as a completely new candidate, it’s not really giving you a more of an edge. I mean you might have more experience of just getting through the application, but still, I think the most important thing is like the exposure within a wide experience itself to give you, early on, like inspiration to pursue Medicine.

P?F: I think that’s something a lot of people forget, because it’s all fine and well getting help with the application process, it’s like interviews and UKCAT and stuff. But one of the biggest barriers that people could face, and kind of forget about, is getting work experience. So, unless you qualify for like, I don’t know, they have extremely competitive and selective Work Programme for doctors, unless you qualify for that, or you know someone who is a doctor, if you’ve got like a family member, your mum, your dad, uncle, whatever, you’re going to really struggle to get stuff. Because I had to like come up, no-one knows this, I had to come up to Aberdeen to do work experience, even though I lived in Glasgow, purely because I think my aunt was doing like did maternity cover for someone, and just so happened to mention my niece wants to Medicine here and she’s really struggling, can you like do anything to help her out, and just took me for a week. So, I was just lucky, but I’d been like applying and like chatting to people and had no idea what to do, so, I was in the middle, like you said, couldn’t apply for any of the Programmes, but didn’t know anyone in Medicine, so, it was just really, it was so frustrating. So there needs to be more Programmes that make, just getting work experience more accessible, or like telling GP practices, it’s okay to have like a work experience student; a lot of them don’t know what you’re talking about when you bring it up, they’re like why do you need work experience, like you’re like too young, and I’m like no, I need it to get into Medicine so I an be you know a doctor, and then I could help you out later, but it’s just a whole palaver.

P?M: Yeah, I agree. Because like working in care homes and other like charity shops or something, it’s good to like gain that kind of interaction with people, but it’s not true Medicine, because you aren’t like in that medical field with other professionals, so, actually seeing those people, working together would be a bigger impact.

P?F: I think as well, like what would help would be more drive towards applying to Medicine, getting people to do work as healthcare assistants in hospitals. I did that the first time around, I applied, and the second time around, I got a job as healthcare assistant and just did that for a year, and I think that’s really what tipped me over the edge and like got me in like second time around. Because everything was the same, like I still had the same grades, my UKCAT didn’t go up much, and that was the real thing, I think that enabled me to get in the second time around. And as well as that, it gives you, life-experience and it helps you with like patient interaction, so, I feel like, while the Gateway 2 Medicine is good, I feel like there could be other schemes that get people to work in the profession, like hands on.

P?F: I think there is, because I got my first job as a healthcare support worker through the Prince’s Trust. And it didn’t matter, I like went to the interviews, and I was like, look, I don’t come from a particularly disadvantaged background, do I still quality for this, and they said, like you’re under eighteen, age, you’ve not had a job before and you want to be a healthcare support worker, that’s all that matters. So, there is things like that, but I found that through pure chance, it wasn’t particularly advertised to anyone, and I just kind of phoned up, and said are you sure I can even qualify, and they said, just turn up. So, that really helped me, and like helped me get my further jobs in Aberdeen, but if that’s not available, then what are you going to do, you can’t get work experience at a GP practice, you can’t get a job because the NHS jobs are like few and far between and like applying through the bank, which is the most flexible one, it happens like once, for like one week once a year, and it closes so quickly, so, if you miss it, you’re kind of screwed. But, yeah there are at least a few more schemes, but I think the Gateway 2 Medicine actually does give people jobs on the bank, in Aberdeen, and it has like part of the Programme so they can like support themselves; I’m not a hundred percent sure.

P?M: I think you’re right.

P?M: Is it full-time study?

P?F: Well the Gateway 2 Medicine thing, it’s like a full year of stuff, because like my flatmate didn’t Gateway 2 Medicine, she told me about it, and I thought, that’s intense. So, she did that instead of Sixth Year, which I thought was fair enough. Because she came from the Isle of Harris, so, that’s how she qualified for it, so, totally out there.

F: Do you think there are any other challenges associated with widening access; the work experience is obviously a huge issue isn’t it; do you think there are any other challenges or difficulties?

P?M: I think having unrealistic expectation of Medical Schools and how difficult the application process actually is. I meet a lot of people who seem to think that they can just sort of rock up, do the UKCAT and it will be fine, and they can not really do much work experience, and the universities, it won’t matter, because you know they are amazing, or whatever, and then when they actually get there, it’s pretty brutal. The algorithms, which I assume the universities use to just disregard candidates and get rid of them, so, they don’t have to sift through as many names.

P?M: So, maybe they need to be more transparent about that kind of system.

P?F: Yeah. And it’s really difficult to find out what each university wants, where it’s cut off is in terms of the UKCAT, and if you don’t have an appreciation for just how cold that system is, you’ve not really got any chance, I don’t think.

P?F: So, the information is there, but like it’s buried, like underneath it. You get your grade requirements, and it’s like we want someone who can work in a team, and you think, oh, I’ll tick all that, and if you, you need to keep scrolling down, having to be like we’re going to cut you off at the UKCAT once you get in, we’re going to grill you, it’s like no-one tells you how bad it’s going to be. And I think like Aberdeen are nice, and they have like a little example of a bad candidate and good candidate on their website, but again, that’s buried; no-one’s looking at that. I did, because I was pedantic, but they need to know everything, but most people know about it until you’re told about it and if you have no-one ahead of you, then you are kind of on your own.

P?F: Yeah, I think it is strategic the way you apply. Because the first time around, I thought I’ve done, done that, I’ll be fine, but nothing, no interviews, nothing. And then second time around, I used like a spreadsheet, like broke it down, everything it asks, and then I narrowed it down, so, I feel like to get more people, like to get more from a wider background, they need to be like, told how to apply strategically, not just, how to actually apply and not just what they need to do to apply.

P?F: Yeah, like which schools you’re going to have the best chance at because I did the same thing, where I was like up here, I was an International student, which Uni is going to be like the most, which one is going to be like the best opportunity for me, I guess.

P?F: And it is really, yeah, it’s really hard. Like my friend, who is applying this yeah, she said which ones that she was going to apply to, and I gave her like basically reasons against all of them as to why I didn’t apply, because, I mean she wanting to go to Dundee for example, I advised not to, because it was the only one I didn’t get an interview at, purely because my UKCAT wasn’t high enough, and it wasn’t a low UKCAT, but she had an even lower UKCAT than I did, and I was like, don’t apply, but nobody knew that they expected such a high UKCAT from people. And I think it was different for grads, as well, so, just a wee bit more advice as the others have said, and maybe make it a little bit clearer as to what the criteria are, and then that in turn would also lower the amount of people applying to different medical schools, so as P1M said, it wouldn’t involve such a cut-off, you know a straight cut-off, if maybe they would have a bit more time to look at personal statements and the person more as an individual.

P1M: I think Aberdeen doesn’t have a UKCAT cut-off point, and my view is that we are more diverse than a lot of medical schools and I think that’s one of the big reasons.

P?F: Aberdeen are fairly lenient though, because I applied twice. The first time I got like a 620 in my UKCAT, and I got nowhere, but Aberdeen and then buggered the interview. And the second time, I got like 640 and got an interview and got in. But, yeah, I didn’t get in anywhere else, and they just seemed really lenient, because I know people that just missed the grades and still got in, and people, like because they just seemed to accept people from like different backgrounds and I don’t know, they just seemed nicer than everywhere else, but then I suppose we’re all biased. But then maybe that is what they are looking for – those sort of soft skills – more than a very limited sort of..

P?M: More people-focused. Because I also got into Newcastle. Everyone I met at the Newcastle interview was from a posh school, like everyone, and they all immediately grouped together. The whole structure of the interview process was far more intimidating than here, which I think would put a lot of people off if they weren’t from that background, and it just had a much more, like industrial feel to it. But everyone just felt friendlier, people-focussed, they didn’t seem to care as to what the background, the numbers on the page, it’s more like who you are as a person.

P?F: I suppose if they were to be more transparent with their like requirements, there is a risk that you’d go down the route of Edinburgh, because I went down for the open day, and I swear this happened, one of the grads literally turned around to me and said, do not come here for Medicine, it’s like people focus far too much on the numbers, when I got this as my UKCAT, I came here, I went to such and such a school, I got these grades, because they have like a little chart on the, like a different room, and they had like oh, here’s where you can check how you’ll be like scored. So they have a publically visible chart which sets out, like whether you’ll get in or not, because it’s like the points. So, I kind of asked them about it, and they were like, hmm, you’ll be fine, you’ll be risky, but I don’t think it’s worth it, and I said, great, okay, that’s nice I suppose. But I thought it was a little kind of telling that a person who has been through the medical school literally said, don’t do it, there’s no point applying. So, that’s not a very reassuring.

F: So, why do you think Aberdeen are more accepting of diversity, what do you think they get from that?

P?M: I think they just have to. They’re so far away from everywhere, that they’re much more limited in their candidate choices, and that means that they have to be more different in their approach to get the people and get good candidates. And I think it’s a really good Medical School; I really think they’re interested.

P?F: I think that’s reflected in the rankings as well, so, they’re pretty high in the UK rankings as well, and I think the Medical School. So having diversity is definitely not having a negative impact, it’s great. Just thinking back to Edinburgh, I had a very similar experience, because I was a grad, and they interview grads, and it was a very intimidating experience indeed, so, yeah. But I think, if you maybe put a group of Edinburgh, for example, Edinburgh medical students in a room and a group of Aberdeen medical students in a room, I think they would be very different candidates. And I think, Aberdeen’s course is a lot more clinical based as well, than Edinburgh, so, I think that maybe attracts a certain type of candidate, they are maybe not just book smart, and maybe want to actually get out and do things, and I think those candidates are probably a bit more personable and from more diverse background, overall.

P?F: Yeah, definitely. Where you’ve got someone who is maybe, like you say, working as a healthcare assistant or had some life-experience or whatever, because you’re sort of thrust into it, we’re quite unusual in that way, aren’t we; in the first year we have a lot of patient contact, so Aberdeen are sort of choosing people who are a bit more ready for that – they don’t have those sort of years to prepare for patient contact, you just get in.

F: Yeah. Do you think that has any impact on the learning experience?

P?F: Yeah, because I think we learn systems we get to go out on the wards and practice and consolidate what we’ve learnt in the lectures, so, I feel like that’s really helpful. And I guess when we get to third year, fourth year, when we’re on the wards most of the time, we won’t be as anxious, and yeah, I think we’ll find it easier.

P?F: I think I also find it quite motivating to be able to work so much with our patient partners, because I think with that, what I want to do that, it’s what I wanted to do Medicine, it’s that patient interaction. But I feel like if you’re just sitting in a class you’re going to lose touch with that, you lose that drive, and then you go away and then you do all your clinical practice and it kind of brings you back to that, but maybe you haven’t tried so hard in your first years because it’s so abstract. So, I find it quite motivating, overall.

P?F: And a quick way to find out whether or not you actually like the job. So, imagine if you’re sat in lectures for three years or whatever, two years, whatever it is, then you go out and you realise, you don’t like the environment as much as you thought, so.

F: Great. Thank you. I’m going to have start wrapping it up, because I’ve taken up plenty of your time, but did anyone have anything they wanted to just add about widening access and diversity at all, that we haven’t covered?

P?F: I mean the only comment I would make is something I was told, is I went to like a relatively good state school, and something we were told is that people from my school had a really, really high dropout rate, for not only Medicine, for like university in general, so I feel as though universities should take that into account when they’re taking in people, maybe they should look at schools, but not as: oh they went to a good school, we’ll take them just, I mean I could be shooting people who went to my school in the foot, but I think they should be more cautious taking people from good schools, because they have been like spoon-fed and they have been like pushed along a little bit, so they might not, people from my school might not question why are they going to university, they might just see it as everyone is going, therefore I am going to go, and pick this and then they’ll go and do it. And they will get in, because the school will help them, if they think that’s what they want. So, yeah, I feel as though that should be taken into account, because again, my flatmate went to a school that wasn’t so great, but she’s so self-motivated, and she’s probably much better than the people from my school who also got into Medicine, purely because she’s just got that extra drive, and didn’t have everything handed to her, she had to work for it.

P?M: Perhaps universities should be less grade-focused and be more, sort of question like the personal statements, because you could put a good personal statement against a bad one, and a good one could be written by like five teachers, and yet the bad one might actually be the real words of the person but they don’t know how to game the system, and it means more, and somebody could get six A\*s, and they might not necessarily be more intelligent than somebody with four Bs, they might just be more rigid, success sort of focussed. It makes to a system, and less likely to think outside the box, whereas, a B student might just have difficulty and sort of have more fun in life, but equally give them valuable knowledge and experience, that is often lost in more, less diverse medical schools

P?F: I also think that things like Connexions, you know like early interventions at school, like careers advice, because that needs to be when we start to, you know like encourage people and like say you can do these things, a bit of self-belief, because if nobody that you know does these sorts of jobs, you’re never going to know anything about them, you’re not going to know how to go about getting into them, you don’t know how hard you need to work, you don’t know what A-Levels you need to take. So, I don’t know how Careers Advice has changed since I’ve been to school, but it certainly was not, adequate.

P?F: I know what you’re saying, yes, I still think if you want to do Medicine when you leave school, the information isn’t there early enough for you to make the right choices necessarily, and about the courses that you take and the experience that you get, yeah.

P?F: Because like realistically it starts from like third year of High School, that’s when people start going okay, I want to do Medicine, I have to do D of E, do your volunteering, to start like doing extra-curricular, so they can see you’re doing it for a good three years before you actually start to apply. So, if you don’t know about that, you’re going to be starting in fourth and fifth year, yeah, you’re still going to be in with a chance, but then you’re not going to be seen as dedicated, which again is not really fair, you just didn’t know about it.

P?F: Yeah, like if you choose something like Health and Social Care, then you think, because it’s Health and Social Care that you’re going to end up in a sort of Medical job, well those aren’t the requirements and unless someone tells you earlier on, you have to work really hard and you have to do these specific subjects, so, that you’re sort of paved the way, otherwise you’re going to be going to college later on.

F: Great. Thank you so much everybody for taking part.