F: Okay. Great. So, my name is Heather, as I’ve said, I am a PhD student at the University of Southampton, and will be facilitating the focus group today. So, would you mind introducing yourself.

*[Participant intros]*

F: Fab, thank you very much guys. Just to get the ball rolling, obviously this focus group is about widening access and diversity, so, probably best to start off if you just kind of let me know what you understand about those terms, so, what you think about widening access is and what do you think, what does diversity mean to you?

P3F: Just a variety of different backgrounds. Diversity is a variety of different people, I guess, in terms of people. Widening access, just being able to open that to more people of different sort of backgrounds, I guess.

F: Different than what?

P3F: Like for example, like people in the city might be different to people in the country, like all over the country people are different, used to different parts of life and stuff like that.

F: Cool.

P4F: Yeah, I feel like a lot of people will be under the conception that medical students are all like from private schools, from like the city and like have lots of money and stuff, whereas, like being able to widen it to people who are from remote and rural areas who don’t have as many opportunities, I think yeah, that’s what I feel it means.

P2F: It’s also breaking down that barrier, so, it’s just stereotypically, you know like families, like doctors, like are members of a family and stuff like that.

F: And what about widening access, does anyone have anything else to add?

P3F: I think it could be quite hard, like for people maybe that don’t have the resources as well, so, it’s trying to get extra resources in to help those people; if you’re out in the middle of nowhere you’re going to have less opportunities than somebody who’s living in a city.

F: And do you think that’s particularly important for across like Medicine?

P3F: Yes.

F: Why?

P3F: I mean rural people need doctors too, and I think if you’ve come from a rural background you’re more likely to go back there to work, because it’s very difficult to move to a rural area if you’re not used to it, because it’s a completely different way of like life.

P1M: Yes, and the population as a whole is very sort of kind of eccentric. People that are treating this population also sort of bounces over the variety.

P3F: Yeah, because if you open access up to more people, you will get a wider variety of people, and I guess that’s one of the aimss, and then therefore, you’re going to increase a wider variety of doctors, in this case, which then can treat or relate to more patients on different levels. Whereas, if you get people from one subset, or a particular type, then they might only be able to relate to patients on a certain level, if they’d maybe got things in common with the patients, or something like that.

P?F: I think life in the country can be very different to life in the city as well, so, like, different views, different opinions, and at least if you’ve got a wide variety of, even like people going into Medicine, if you’re a student mixing with people that from the country and from the city, then you start building up on those sort of friendships, which means you’re kind of getting a taste of opinions from different places, which might help you be a better doctor, because if you’ve got friends, if you’re from the city and you’ve got friends that are maybe rural, if you’re speaking to them, you become friends with them, you’re learning what their way of life is, and then you can relate that to patients when you come across them as well. So, it kind of makes you more approachable I guess.

F: Okay, great. Does anyone have anything to add on that? So, you’ve obviously heard of the Gateway 2 Medicine Programme. Do you, so, obviously that’s a widening access strategy that we have here in Aberdeen, do you think that there are any kind of perceptions about students who are coming through Gateway 2 Medicine, or perhaps perceptions about students who have just come into the course in a more traditional route?

P?F: I kind of got the impression, I don’t know what you guys thought, like we’re Gateway, I just personally thought like when we come into Medicine people are going to be like, oh they’re the people that did the pre-Med because they, you know they didn’t get the grades, and they’re coming from rural areas. It was like I thought we would be kind of set aside from everyone else went into Medicine straight from school, but it didn’t turn out to be like that at all. But then it might be like that, and I thought because we went in through an Access Course, you know, they might be on a different level academically.

P5M: Yeah, but I think some, a lot of folk’s initial interest when you mention that you’ve done that, you know G2M course, that like most folk don’t really question you know, okay why did you do that, or are you not as good as the rest then, nobody questions it. But yeah, I think it’s more of an interest people take in it, than just shutting it down, rather than feeling you maybe don’t belong here, so, yeah, I think it’s worked out well up here, and agree with other people, in that you know we work well with the normal Medicine type.

F: Do you agree, have you had similar experiences or have they been different?

P1M: Yeah. I’m trying to think. I kind of think that I don’t necessarily shout about that I was on the G2M course, not because I’m ashamed or anything, it doesn’t come up in conversation, so, I’m not too sure what people, I don’t think people care actually too much. I think regardless of the G2M or post-grad whatever, I think anybody is really bothered about how they got into Medicine really. So, yeah, I don’t think it’s too much of an issue anyway.

P3F: Yeah, it’s like, people are more focussed on the fact that you’re there, rather then how you got there, which is a really, really good thing to have.

F: And do you feel that you sort of you are like well-integrated with the other students or do you?

P2F: Yeah.

P3F: Yeah, I would say so.

P4F: Yeah we’re not set aside in any way, we’re all in the same boat. I don’t have any problems. For example, like clinical communications, class, and there’s one G2M and however many other normal students, and you’re not really like set aside. It’s not like oh, here goes a G2M pretending to take a history, it’s like here’s, it’s just like everyone’s together, no one’s really been kind of segregated apart, so, yes.

F: So, sorry, just to clarify, is that like smaller group things.

P4F: Yes, smaller groups, like for clinical stuff, so, for examination, so, it’s not the G2Ms, their day of examination, everyone is just together as a whole Year Group. I think it works quite well, and it doesn’t really come up in conversation I find either.

P1M: Yeah, I think the structure of the course kind of forces you to mix with people. So I think maybe if it was, I don’t know, Access to History or something, there probably would be a chance of there’s a separate group, probably going on a bit, but I think the structure of Medicine in particular, you’re forced to mix with people anyway, regardless of whether they’re your friends or not, or G2M students, or other kind of things, so I think that’s definitely a positive of the course structure, kind of thing.

P2F: I think G2M was good, like we all made friends with each other. There is only twenty-one of us, so, it gave us a chance to make friends with each other, but when we came to Medicine, I think it was a lot, it made things more comfortable for the transition, so, we had our friends, but then we also made new friends. But I think like maybe having a couple of people that you know made it easier to then talk to more people, so, I think maybe it helped us mix in with other people. It gave you the confidence to kind of go over and speak to other people, like you said, like mixed into the smaller groups, you’re not necessarily with some of the G2Ms, so, you kind of have to speak to others as well.

F: So, socially, do you find that you’re quite mixed as well, like in your free time are you quite mixed groups.

P2F: I would say so.

F: Yeah. Yeah, fab. So, and to come back to what we were touching on earlier, you’ve said that you think it’s important for the medical profession to have diversity, in terms of how you connect with patients and reflecting the population and going back to your community of origin and that kind of thing, but I wonder if you think there is any impact on having more diversity in a learning environment. So, when you’re at school, what’s the impact on having students from different backgrounds on the course?

P2F: I think, well first year, first semester is pretty much a catch-up, to get everyone on the same level, but I think with like rural schools, obviously like I said, less opportunities, I feel like some people might have more knowledge than others, just because of the opportunities that they have, so, not necessarily, but for example, if you’re in a rural school, with sort of less opportunities than probably in a city, then you might not have the same knowledge as they do. So, yeah, that could be an impact as well, because when you come to Uni where there’s a lot of, you’re mixing with really smart people, I think that can, because of the wide variety of knowledge as well, I think that kind of makes a difference in people.

F: Do you think that’s just a one-way thing, that rural students benefit from interacting with more central students?

P?F: Not necessarily, yeah.

P?F: I see it as rural students have very different life experiences than in a city, we never have heard of or ever had the chance to witness, so, I think they both, that both the rural and the city student bring like opportunities to the table, and be able to have cross-knowledge and share knowledge, you get a sense of both, so, being rural doesn’t necessarily mean disadvantaged, it can mean advantaged in other ways, so, you know like.

P2F: Like rural, you might be a close-knit community. You might like talk to a lot of people who might know well, like you know you might be really good at talking to different types of people and not just a group of people just like you, which obviously is a big thing being a doctor, so, like you might have that communication skills. Whereas, cities can be quite like, keep to yourself, not really kind of getting out into the community and talking people. So, that’s like a huge advantage as well, I think.

F: Yeah, cities can ironically be quite isolating, isn’t it!

P2F: Yeah.

F: What about other forms of diversity, so, is there anything other than rural? Is there a broad impact of students from other kinds of different backgrounds?

P2F: So, I think income and stuff. You’ve got people who are from really rich families to people from like a low background of like, you’ve got people who have come from a line of doctors, and then you’ve maybe got somebody else who has never had any one in their family who went to Uni, like just come from a sort of less typical background.

P?F: I think also it gives you the option to experience other cultures as well. Because like depending where you’re from, you may be quite isolated from that. Like I know back home there is not many different like cultures, like, so, until coming to Uni I hadn’t experienced that. And so it’s quite good, because as a doctor you’re going to have lots of different patients from lots of different places, so, to know how to communicate and stuff like that.

P2F: Aberdeen is a very wide variety of people. There are loads of International students, and then you start learning about their culture, their ways of life, which is really interesting. You start learning like it’s not just, there’s not just one type of person, and you start to learn how to communicate around that, and adjust.

P?M: You know probably off at a tangent, but I feel that these kind of widening participation things also sort of, sort of acts to sort of break the class system kind of thing, which is very present in Medicine, and I don’t think that’s particularly helpful really, so, I think that things like this are sort of beneficial in a larger sense as well, because they act to sort of counter the long-held traditions about doctors being upper class and rich and private school, kind of thing.

P?F: So, in a way it’s good to relate to patients as well, because maybe as a patient you’d want somebody that sort of, that knows where you’re coming from. So, if you’ve got a patient that’s maybe not from a advantaged background, you can have doctors that are from a disadvantaged background, and that impact then helps the connection. It doesn’t mean that like people who are from sort of like well-off backgrounds can’t sort of connect to people who aren’t, but I think being mixed in with people that are from different backgrounds just gives you a chance to kind of get used to that, so you can put yourselves in their shoes, especially dealing with patients and stuff.

F: Do you think any of these kind of benefits where you’re kind of talking to these students, is that ever sort of facilitated by the University, or is that just coming from you socialising and making friends with people, do you think?

P?F: I think it’s social.

P?M: Just kind of friendships and stuff. The Uni don’t really make a point of you know saying to all these students, G2M or whatever, so I think it helps in a way, because if they were like, oh, that’s the G2Ms, this is the non-G2Ms, it would probably put a barrier between the two types and people would be like oh, just associate them with the G2M, they’ve come in, in a different way, they’re different. But the Uni don’t make a point of that, so, I think it helps, just kind of not bring, like to, it, it’s like if you are friends with someone, then that’s when it kind of comes up, so, it’s like they know you as a person before they get to know your kind of background. So, stereotypes don’t get in the way, so, yes, I don’t think the Uni make much of a barrier in that sense.

P?F: I think like with, like if you’ve got tutorial groups as well, like smaller groups, you do like, that’s how you meet people, and then you start speaking, so, I feel like with the smaller groups, that’s helped to make friends. But then from there, it’s just been a case of like communicating within that. And then, because it’s not like a huge Year that we have, like it’s a big Year, it’s over a hundred and eighty or so people, but like somebody has always got a friend that’s a friend that’s a friend in our Year, so, I like might not be friends with someone, but one of my friends might be, and then we just like all speak, so, it’s kind of just a mix of like knowing people through other people as well.

F: So, do you find that you do, in these small groups, do you talk about your own backgrounds in relation to case studies or whatever?

P?F: Not really. I would say no.

P?M: So, yeah there’s certainly a personal element to it, so you discuss these aspects of the patient and if there’s something you relate to then you may do, yeah. But I wouldn’t say it’s encouraged.

P4F: I think opinions might be altered by your background. Especially, like in terms of cases, you might think, oh, this is what would happen back home, you could put that into perspective, but it’s never really a personal situation, unless you want it to be. So, if you wanted to put it forward, then it would be openly accepted, but a lot of people wouldn’t do that, so, it’s more based, like I think your opinion is altered by sort of your own background and your own situation, but it’s not really a case of being asked to be personal about it.

F: So, do you, so you said you felt like your, when you bring it, if you do bring up something like that it will be openly accepted, do you all sort of feel that?

P2F: I think so yeah, I haven’t experienced otherwise

F: Great. I really appreciate it. I know it’s kind of, we’ll get there, and I don’t want to take up too much of your time, and thank you for everything you’ve contributed so far. Did anyone have anything pop into their head that hasn’t come up organically about widening access or diversity in the Medical School, or anything?

P?M: No, I don’t think so.

F: No.

P?F: It’s just a positive thing, just making sure it’s a good mix of people.

P?M: I was just going to say, I think I said it before, just to me anyway, it just makes so much sense to have a group of people that treat people as the same varieties that are receiving the treatment kind of thing. It doesn’t make sense to me to have this group of upper-class people treat all people of society kind of thing. To be the givers of care, and lower classes to just be like passive, and their perspective not feed into anything. So, to me, it just makes sense, in the simplest ways kind of thing.

P?F: Good way to get rid of that sort of breakdown that stereotype barriers as well, yeah.

P?F: Like you said, people that come from rural backgrounds, may be more likely to return there. There are huge issues just now with shortages of doctors in general. Obviously the way to fix that is to encourage more people into Medical School, but it’s hard to do that unless you’d widen access to Medical School, because now it is like, from my perspective, it can seem so narrow, and you need these 5 As, your dad must be a doctor, your mum must be a doctor, and so, on, and to widen, like widening access, it’s going to allow more people to come in and hopefully fill up roles that are becoming free and hopefully it helps stop the shortage of doctors, so, it like makes perfect sense to kind of open that access up.

P?F: It’s a way of doing it without just letting anybody in, because there is, like obviously there is a shortage of doctors, but you can’t just let people be doctors just because we need more. It’s just a good way of being able to expand that with it, but while making sure you can maintain like a good standard of doctors as well.

F: So, how do you think, this is going off at a bit of a tangent, but how do you do make sure you’re getting the right people in do you think?

P?F: Just I think I would just kind of focusses on kind of how you are as a person, just with maybe interviews and stuff I think it is like the best bet, just find out what kind of person they are. Obviously, you’re going to do that to an extent, but that was the good thing about Gateway, is that it wasn’t just purely focussed on your grades.

P?F: Yeah, it’s not like anybody can get in, no. You still have to, we still have to go through the same things that a normal entry to Medicine student would, like the interview UKCAT, and you know still the exams at the same level of Highers you’d be in and so forth, so, it’s not just like they’re letting anybody walk in off the street. You still have to jump through the loopholes to get into Medicine, but it just makes it easier, because they are widening access and encouraging people from rural backgrounds, that might not have had the thought, be like well maybe I can actually do it; they’re encouraging them to actually apply.

P?F: I think with the grades, they’re not completely lowered, but the grades being lowered for G2M, just I think it’s more focussed on the fact that rural schools might not have the same access to education, in terms of teaching, access to resources that people you know in like more affluent areas might have, so, maybe by lowering the grades might make it seem a little bit more possible, because if you’ve not got a teacher for, quite a lot of the rural schools don’t have a teacher for six months, and they they’re expected to get 5 As, you know, so, it’s quite a high expectation, not everyone’s like that, but I think that was probably the main part in lowering grades ever so slightly, but it was more focussed on you know how determined are you, and like how much do you want to be a doctor and what kind of person you are probably.

P?F: I think also the good thing about like the G2M course, is because it’s such a small group of people, that the Uni can, they get to know you as an individual, so they can see if you’re suited or not to like the Medical degree, so, it’s not like oh we’re lowering grades, like we’re just letting anyone in. Like if they can see a problem with us, then of course they just wouldn’t let us in, like.

P?F: Yeah, just because you got onto the Gateway course doesn’t mean you’re going to get into Medicine.

P?F: Yeah, it’s almost like you’re in here to prove that that was, you know it’s your year to shine, but yeah, it’s your year to prove that Medicine is you know the thing you want to do.

F: Do you think there are any other barriers to students from rural backgrounds, so, you mentioned you know the quality and the opportunities that you might have in terms of you education might be an issue, but is there anything else that you think might be a barrier?

P?F: I think back home, people just seem to lack motivation to do, to leave, or aspire to do anything, like they just, there’s nothing wrong with like not going to Uni or anything, but they just, they seem to have no drive, they’ll just happily stay and just leave school or just start working, which I think, they just don’t know what the options are, because what they can see, visibly, as options, is so limited

P2F? Yeah, leave school, get a job, stay at home.

P?F: Yeah.

P?F: I think it’s a big part of the culture, really.

P?F: I think so. They just, or you join your family business, or something like that, you’re just not like exposed to like the city life or whatever, the further careers and stuff.

P?F: And I think it’s possible one of the issues could be like funding, because if you come from a very rural place, like an island, when it comes to travelling, you know if you’re a student in Glasgow and you’ve got an interview for something in Glasgow, you don’t have to travel very far, maybe just a bus there. Whereas, if you’re coming from a remote place, it could be a plane that you’re, or a ferry, buses, trains, you know it’s, and hotels to stay in, you know that could put people off as well, that could be a possible barrier, if people don’t have the funds to kind of support of that sort of thing, they will end up just staying at home or applying to a Uni course that doesn’t have interviews or that sort of thing.

P?F: Yeah, I think it’s hard for some people to adjust to city life as well, because like Universities are in the city, like you know you don’t really get anything like that, so, somebody that’s from a rural area, might not want that city life, and then might decide they want something else, apprenticeships and that sort of thing. Yeah, I think it’s hard for that step to move from all that you’ve ever known to a massive city where you’re like totally left on your own.

P?F: Yeah, it’s quite daunting. There’s a lot of uprooting your life away from your friends and family.

P?F: Yeah, it’s not even just that, it’s, well.

P?F: And it’s a completely different way of living and stuff and.

P?F: Yeah, and you know age average about seventeen, eighteen, and you’ve got, not just to move to a city, but to move to a city by yourself. You know you don’t have your parents there to like just settle in with, you know you’re pretty much on your own. So, I think it’s just that getting there.

F: Great, I’ll pause the recording there then. Thank you so much.