F: So, hello. Thanks again for coming. My name is Heather, I’m, as I mentioned earlier, at the University of Southampton, where I’m doing my PhD on widening access and diversity. So, I’ll be facilitating the focus group today. So, if you wouldn’t mind just introducing yourselves for the recording.

*[Participant intros]*

F: Great. Thank you very much. So, just to kind of get the ball rolling, I just wanted to know what you think we mean by widening access, and what does diversity mean to you?

P1M: That’s a very good question.

F: Thank you.

P1M: Based on the G2M Programme, we have a definition of what widening access is to be eligible for that programme, and in that it’s all, it is all about financial need really and the school you came from. So, what background, yeah, if you didn’t have the advantages of going to the right school and knowing the right people and being able to make a good application for Medicine. But, we also offer a pre-medical certificate for students from the Middle East, who pay a fee to do a pre-medical course, and they have exactly, well not exactly, many of the same problems going into Medicine as well, for different, you know different cultural expectations of things and not having the same background advantages, and I do sometimes see a tension between what people think widening access is and what group of students should be more deserving than the other, you know, so, yes, it’s, well it’s both of those.

F: Okay.

P2M: Well, international students, they come in, so maybe they’re well international students, okay you can argue that’s diversity, but I think widening access is probably more just about levelling the playing-field, and the people training and the people who want to be doctors represent you know the community or the, and whether that’s a local community or whether that’s a national community or international community they’ve come from, and I think there are barriers to that, whether that’s because you know you’ve come from a difficult background and you don’t have the opportunities to do all the things you need to do to get into our medical school. You have to jump through quite a few hurdles and volunteer and get work-experience and you know do your SATs and certain people from certain backgrounds don’t have that. But I think equally, people from different Countries may not have that, and it may even be that their qualifications, their national qualifications don’t quite; aren’t quire recognised, or that they don’t have the same opportunities, so, I think it’s just levelling that playing-field, and making sure that we address diversity; the people we train represent you know that people in the community, and have a better, greater understanding, I think, you know, on a broad level.

P1M: Yeah, and our course isn’t massively ethnically diverse is it, When you see the students, our medical students compared to lots of others, they’re not, I think widening access, is part of that as well.

P2M: Absolutely, I think so, yeah.

P1M: I’m not sure everybody else does. I’m not sure everybody else thinks that you know. If anybody’s paying for it, that doesn’t count as widening access.

P2M: Well yeah, one of the reasons why the Sri Lanka Programme was set up was because in Sri Lanka they’re very community-orientated. So, there is only a limited number of medical school places in Sri Lanka, but they’re only available if you go to Government Schools, state schools. So, if you were fortunate enough to go to a private school, and get international, you know higher qualifications, you know like A-levels, then you can’t apply to medical school in Sri Lanka. So, that is, a barrier. And therefore what do these, you know highly-motivated young people do, and that’s where, and one of the things they might consider is the Sri Lanka Medical Pathway, if that makes sense.

F: Yeah.

P2M: So, you know I think it is about levelling the playing-field. The playing-field is levelled the other way, and say you can’t apply because you’ve gone to a private school and you’ve got qualifications that we don’t recognise.

F: That’s really interesting. That’s so different from the experience that we have here.

P2M: It is. I mean it’s their community-mindedness and their wanting to make sure, you know I suppose it could be almost seen as the ultimate end goal of widening access as to how maybe people traditionally think about it. You know, we only let people in who are diverse!

P1M: But our criteria for the G2M Programme, which is almost exactly the same as Southampton’s, deciding what to do with that same basket more or less.

F: Yeah, so, it interests me what you said about, that you said there wasn’t much ethnic diversity in Aberdeen, because actually the course that we have [at Southampton], because of the intersectionality, that the students we’re getting from a lower socioeconomic background are quite often minority ethnicities. So, you don’t have that same pattern?

P1M: Well on the G2M Programme, there is greater diversity than there is within the whole medical cohort, the ones that come straight into Medicine, so, yes, it is, that particular access route does show more.

F: Yeah. And it’s just that there are small number isn’t it, so?

P1M: Yes, exactly.

F: Great. And do you think, so, I think you’ve already mentioned that it’s important for the medical profession to represent the communities that they’re serving, but is it particularly important for Medicine do you think, and why?

P1M: Yeah, I think they’d be trouble getting GPs to work in, you know some places, whether that’s remote, rural, or very urban. So the hope is that if we get more students from those areas, they will go back and serve in those areas; that’s the headline idea I think.

P2M: Yeah. But I’m trying to think of like, because I remember patients asking me, you know, when I tell them, someone trying to understand what cancer awareness is, and I try and emphasise, well how do you know, you’ve never had lung cancer. So, you know, in a way, does the person who is treating you have to be, actually know exactly what your experience is. If I employed, if I can put myself in your shoes for one moment, do, I have to be in your shoes in the first place, and I think the answer is probably not. Having said that, I think there are plenty of people, and if you are in certain circumstances, where they want to be a doctor, but the barriers are there, and they have the capability to being doctors, and I think it doesn’t matter necessarily, their life experiences may shape what sort of career path they have. So, I don’t think we should train doctors from inner-cities to go back to inner-cities and be empathic, whatever, you know - I hope that I could be an inner-city doctor, you know if I grew up in a small town, you know it wasn’t a rich town, but it was a small town, but I didn’t come from an inner-city, I hope I could be an inner-city doctor and be empathic and do the things that I needed to do and local things, maybe not on a personal level, but on a, but on the other-hand, I think it’s a shame that people who are capable who can’t do that, and I also think they bring in something that maybe different perspectives that I don’t have. Does that make sense?

F: Yeah.

P2M: Any maybe hearing those perspectives can inform me, can maybe shape my ability to be empathic when I go somewhere different. Whether or not, then, those students go back to inner-city, or whether or not their perspective is used to generally inform the Government Policy or whatever, you know I think if the people with different perspectives and different life-experiences, that’s probably the thing they bring in.

P1M: Yeah, you don’t want the doctors to be clones of each other.

P2M: You know, and you don’t want somebody from the rural places go in [cities] and then discover they love the city and then force them back into the rural. Equally, I might think, do you know what, it’s really great, but I’d love to be on my own and do these rural things and be the doctor, you know that’s on these movies; so, I think that’s a slight danger of kind of stereotyping.

P1M: Yeah, you’re right, that monoculture is dangerous in lots of things isn’t it, whether you’re growing crops in Monsanto or got the same view when you’re in the CIA, one thing’s for certain, you do need that variety of background.

F: Great. Thank you. So, have you both worked with students on the G2M or you know alternative, or the Sri Lankan pathway, you’ve worked with students who’ve come in to Medicine through sort of alternative routes.

P2M: Yes. And in my previous role I was a member of student support, so, I’ve worked with people, widening access backgrounds.

F: So, I was just wondering whether you have any perceptions of students who’ve come in through these alternative routes, maybe compared to their traditional peers? Do you think they integrate well, do you think there’s any differences between them?

P2M: Now it’s difficult not to stereotype here. But generally, I think they are quite bright. I think some of the finer skills appear less polished, at particularly say, their interview skills, or maybe their learning skills as well, going through, so they may be less polished. The other thing, again there’s some exceptional students and I believe you know that if you get a three A’s at a whatever, disadvantaged school, that arguably, you have to be at a quite high calibre compared to somebody gets three A’s from you know, a well-respected, well-taught private school. So, I think they’re often capable, but you know, generally, sometimes they don’t have as much confidence. So, these are the sorts of things that generally sort of things, I’d say.

P1M: Yeah, definitely agree with that. The academic side hasn’t been a problem to most of our G2M students, they’ve coped with that absolutely fine. But, the polish in interviews, is something, that was a very useful thing for the G2M Programme. They often work on a bank, as healthcare auxiliaries on a bank, so, that they could work as, in the healthcare profession for a bit, and I think that was good for their communication skills, that they felt they had a bit over the other medical students who are coming straight in from school, so that helped them. But the integrating bit is interesting as well, so, because we, for the G2M Programme we take twenty-five students in, and we actively try and make them a clique at the start, you know do lots of bonding activities with them and they do support each other and things. And then after that year, we send them out into the medical crafts, and say, you’re a medical student now, and we try to distance ourselves from them and not look after them as a cohort. Again, they do mix, but I think it’s probably they’re big friends and when you seem them around with most, it’s still the people who came through the G2M Programme, which may not be just that what we’ve done to them in the first year. But the vast majority of them I think mix well.

P2M: Yeah, and when I’ve seen people who’ve come, go straight into first year, I think it depends on who is around them really, you know, and generally medical students are generally kind and are welcoming and things like that, so, it’s, but it is, I sometimes find it is noticeable the ones who are quieter and you know sometimes, for example if you need someone to take charge or volunteer, and sometimes they are not perhaps the ones who do that, so.

F: The G2M students.

P2M: The G2M.

F: Yeah.

P2M: Well people from widening access. But yes, it sounds like they have a bonding experience in G2M and I’m sure it is a bonding experience, I’m sure.

P1M: Yeah, most of those bonding experiences end up being us [staff] against them!

P2M: That’s the way it works as a medical student isn’t it?

P1M: Yeah.

F: And what about the Sri Lankan students, do you find they ...?

P2M: Well that’s interesting, because there was a deliberate effort not to particularly single them out, so, they’re completely integrated.

F: Okay.

P2M: In the same way that international students, we have international students who applied directly, and they’re completely, so, they’re completely integrated. In fact, one of my roles is, because their pathway is slightly different in the later years, I have to bring them together and get them to... when I first got them together, all together, they knew of each other, but they didn’t really know

P1M: Know who each other were.

F: Oh, really!

P2M: So, we had to bond them a little bit, to say, but we’re, but we’ve got to work you up, because you’re going to be doing something different for fourth and fifth year. So, they’ve completely integrated. But I suspect that these people who have been through, usually private schools and things like that, so, it’s not quite the same cohort at the G2Ms.

F: Yeah. And in what ways are they different do you think?

P2M: Well they have been to a private school where there’s been high-quality education, and they’ve been supported by families that are not disadvantaged.

F: Yeah, yeah, and how does that kind of come out in their behaviour?

P2M: Well they’re variable, I think they’re variable. So, some of them are very confident and focussed. I think it’s interesting to see the different cultures. We’ve got two Sri Lankan students, and they’re actually quite you know humble and open, and, but and you know we’ve got some that do lack a little bit of confidence and probably don’t come across that well. So, even within that cohort there is variability.

F: Yeah.

P1M: Yeah, because I think there will be those students in the general medical student population won’t they, but I have no idea who the Sri Lankan pathway students are. I’m involved with first-year Medicine, you know I co-ordinate the first course there, I see quite a lot of them, but I wouldn’t know which ones they are, and equally I think people, apart from the ones who taught the G2M cohort to G2M students, wouldn’t have a clue who they are either.

P2M: I’ve taught some of them; I don’t know who they are.

P1M: So, we have deliberately tried to say that they are Medical students, and they all get picked up by the normal procedures, monitoring and assessment things, and that we haven’t made special arrangements to see them separately. Though, when we saw the students yesterday, because the interviews, the G2M students in the older years, so, they were really keen to have a session with all the other new cohorts coming through, because they thought they had important information they needed to pass on.

P2M: That’s really nicer to see though.

P1M: Yeah it is, yeah.

P2M: Because it gives them, although they identify their issues and therefore, they’re willing to support their... Certainly from what I’ve seen previously, Med students are very supportive of fellow Medical students, particularly in the more junior years.

F: So, do you have that with like the traditional medical students as well, that they want to, like so you know the G2M students have actively come and said we want to help? Do you have that with traditional entry students too?

P1M: Yes, there is. Some of those students you saw yesterday, some of the older ones, they’re from the Aberdeen Medical Outreach Society, and that is specifically a widening access type of society that the students themselves have set up. And I don’t know all the students in that, but the ones I do know, have come from Widening Access backgrounds, and yeah, they’re doing it for the same reasons; they’ve got something to tell those students coming through, and help them.

F: Yeah, fab.

P1M: Yeah.

F: So, do they go out to the REACH schools and that kind of thing?

P1M: I honestly don’t know. The Society has been up for two years, and it’s the same with all those Societies isn’t it, that the management changes every year, so it’s very difficult to get sustained things going. So, an easy thing for us to ask them to do, is to help with those mock interviews and things, which they’re very happy to do. And you know we just give them a date, and they organise it, so, that’s good. But I’m sure they do; I just don’t know.

P2M: I have worked with REACH, that’s exactly what happened, and the previous REACH students, they would go, and there’s a REACH coordinator locally, and the REACH students would go with them and they were very generous with their time, and you know I think it happens with the IMU students from Malaysia, who come in in third year, and well I’ve had it with the fourth years who manage to pass their third year exams, will come and help the third years, so, I think. I suppose if you want to be a doctor there must be a kind of humanitarian aspect to your personality and you want to help people, and there’s definitely that sort of camaraderie, I think, and colleagues who you identify with and want to help.

F: That’s lovely. What does IME stand for, sorry?

P2M: IMU.

F: IMU.

P2M: Medical University, in Malaysia.

F: In Malaysia, thank you.

P2M: But it’s not a disadvantaged cohort, international student, so a slightly different situation, but it’s the same sort of idea. They come from a different culture, they’re trying to integrate, their assessments are different, the teaching is different, so, therefore sometimes they struggle a little bit.

F: Their Healthcare system is completely different as well.

P2M: Absolutely.

F: Yes, it has a lot of challenges, being an international student. Wow, thank you. So, we’ve talked about, so, actually one of the things that we’ve talked about is that students from maybe Widening Access backgrounds are very generous with their time and reaching out to support other maybe school students or students in different years from disadvantaged backgrounds, but I wonder if you have recognised whether they bring anything to the learning environment, sort of more their peers who they are learning with? I expect if they’re fully integrated maybe it’s difficult to identify, but what’s the value of having this diversity in the learning experience?

P2M: There is an SSE where they sent the medical students to the REACH school, so, it was actually, and that from Aberdeen, because we send SSE students, which is a student-selected component, where students select what they do for four weeks, and sent third-year medical students into Secondary Schools to teach. But these Secondary Schools are particularly picked, so they’re REACH schools, okay, and interestingly, they come out with, “I didn’t realise actually some people in Secondary school can’t read”, or “I didn’t realise actually that the staff had to make sure they brush their teeth and were fed at lunchtime”, you know these are not, I think some of the people from backgrounds that we have, just did not realise some of the difficulties that people have. I suppose, and if you are brought up in a system, I haven’t had first-hand experience, but I imagine if you’ve been, if you’ve attended one of the these State schools and you got into Medical School and you got into Medicine, you will have that knowledge, you will see that most of your colleagues and your friends have these difficulties, possibly, you know you’re not aware of, you know they exist, but so, that’s one thing that struck me about that, actually it was well worthwhile doing that SSE, to give our more privileged students that first-hand experience of those less advantaged students, and their sharing that knowledge with their peers. But I can imagine that they might not be the case, the sharing, as soon as they walk in, you know?

P1M: And I think with respect, what you were saying before that, I mean the population is all the same, but some of them do have, the orthodox medical students there’s a certain naivety about what’s happening in the rest of the World, and those students definitely do help, the Widening Access students, definitely help those other students with their perception of what’s normal.

F: Wow!

P1M: Yeah.

P2M: Yes. I think they’ve also, probably gone through some adversities, some difficulties, so, I think the other thing, sometimes they are quite resilient, these, you know they often have, you know they have been carers for members of their family, you know there have been difficulties, or even brought up some of their siblings, things like that. I think they do have a resilience that, you know can be quite remarkable, for a mature student who may have five kids and was going through Medical School. And it makes me think, oh, I’ve got kids and I can barely manage, even though I’m fairly well-off, and these sorts of, I wonder how these mature students cope? I think these sort of thoughts can be used, and hopefully they can share their experiences with their colleagues, I think is the other thing I’ve noticed about them.

P1M: Yes, some of them are incredibly resilient, but I think it’s key it’s about having responsibilities at home; I’ve already noticed that difference, because lots of the orthodox people, the medical students will be quite protective of the things that happen at home; if somebody’s ill, they won’t be told about or required to do anything, whereas lots of the students, the G2M students, if something is happening at home, they’re the ones who are called in to do something about it, and you know really serious things as well.

P2M: Yeah. They have to balance that and joke about it; the idea of that’s really, you know, they’re so tough. It is quite humbling and hopefully levelling, yeah, for the other students.

F: Yeah. And just to pick up on one point, you know they do have these challenges at home, do you think there are challenges that having students from these backgrounds in Medical School, do you think there are difficulties?

P2M: Definitely, I think, that as I’ve already said, their interview techniques and if their polished; learning skills are not so polished; they’ve got these other things in the background and they’re trying to juggle all these things, and Medicine is not an easy subject. It’s on a different level to what they’re used to at school, for all the students, but if you’re already on a bit of a back foot, then I think they do have quite a few challenges, you know, when they come in. I don’t if that’s something you’ve noticed?

P1M: Yes, that’s right. And some of them, not all of them, but some of them are quite high-maintenance. We haven’t looked at the numbers yet, but I’m pretty sure we’ll have a higher percentage of those students, you know being seen at student support interviews and that sort of thing, being supervised by Student Support people in the school.

P2M: Yeah. I just, I don’t know about here, but there was a slight hint that they are the ones that struggle with their first-year exams a little bit more than others.

P1M: Yeah.

P2M: These sort of things. Is it the same here?

P1M: Yeah.

P2M: Personally, I don’t see that as a particular problem, in that sometimes it is a big jump, and sometimes if you’re not ready, all you need is a little bit more time to prepare, because you know your brain and your learning styles and your coping mechanisms, then actually to repeat the year or to take a little bit more time to do that, it’s not necessarily a problem. I think it’s, but again my previous experience is if people get through the first year, well getting closure, and they have to resit it, if they pass a second time they often can sail through the rest of it, because they’ve developed these, so, they’ve just take a little bit longer, and if that’s what’s required to get them to work at it. Now of course there’s lots of logistic difficulties for the Medical School, if you have people that have to resit the year, but then maybe there’s another way around it, to make it something like the G2M, it might help with that. But I don’t necessarily see it as a, even if they have their difficulties, I don’t see that that means that we shouldn’t do G2M, all that means is we just have to think cleverly about how we support these students, that’s better.

P1M: Yeah, so, for the widening access students coming directly into Medicine, that first term and first year is a big challenge for lots of them. When we speak to them afterwards, you know they feel they’ve survived that, but they felt so much stronger when they had. It’s not just widening access, it’s students coming in you know who haven’t got, we have some mature students who come in with an Arts background rather than a Science background, and again they have to work really hard in that first year, but especially, and if they survive that, they go on and do fine, and I think the widening access students find that as well. And at the student support interviews with them, people have, well you know if people have failed on a couple of phases, you know if you respond to this, right, it’s looking back on it, it’s just a hiccup, it’s not a disaster, they will carry on and do absolutely fine.

F: Great. So, is there anything else that you wanted to add about widening access or diversity, that we haven’t covered yet?

P2M: The only thing, and this is a personal view, that I have a little bit of an issue with the word diversity, because to my mind, and you know I was trying to rationalise it. If it’s okay, I’ll tell you a little story. I was on this course learning about LGBTQ+, and gender issues, and I went home and I spoke to my daughter, and I said, oh you know, I learnt about all this stuff, and she goes, well what do I need to know this for, people are people. And to her, it didn’t matter what people identified themselves with, or what gender they were or who they were sexually attracted to; they were just people. And so I think diversity just generally means we’re all different and maybe that difference is a cultural thing, maybe that’s a national thing, maybe that’s an ethnic thing, maybe it’s a sexual identity thing, but we’re just different, and so, I have a little bit of an issue with saying we have to be more diverse when we are more diverse, and I don’t know exactly what we’re trying to achieve, apart from the fact that maybe we should be able to say we should have more ethnic diversity, we should have more cultural diversity or we should have more, we should be more transparent around sexual identify, whatever, it’s just, I just have difficulty with this concept of diversity when we’re essentially, even if we call come from the same background, we’re pretty diverse.

F: Yeah. No, that’s really interesting. Thank you.

P1M: I was going to say, mental health issues and things that affect you know a whole population of students, and I think they are our trickiest problem now, people with long-term problems, it’s often about mental health issues, and again we haven’t got enough numbers yet to know, but I do suspect there is a higher instance of mental health issues in the G2M students than there is in the others, and that, yeah, that’s difficult because you don’t know about it beforehand, and you know, it’s not a question, but as regards people not progressing through the years, that seems to be the biggest single factor that affects them. And until we have numbers, there may be issues with transparency and our ability to support them. But that, it’s not a problem just for the widening access students, but I suspect it is a greater problem in our widening access students.

P2M: Yeah. Is that because, again, is that because we’re just more aware of it or it’s more open, we can identify it better, or is it because there is more [instances of MH issues].

P1M: Yeah, you mean that population compared to that population or how it comes about

P2M: Just generally.

P1M: Yes, there’s certainly a lot more support available for them now, which some of them use very heavily.

P2M: I think mental health is an issue, but again, I wouldn’t, I don’t think this should be a barrier to them, in the same way that if they had a medical condition. Hypothetical, they’re an asthmatic, we should be able to manage it, and manage the expectations is the critical thing. To understand and support. I’ve just had a second thought about a diversity issue, maybe the issue with diversity is, it’s discrimination and kind of differences and being treated differently, so, maybe there is an issue we have to deal with. It’s just generally though I just think the concept is interesting.

P1M: Yeah, you and your daughter probably don’t need to go on that course do you, yeah.

P2M: Well I think if you just assume that everybody is diverse, do you know what I mean, everybody just, you know, is different, but it’s just an interesting thought.

F: Great. Well thank you very, very much.