F: Okay. So, thanks again for coming everybody. My name is Heather. I am a PhD student at the University of Southampton, and I am going to be conducting this focus group on widening access and diversity today. So, if you wouldn’t mind introducing yourself; would you mind starting.

*[Participant intros]*

F: Great. Thank you very much. So, I think the first thing that we need to do in a conversation like this, is just to really explore what you understand by the terms that I keep mentioning, widening access and diversity; so, does anyone want to tell me what they understand by those terms?

P?F: I suppose it’s about making Medicine more accessible, or different routes, maybe disadvantaged groups.,

P3M: I think it’s changing the scope of it. I think historically Medicine was like a very middle, upper-middleclass sort of profession, and it’s sort of changing that.

P?F: Yeah, widening access people, that maybe don’t have the same advantages to get in and diversity, that people, like representative of society, anyone can now get in.

F: Do you want to add anything about diversity; what does a diverse group mean?

P3M: The mixture reflects ethnicities and cultural backgrounds, as well as I suppose class, you know, maybe not class, but income backgrounds.

F: Do you know any of the kind of strategies that we have in place for widening access?

P?F: Yeah, I know about REACH, because I was part of, well I was actually part of one in Glasgow, because I’m from the West Coast, so, yeah, I’ve some experience of that.

F: And can you tell us what it’s about?

P?F: Yes, so, I didn’t really find out anything about it through my school to be honest, it was actually just through my own research. And so, I don’t know if that’s like maybe a problem there, but, it was just an initiative that allowed for me to go down to Glasgow for a week and experience kind of PBL, which is kind of something they use in their Medicine course.

F: So, Problem Based Learning then?

P?F: Yes, yeah.

F: Yeah.

P?F: Yeah, so, something that would be good to put on your CV, Personal Statement. They gave us tips, allowed us to see around the Medical School, things like that, but, and also some help with like UKCAT which is one of the tests we have to do, so, that was good.

P3M: I have a friend who initially I knew was part of widening access, in the sense that his, he was either allowed to get a lower grade boundary for his application for getting into Medicine, or he was allowed to apply with a higher, they basically added ten percent to his UKCAT score, based on criteria of parents going to University, I don’t know if income was one, but postcode is another one of the factors. And I had something similar, but it didn’t apply to me, because I’m a mature student.

F: Okay. Do you think mature and a postgraduate, does that count as widening access?

P3M: I would not necessarily say so. I suppose it’s an option there. I know they do like mature students they say, but how accurate that actually is, I don’t know, particularly, but it’s something that’s often said about Medical Schools.

P?F: Yeah, just sort of to add onto that, that was also the case with my REACH, I got ten percent added onto my UKCAT, but I think if you didn’t meet the grade bands, I think they would allow you to apply with a lower grade boundary, if I remember rightly.

P?F: Yeah, I’m aware of like REACH, what they do and the different events they hold, like practice interviews and things like that. And then there’s also the Gateway 2 Medicine obviously, with the Year Pre-Med, and then there’s like AMOS, which is a Society for widening access, so, they work with like the official REACH programme at Aberdeen Uni, and they help run some of the events, and they also like encourage their members to go back to the schools, even if they’re not necessarily REACH students, because REACH have, I don’t know if there is an official list, but obviously there are some schools that are kind of deprived but maybe don’t make that list and so they go back to those schools and talk to them. I know like they operate more in Inverness, because they want people from low backgrounds as well, they hold events, and yeah, the medical students who study at Inverness help run those events as well.

P?F: Another thing I was part of was the Doctors at Work Programme, which was held up ??? (00:05:02). Because I’m from quite a small place, getting work experience can sometimes be a little bit difficult, so, that really gave me a good week to put on my CV.

F: Cool. Okay, thank you for that, what we’ve got so far. Would you just like to introduce yourself?

P4F: Yes, I am P4F

F: So, we have just been talking about generally our understanding of widening access and experiences of it, and what diversity means. We were just talking about the Doctors at Work Programme, which you’ve been involved in, is that right.

P?F: Yeah. Yeah, so that was part of work experience in the sixth year, and I was actually able to apply for that through my school. I think they go in touch, so my school did that. And there was loads of different people, everybody, even from Oban as well. Yeah, it was really good. We got, probably more consultant type than we’ve ever had in our wards, compared to like now, it was just me with one of the consultants and their clinics for a week, and surgery. Yeah, it was really, really good.

P?F: So, it’s about giving you that insight and that, maybe that access to kind of medical professionals that maybe you wouldn’t have, definitely wouldn’t have that. If you don’t know people, it’s really hard to get access into hospitals, and especially if you come from a rural setting; in terms of confidentiality, it just makes it a bit more awkward I think, especially if you’re young, so, and you’re not kind of, well I suppose you would be obliged for confidentiality, but not in the same way as you are when you’re a medical student, if you’re just still at school, so, yeah, it was really helpful.

F: That sounds fantastic, yeah. So, we’ve identified that sort of diversity is kind of what we want in Medicine, but I wonder if we could talk a little bit about why, why is it important to have diversity and widening access strategies in Medicine.

P3M: Well I’d say the only thing that might affect it is if you want people to go back into rural settings, and deprived settings, you’re going to need to have people from those settings. It’s, the places where they’re struggling to get doctors, the only way you can get doctors there is you get people out of there in the first place, to sort of, you know I don’t know if it’s, I don’t want to sound like classist or anything, but I don’t really know how to put it, but people who generally don’t come from that sort of world don’t really want to go back into it either. So, I’d say, like as with the rural programme they have here, they try and get you into remote, rural medicine, by throwing you in head-first, by taking you up to Inverness. So, it seems like immersion is the best way to do that, so, if you have experience from that, you’re more likely to want to go back into it in the later stages.

P?F: I feel like it’s trying to get, it’s not like it was, like everyone, like white lab coats and you can see and spot a doctor a mile out, but like, Medicine is treating everyone, it’s not just treating the people that are the same class as the doctors or nurses or whatever, so, you, they’re trying to start from a more sort of holistic approach and a personal approach, rather than just, I am the scientist, this is what you’re going to do. And there’s, if you don’t have people from the same background or the same sort of life experience, then you’re not going to have, you’re going to miss a whole chuck of that personal sort of interaction, the relationship that you build with a patient, or the experiences you share or don’t share.

P?F: I totally agree with everything that has been said there as well, but I think also it’s quite good in this course, I think they do a lot of, well I think they try to do a lot of work of making us more aware of different cultures or backgrounds and such like, so, we can, because we can’t all be the same for everyone, so, like I do appreciate that what you guys are saying, but also at the same time it’s for us to kind of gain more experience and knowledge about different things, so, we can treat all different kinds of people too.

F: So, is that something that’s built into the curriculum, rather than?

P?F: I think so, I think like the, I mean we sometimes have lectures and stuff on it. They do kind of work with us like in the tutorials and stuff. Like I’m trying to think of some off the top of my head. I suppose they’ve even, like domestic abuse stuff or various things that we might not have come across before, just thing, that’s probably part of this kind of course anyway, but they try and make us more aware of what could be going on, and in a kind of communication session, they’d do all kinds of different scenarios with kind of actor patients, just to make us more aware. And Foundations of Primary Care course, we kind of focus on lots of different challenges and aspects of Medicine including like Aging Population and including things like remote and rural and things like that.

F: And in those sessions, do you feel like you’re encouraged to talk about your own experiences and share them, or?

P3M: Not necessarily, no.

F: No.

P3M: I do think, in terms of, I think Medicine has changed a lot over the, like the last sort of, I mean ten years, a hundred years, whatever. We’re now taught not to treat patients as pathologies, because like Primary Care, you know you have to teach all aspects of, and you know how exams, they sometimes ask us questions about how can this affect them socially and you’re giving thoughts about like the social impacts of stuff, and one of the best ways to be able to understand that is to be able to empathise based on the diverse range of backgrounds of everybody involved in learning.

P?F: I think it’s quite useful. Aberdeen is a very bizarre city, and the fact that all social classes are kind of mixed together very much. Like Glasgow, you have, you can kind of, the one side, its very posh, and one side is slightly more, what’s the word, not common, but, Aberdeen, it’s like one end of the street is full of money and the other end of the street isn’t, so, it’s very like, with our Primary Care there is lots of GPs and even between like groups, like friendship groups and stuff, we have a completely different cohort of patients in depending on where you get put for your GP. And I think that’s quite useful and it’s not really by design, it just sort of happened, because of the way that Aberdeen works, but I think that’s quite good. It’s not just you get focussed around the GPs around the hospital areas, it’s like the whole of Aberdeen, different settings and classes that are in there.

F: So, you talk about the sort of patients being almost quite integrated in the city and there’s a mixture of different types of people all living together. Thinking about on the curse and the cohort of medical students, do you feel like there’s good integration there as well, do you feel like you have a diverse cohort and people integrate, or do you feel like there’s some separation or?

P3M: I don’t think any distinctions there are in groups, I don’t think any of it has to do with sort of diversity, anything like that. But mixing at University, just tends to be personality types I think.

P?F: I agree.

P3M: But I mean.

P?F: It depends on your Year as well. Like, it, yeah, the same kind of thing happens in schools. Some Years in school and university, they are like a mass of like everyone knows everyone, and other years, it’s sort of like little groups and cliquey almost, but just, it, yeah, it depends. But I was actually thinking about this last night, I think, but I think through this stage, I have kind of noticed everyone has sort of sailed in, they’re not quite so reliant on friendship groups and sticking with people, they’re kind of a bit more confident in themselves, just to do their, like do their university course and get the best out of their experience, and so, not be so reliant on what everyone else is doing around them. That’s just something I thought about last night, but yeah, there definitely it is sort of working.

F: That’s interesting. Do you have similar perceptions?

P?F: I think the course is quite diverse, in like terms of range of backgrounds, from what I can understand, and we all know each other like that well, but I think it was maybe more so than I thought it would be, when I first came I was like apprehensive perhaps. Like from interview practice or even the people I met, just before my interviews, I was like oh my goodness, I’m never going to fit in with all these people. So, but I think it has, but it is like quite a wide range, it’s not all kind of private school people or that kind of image that you’ve got in your head, but that might depend on Medical School to Medical School as well, I’m not so sure.

P?F: Although, it’s not a hundred percent private school and we definitely are trying, like I would say coming from school to Medical School I was like okay, this is like, it’s like ??? (00:15:11), slightly more sure and maybe a bit more like educated people as well, yeah.

P3M: It’s been my experience, that any advantage given like by private education, it’s emotionally, like when transition from Private School, from School to University, Private Schools give you the advantage of you just know how to learn better. Coming like from, I’ve got friends who went to Private School, and they’re just better learners, they’re netter at studying, and any advantage they have is just because they were taught how to learn, whereas at school, it was kind of like you’ve got good grades, you’re not a problem, and then they focussed on the people who worked, you know problem students or didn’t get their grades. So, any sort of distinction there is I would say you wouldn’t be like that advantageous.

F: That’s a really interesting perception. Have you noticed any other sort of differences between like, I mean perceptions that you have about students who have come from different backgrounds?

P?F: I think there is advantages and connection, if you have, I mean people in Medicine are likely to have parents in Medicine, and that’s a big thing.

P?F: I would also say people who are farmers have sons who tend to be farmers, because although it’s something to do with the fact that they have an advantage, it’s also to do with like I know careers do run in families, like not focussing on like privilege, but because of like that’s how it is.

P?F: Yes, I’m not criticising it, I’m just saying that like that is, that is an advantage.

F: So, how do you think it is an advantage?

P?F: I think in terms of like you know just like the low-levels of like work experience, but also, I don’t know, it’s even just having a different kind of mindset. I can’t explain it.

P?F: Yeah, I’d agree. Like my, none of my family have ever been doctors, but my mum did biology at school and she’s like quite sciency, and like is living vicariously through me. So, like I think it’s, for me anyway, it’s less of about like a privilege or an opportunity thing, it’s been more of a mindset and a sort of approach towards like or whatever, but just, it’s always been an interest. I guess I was maybe naturally better at sciences than I was at other stuff, but then sort of well nature versus nurture thing. Like my mum was like always interested in science, so, I was interested in science as well, so, I think there’s a bit of that as well, it’s just, so, the same kind of thing as it’s less if your parents are doctors, it’s maybe sort of the attitude they have towards science and stuff as well, it sort of spurs you on.

F: Yes, the kind of conversations you sort of have around dinner table.

P?F: Yes, and like in common interests and stuff, so, it rubs off on you.

F: Yes.

P3M: I don’t know if it gives much of an advantage, if this is what, it’s actually the purpose of is, but I feel like the university, it kind of equalises work experience, because did you guys have to sign up, fill out a form with all your work experience when you came here?

P?F: I can’t remember now.

P?F: Yeah.

P3M: This was at my interview, and I remember thinking like this is quite a good way of basically say, if you put down like, you’ve got all these familial links that have given you access to work experience, it separates you from the people who also have loads of work experience, but had to just, you know network and things like that. So, I do, maybe that’s not what it’s for, but and in my perspective, it did equalise the work experience sort of competition, because you do have to be like, there is always going to be applicants, like if my dad’s a cardiologist, it’s going to be so much easier to get work experience with, full stop, so, I don’t know if that is what it’s for, but that’s what it seemed to me at the time.

F: It’ll be interesting to find out if they do that, ??? (00:19:30).

P?F: The only thing I’d say about that was I don’t know how they would trace that, so, like if your dad’s a cardiologist, you might get work experience, not with him, but like with all his ??? (00:19:38).

P3M: Well exactly.

P?F: In that like massive hospital and wherever, so, I don’t know.

P3M: I’m not sure, I just.

P?F: If you’ve had twelve placements in one hospital, I have no idea, they could maybe.

P3M: I suspect they, and maybe there’s something in it, I don’t know. It could just be to make sure you’re not lying about your work experience, but I don’t know if they ever contacted them, like I mean.

F: I mean on your UKCAS form you tend to, I think you put your parents occupation don’t you?

P3M: Oh yeah you do don’t you. It think it’s just that you just put one parent.

F: Oh maybe, yeah,

P3M: I can’t remember.

P?F: I think there’s just a small batch. I’m not making a bit point about that.

F: Yeah, but yeah, work experience is a really good point. It’s really, it’s like you were saying before, for students in more rural backgrounds it’s very, can be very hard to get work experience.

P3M: I think one, oh sorry.

F: No, not, that’s.

P3M: I think one thing that’s a big sort of equaliser in Medicine is the interview, because your personal statement is really just a checklist that gets you into the interview, and I don’t think any amount of background advantage can really make up for whether or not you’re good at an interview, so, like that’s when it, I don’t know, it seems to me like, yeah, if you come from a very expensive, like private background, it doesn’t really mean you have much of an advantage in that sort of setting.

P?F: I would agree with that. There are companies who obviously try and counteract that, because you can, there are tons and tons of courses for interviews, but like I do agree with what you were saying.

P?F: Well I did do one of the really expensive courses, in kind of blind panic, so I threw everything and the kitchen sink at my application, by the end of it, but I had, I had, I was trying to get this volunteering stuff, and it was a big part of my application, but it just, it kept falling through and they kept just, just not, it just didn’t work out anyway, so, I panicked, sort of like a blind panic, and I found this course, it wasn’t Kaplan, the course, the interview course, it’s in London, which just kind sums it all up, and it costs about two grand, which also sums it all up, and it’s, that’s like typical, just sort of like well you’re going to get a specific cohort of people that can afford London, get to London and afford the thousands of pounds that it costs for about two days or something. I found this other course that, I thought was really good. I was, I am fortunate that my, I’m from a fairly well-off background, and my parents understood the importance of, my parents ??? (00:22:22), but like, especially my dad, but he understands the importance of this, it’s like it’s your career, if it’s worth it, then you can sort of find ways to go about it, but this was a two-day course, I think it cost maybe eighty or so, like ten percent of the price of the other ones, and it was run by a couple of Edinburgh Medical Students, I think there were fifty at that point, and they basically threw all their knowledge at us, and it was great. It completely changed how I thought about going into interviews, doing my personal statement and just having that sort of skeleton of how to answer questions and write the personal statement and do all these tasks. It just, it took unknown out of the interview setting and everything, so, it was really good, and it was, I can give you the business, if you want, but it was really good. Anyone that’s asked me, I’ve been like, go to them, it was really good, just, yeah, gave up a couple of like weekends worth of work and do it, it completely changed how I applied.

F: Yeah, obviously made a big difference.

P?F: Yeah, definitely.

P3M: I can think of one advantage that going to sort of more expensive schools would be, and this only really counts for very deprived areas, so, it didn’t really affect me when I was at school, but I’ve known people in the year, who had to teach themselves Advanced Highers, and to be fair, it would have been the same had I chosen to do further Maths at my school. They just didn’t offer it; they didn’t have a teacher to teacher. And there are people in our year who had to teach themselves about Higher Chemistry, form textbooks. And I would say that that is, I mean that’s pretty substantial advantage, well I suppose it’s not even an advantage, it’s just a straight up disadvantage to people who come, and you’re from the Islands as well aren’t you, so.

P?F: So, I was just going to say, I didn’t have, well I didn’t have a proper Biology or Chemistry teacher for my Advanced Highers, and then I did Maths and I did Physics on top of it, so, but one thing I would say is that whilst that is a disadvantage, you can do it, and I, yeah, I don’t know, it’s difficult, but people can do it, if they want. It’s obviously a disadvantage, but yeah, it’s not a complete barrier.

F: But you’ve obviously made it here, do you think there is any advantages to having to do that and getting through it and succeeding.

P?F: I don’t know about like whether it re-enhanced my studying much, but.

P3M: Would you say it was about work ethic?

P?F: I don’t know. I don’t know. I think like, so at school I was pretty much the same, so I don’t know it was just like insight, like if that spurred me on more, I’m not necessarily sure that was the case. Maybe just having like a goal for Medicine in general, it’s almost like a motivational thing. It was just going back to what P4F and P3M said though, about interview being the great equaliser. I think like that’s true to a certain extent, because obviously personality is personality, but I think as well, one thing is confidence, I think that for me is the big difference between Higher Education, like more Private Schools are like better schools than lower schools, is actually, it’s not necessarily ability, it’s not necessarily even grades, I think it’s confidence, and I, that is something I saw most, when I came to university, self-belief, and having things like that course, you know like, as P4F said, the skeleton, I think is really important, and having some there to reassure you, if you’ve got doctors in your family, doctors who very often like do the interviews, so they know what is being looked for, that is, that, if someone just to reassure you that you’re on the right track, that’s huge, and I was actually lucky to know someone who is just a few years above me, and even just having one conversation with him about, not that they were revealing anything, because they couldn’t, but just a conversation, it just made such a big difference, so, having consistent, having that consistently throughout your life, it’s going to make a big difference to your confidence, compared to those that come from lower background.

P3M: Yeah, the same thing, and I think I had a bit of an advantage with the interview personally, because having tons of different jobs, I’ve done, you know dozens of different job interviews, just for like, simple jobs, and that has given, and now I sit down in interviews and I’m just, I’m quite calm. Whereas, I feel like fresh out of school, it doesn’t matter where you come from, if that is like your first interview, you are going to sit there, palms sweating. So, I feel like my working class background did give me that advantage of, it doesn’t really bother me as much; whether that’s an advantage or not, I don’t know.

P?F: Yeah, I think like even if you’ve got a great personality and you’ve like great skills and everything, if you go into an interview and you’re not actually prepared, a lot, most people are going to crumble, and the NMI situation in Aberdeen and Dundee and stuff, some of it is quite unusual, it’s not, it’s not like a natural interview, it’s a curve ball.

P?F: Yeah.

P?F: There are loads of thing there, especially like Dundee and stuff, to trick you, loads of communicative sessions where you are there as an actor, that’s, you should try and, you should have some practice of that I think before you have to do it, to really show off the best side of yourself.

P?F: Yeah, we were talking about this last night as well. Like, St, Andrews and Dundee I think have this ??? (00:28:04) based, it’s a puzzle, and it’s impossible; it’s the point of it. So, it’s like whether you, like the puzzles you get out of a cracker, it’s like you have all these random shapes and you have to make the shape they’ve put on the, like it’s a bird or something, made with like ??? (00:28:18) and squares and stuff, and it only, the shapes only fit one way, but they have, this shape, you couldn’t do with these shapes, and then they were like, okay, so you failed, how do you feel. And it was sort of like that’s quite a curve ball for seventeen-year-old or an eighteen-year-old, going okay, like, because like for me, I wasn’t going to be ??? (00:28:40), like oh, I wanted to be a doctor since I was two years old, before I could walk, or talk, all this kind of stuff. So, I don’t think it affected me as much as it may have done someone who was like that. They were like oh my God, I have just screwed up my whole.

F: So, you’d been told you failed on something in interview?

P?F: Yeah, exactly. And it was, it, it didn’t affect me as much, because I kind of clocked on what was happening, but someone who has got a bit less confidence and is a bit, but it’s just, so, like never done anything like that before, straight out of school, it’s, yeah, it’s quite tough.

F: Very tough. Yeah. Do you think, so there’s obviously a bit of a difference in terms of confidence, depending on how people got onto the course, do you think that kind of changes as you’ve all progressed through the same course, or do you still notice differences?

P?F: So, yeah it was me who said that, I don’t know if everyone else agrees, but, I think it possibly is still there, I think the way you’re brought, and I think coming my kind of Island setting, I would say you’ve got far more, like quite reserved and stoic, and that’s been said by like each of year inspectors in school, they would always say that we’re not so confident as like coming from a mainland school, so, I’m not sure that’s like just the kind of culture of the area, but when I came to Uni, I wasn’t, I kind of had to, I thought I was quite confident, like for my school, I was like confident, and when I came to Uni, I realised, I need to push stuff forward more. And I think that still does exist to a certain extent, it’s, just, and this is just my perspective, it’s like not wanting to, I don’t know, not wanting to be the person that takes, if that makes sense, like, or put yourself forward first, or always, yeah, I don’t know. I still think that exists to a certain extent, and I’m going to have to push against it I think.

F: Yeah.

P3M: I do think there’s a certain, again I don’t know if I’m accurate on this, but with, particularly with the more privately educated students, there is an attitude of, some of them they get to university, and they’re like, well what now, because they’ve been geared towards university their whole lives, whereas, with my school, they were like if you got into Uni they were really, like good-o, it’s good for their statistics, that was all that really mattered to them. And I think for us, that you still have that sort of, people from our background, you still have that sort of hunger when you get to Uni, like, yeah, keep going, keep going, whereas, some people, they get to Uni and are like I’ve reached the top of the pole, you know, what now, at least from my sort of perspective, and friends I’ve got in different circles.

P?F: I think, so probably the confidence thing sort of changes in Uni. I think there is a difference, you sort of, university, or something, I thing probably my perspective, university sort of moulds your confidence into what they want from you to come out the other end. So, from a doctor or a Medical School, medical student, or FI1 perspective, yeah, you’re confidence is almost sort of the same sort of clones come through this, other side of this five years, or six years, and it’s all what the tick-boxes of what the Uni wants from you; you know how to speak to the patient, you know how to do this, you know how to do that, like you’re confident in your practical skills, because you’ve passed your exams and you’re at a competent level. But I think, so, in that sense, the confidence goes up I think, but it, from a personal sort of confidence in yourself, I don’t know if it does change. I don’t know it gets better or it gets worse, or if it changes for other people, but it, this, everyone’s like in imposter syndrome, kind of thing, you go, you get there and you go and I shouldn’t be here. So, it’s, I think it changes every person, I think it changes throughout your career and just fluctuates in a sense of like, or you don’t feel confident in your abilities or you do slightly worse in an exam and you’re like oh, I just can’t do this, or anything like that. But it, I mean it does boost your confidence, because you’re like I’m here, in one of the top degrees there is, you’ve got to give yourself a bit of credit, but at the same time you’re competing everyone else that’s in the top degree and you’re like, yeah, it’s.

F: It’s relational isn’t it?

P?F: Yeah.

P?F: I think ??? (00:33:46) described it perfectly. Like that’s exactly what it is.

F: Yeah.

P3M: I just think the variety personality, and it might be quite a diverse sort of ethnic and social backgrounds, the people who get into Medicine, but I’d say personality-wise there is probably less variety, because they are looking for a certain type of person. And I’m not saying we’re all the same, or even that we all necessarily get along.

F: Values.

P3M: Yeah, I think it’s, it’s just a certain inert, you know sort of, personality typing is all that useful, but it probably gets more like an narrow niche, especially if you compare to like the rest of the university populations. I mean you just have to look at the fact that like there is a certain division between the rest of the university and medical students, I don’t know if that’s just because we have a different campus or if it is.

P?F: It doesn’t help.

P3M: It doesn’t help, but there is definitely, we all, we just think similarly I guess, because we have to, because we’re all doing, because there is no variety in our course. With other courses you can pick your own modules, and so on and so forth, and you can kind of forge it around yourself, but in Medical School there is no variety, there is no option, you have to learn, we are all learning the same thing and we’re all competed against one another. And I don’t know whether or not it’s worth mentioning, but the fact that if we want to, we can find out what our ranking is, in the year; I don’t know whether or not that is designed to sort of drive the more competitive people in the year to push themselves or what, I don’t know, but ??? (00:35:13) how I feel about the whole system. Because I didn’t even know about this until second year.

P?F: ??? (00:35:23).

P?F: I’ve actually heard in other universities they actually post them.

P3M: Do they!

P?F: I think so.

P3M: I didn’t know that.

P?F: I never realised.

P?F: I remember one person saying that medical students from St. Andrew, I shouldn’t say that, but yeah, they wrote the pages in the library books and stuff like that. I don’t know, I’m sure that’s just like rumours, but.

P3M: I think it’s probably; it was worse in the first and second year. Now, we’re all kind of like, we’re all learning the same stuff anyway, but I think first and second year there was much more sneaky competition. I think we’re all probably quite competitive anyway, because you kind of have to be to get to this.

F: So, the competition, so is the competition about the quality of the placements that you’ll get at the end or is it, because there’s surely, because to me it seems there must be enough places.

P?F: Well I think it’s because people will compare to the nature, but most people just want to stay in Scotland and you don’t need to have, like absolutely fine.

P?F: I think if you want to go to London or certain places like Glasgow, well like I don’t know why you would, like.

P3M: London is kind of held as the sort of gold standard of like medical teaching, but if you actually know more about it, you realise you’re going to have a horrible work/life balance in London, probably going to you know, lose all your hair and go off drinking.

P?F: I mean once you have reached, ??? (00:36:38) intercalate ??? (00:36:39)a year of research, you need certain grades, so, it might be to make sure you’ve got your grades to get that. I’m certainly one of those people could have done like well I don’t want to do it.

P?F: Or worse, it’s not even like a cut-off grade, it’s like, people who apply, like it just depends on who applies and how you compare to them, so, it’s not just like you need to get an average of excellent, it’s like who applies are you within the top of that cohort who applies, and then you can get it. So, that’s the only thing. And that’s the advantage of like Edinburgh I would say, because like they all do it together, whereas, now you’ve got this horrible like slip where some people have applied to intercalate and some people haven’t, and some people won’t get it. And like there’s different times you can intercalate.

P3M: It depends a lot on what specialty you want to do as well.

P?F: Yeah.

P3M: If you want to be a GP, if you think you a hundred percent know you’re going to be a GP, you kind of chill out a little bit at university, but you get people, who proper like know they want to be cardio surgeons or orthopaedic surgeons or cardiologists; the very competitive specialities, yeah, there are people in the year that already have like published papers in their names, PhDs already in the year.

F: Wow!

P3M: And you tend to look at them and be like, you either feel like I’ve got to compete, got to be better, or you’re kind of like, that’s just not me, so, it depends, I think it depends a lot on what you want to do, what you want to get out of Medicine as well.

P?F: The one thing I would say about intercalating as well is that if you do a BSc, it’s paid for, which is great, but if you want to do a Masters, it’s ten grand.

P3M: I didn’t even know that.

F: What was that?

P?F: Which SAAS will cover, but that’s just an extra ten grand added on to your kind of loan.

F: Which adds to your living costs as well.

P?F: Yeah, so, actually, yeah, so, I think it depends. Like some people will say that’s unfair, but I think like if you really want it, they’ll just pay it off later, so, I don’t know, but yeah, that’s just another thing I thought was worth mentioning.

P3M: How many people do you think actually do intercalations, because they’re just really interested in it.

P?F: Hmm, that’s nobody. I think will add an extra year maybe before they go into fourth year as well.

P3M: So, that’s crazy. I think that’s crazy.

F: So, I’ve just noticed the time, and we’re very nearly done. So, I just wanted to quickly bring it back to my kind of final question. We’ve talked a little bit about why it’s important to have diversity in the medical profession, but do you think there is any impact of having diversity in sort of more the learning experience; you know the five years that you are kind of doing the medical degree?

P3M: Maybe in the, I don’t know what you guys think, but may not in the pre-clinical years, but definitely I think that would make a difference in our fourth and fifth years when we’re on the wards all day, every day, and everybody has their own strengths and weaknesses; I think that’s a good time where you can learn from one another. But in first, second and third year, I guess.

P?F: You’re just sitting in a lecture, yeah.

P3M: It’s just lectures, lectures, and you have tutorials and stuff, but.

P?F: Do you mean diversity within the medical students or diversity within your like experience of like other professions, coming in and like influencing how you work or how you study or?

F: Well I suppose it would include both, because a diverse group of students would have, students who have different experiences as well, so, I suppose both.

P?F: Because we do the first couple of years, they’re trying, they were trying to push this inter-professional education, and it just sort of nose-dived, but, because RGU has a lot of the Nursing and Physio there.

P3M: Well, kind of all of them, isn’t it!

P?F: Oh yeah, basically everything that is Medicine is an RGU, in terms of that you’re a multidisciplinary team, so they, and there is always rivalry between RGU and Aberdeen, so they were trying to like bring us together and doing these sort of sports activities, and then there was sort of cases where you were put with, you had one sort of pharmacist as well, and one profession, or a couple of people of each profession, in a group, and you worked on a case. That was quite interesting to actually have sort of first-hand sort of opinions from other students, who looked at cases in a certain different way, that was quite interesting, but you were sitting there thinking this is a little bit, they were trying to sort of put a square peg in a round hole, trying to push something that needs a little bit more work before they try to do it properly. I knew what they were trying to do, but I think it was just a little bit ??? (00:40:57).

P3M: I do think we were kind of the guinea pigs for it.

P?F: Yeah.

P3M: It’s a new programme.

P?F: I think you do learn from people, probably even in the pre-clinical years, just from, we do a lot of like communication sessions. And I think, I also just like to mention friends and such like, but I think you learn peoples’ different communication styles and you do, and people have different approaches to stuff. I think like you probably subconsciously pick up on these things more than we think.

P3M: Probably, yeah.

F: Yeah.

P?F: And I don’t know how that would then work in ward-based teaching, but I think like with anything, the real way you will learn, is on the wards, working. Whether that is like pre-clinical or when you actually quality. Yeah, I think you can see the difference, even like my friend, that is a trainee midwife, and she’s qualifying this year, but they’re on the wards from day one, and the difference between us is huge, just because of the experience, I think.

P3M: I think P2F made a good point with Comms as well. Like a lot of, the sort of niche bits and bobs over the years, is to sort of, make like patient communication smoother. I have learnt from seeing other people, they just having been like, oh that’s, you know that’s pretty cool, that’s a good way of doing it, and I hope, you know I’d like to think someone has learnt something me, I don’t know. I think yeah, I think you’re right in saying that.

P?F: And I think it’s kind of subconscious learning, maybe.

F: Yeah.

P?F: Sort of in the opposite way that we’re saying maybe not, you said something about maybe not pre-clinical years, but in the sort of on wards and stuff. I think on the flip side of that, it’s, sort of going to the Comms sessions, it’s quite good to, in your first couple of years, when you’re still sort of finding your feet and stuff, having had so many different people come in and give you different ways of doing things, helps you to find what works for you, and then you get to fourth year, fifth year, you kind of hone in on well okay, well this is what I need to do, but I have multiple different ways I can do it, I’m going to pick the ones that are right for me. So, I think even sort of being exposed to different, because not all of our tutors are doctors, some of them are nurses, some of them are doctors that have come from different Countries, some are nurses that have come from different Countries, or they’ve, people have practiced in other places, and so there’s a wide variety of experience, which is quite good.

P3M: I think it’s a good point, because I mean our clinical leads are nurses and occupational therapists, and that makes a big difference in terms of, because if you, I’d say a bad way to learn medicine would be to go onto ward and watch consultants do their thing, because they have bad habits or even just like, they just do things completely differently. If you learn to do everything by the book, that’s how you can then like diversity. And I thought, when it comes to clinical stuff especially, nurses, especially when they’ve been doing it for like thirty years, they’re just better teachers, so, yeah, I think the diversity of teaching is probably very important as well.

F: Do you feel that you are, well it sounds like you are, you said you’ve got diversity in teaching and in terms of different professional backgrounds, do you think they’ve got other types of diversity as well, as in you know from the stuff we were talking about earlier, different backgrounds?

P?F: I think’s maybe harder to assess.

P?F: I suppose if you don’t know them, and then, how do you pick up on these things, just from how they teach you, if they don’t ??? (00:44:35).

P3M: I would say one thing, because you know I’ve noticed maybe is certain teachers, you can tell from their accents, a lot. For example, one of our clinical leads has a very thick, Doric accent, which she wants to speak to Doric patients, and that was the first time I realised that the gel that you can form with the locals, because she comes from there, you know she’s from Fraserburgh, somewhere up North, she’s just able to gel with patients so much better, so, yeah witnessed that first-hand, sort of being local means you’re able to relate to patients better, which is a good way to learn, watching people just interact with patients.

F: Yeah, what do you think the impact of that relatability of patients is, do you think that’s, it sounds like it’s a good thing?

P3M: It is and isn’t, I think sometimes if you’re too relatable to a patient. Like you can’t be their friend.

P?F: It, I think it, if, without sounding like lazy or workshy, but I think you can sort of relate to a patient like that, you can kind of cut out a lot, but you can build a rapport much quicker than having to do sort of the legwork of sort of going through all these questions that are just kind of there just to build a relationship, whereas, if you’ve got things in common it’s a bit, it almost like streamlines to get to the bis that you really need to get to.

F: [incomplete]