F: So, that’s recording now. So, and I’ll start introducing myself, and then if we go around, is that okay. So, my name is Heather, I’m a PhD student here at Southampton.

*[Participant Intros]*

F: Great, thanks guys. Maybe you can pass on some top tips, after the focus group. So, the first question, as I said, it’s quite general, so, my Project is about widening participation and diversity in Medicine, so, I just wondered if any of you have heard about widening participation in general, for Higher Education; has anyone heard of that?

P2: Roughly.

P1: I’ve heard of particular programmes, just always hear generally, just we try to include as many like areas as you can, but I’ve never actually heard of specific programmes.

P2: Isn’t that kind of the point of the BM6 Programme, because I think it’s to include people from like, who don’t have similar or like opportunities, or lower socio-economic status, something like that?

P?: I have no idea, to be honest.

P2: Like they didn’t go to super-fancy schools, or like they’re coming back to education, so they do a zero foundation year.

F: Do you think it’s important to have these kinds of Programmes to help students get into university, like you said, from sort of different backgrounds, for them to have those opportunities, do you think it’s important?

P1: Yeah, definitely.

P3: I mean I think everyone should get the equal amount of opportunity, to get into Medicine.

P1: Yeah, I mean like people keep bashing on about the like oh, we’re short of x, y, and z, and the measures are doing a course that can provide it, yeah, the regulations again are just so ridiculously high, so, I think it is very competitive and things, but like, something that... at the end of the day, academics isn’t everything, you’ve got to try and build other things into it, try and get as many people in as possible, that’d be pretty good.

P2: Yeah, I’d say like, I mean there’s a lot of people too that are from a very, I mean going back to like the whole BM6 thing, from a very early point in life, just are set on the fast-track to a course like Medicine, and so something like that, you know they can try all they want, they can perform at the top of their course and school and stuff, but still not technically have the same level of qualification I guess, that the school would preferentially, traditionally put towards somebody else, that was born into a more beneficial environment, and so, doing something like the BM6 Programme really levels that playing field.

P?: I really like the BM(EU) Programme, because I don’t really know, I think where I’m from, completely, I mean the average age of where I live is about eighty, it’s really old, there’s only about eighty people in my village, it’s tiny, very backwards thinking, not a lot of diversity at all, in fact it’s actually zero.

P?: Where are you from?

P?: I live in South-town; no-one’s ever heard of it.

P?: I’ve never heard of it.

P?: Literally it’s the middle of nowhere; it’s terrible. And so when I came here, it was quite fun to see people from like different parts of Europe come over, so that’s quite fun, for me, and it also makes me realise that I know nothing about other languages, so, but that’s like the only down side is that I can’t, I’ve finally realised that I’m not very good at languages and that, but I always knew that, so, it’s fine. But I quite like having the German students here.

P2: I love the German students.

P1: They don’t talk to us a huge amount.

P3: I mean it’s different for us, because our German students fully integrate with us pretty well.

P4: I think the first lot of students were different.

P3: Some of them perhaps didn’t.

P4: So, it’s like twenty-five, thirty, a cohort of over two hundred it must be, they didn’t integrate to start with, but I think like the longer they hang out with us, yeah it is more integrated, there’s a lot more integration you’ll find.

P1: They sort of stuck with themselves, like a little bit.

P3: Yeah they do their own thing a little bit

P2: I have infiltrated their group

P1: I’ve kind of, I’ve semi-infiltrated their group and I know two of them quite well, and I chat to them, so, like on a regular basis, but then when they go on like their nights out, it’s like oh, it’s the (EU) nights out, or like they’re going they’re the German students on their own bit.

P?: Really!

P?: And they’re all a bit, they haven’t quite jumped over with everybody else, and if you say they will, then I’m excited, because they’re funny!

F: So, fun aside, do we think it’s important for there to be diversity in Medical Education?

P3: Yeah.

P1: Definitely. I mean we’re literally dealing with everyone, but if we’re going to be treating people with like, there’s no: ‘you can only come in if you’re treated, if you are this ethnicity, you’re this sexuality, this blah, blah, blah, blah’, we’re literally treating absolutely everybody, so, we might as well mingle with them as much as we can.

P3: Yeah, so, why not make use to dealing with everybody, like early on.

P2: Learn it now!

P4: Yeah.

P1: Yeah. Also, if you realise it’s quite difficult to have a language barrier or something, you can always, you learn how to find ways around it when you’re trying to just make friends with them. So, then with your patients, you’ve already encountered something like that before, okay, so, maybe they can find something like that, and then we can do that, languages and that, it’s a bit, so, teach you the ways to adapt early, so, when you actually come to relate it, it’s a bit easier to go around it.

P2: Cultural barriers as well.

P3: Yeah.

P2: Like when they teach us, or the opposite, if they’re treating somebody like me, to like what culturally is okay or less okay, as a doctor, like some cultures, typically a doctor won’t talk to a woman on their own.

P4: Yeah.

P2: But they’re going to want their husband or somebody in the room, or an elder in the room, stuff like that. And if we learn that now, just interacting with the people who are our course-mates, we can get that sort of baseline knowledge.

P4: Because obviously because of where I’m from, it’s my, because I’m from China, and the culture there is quite different from what it is here, and I just do feel that if we integrate students together, like different cultures together, we’ll get a better understanding, and I think definitely will help us the future to integrate with each other, and to talk to patients, whatever.

P3: Yeah.

P4: Obviously, just an understanding of their cultural barrier and just an understanding, like just to keep, or just to understand, you don’t have to like that, you know.

P3: But just so you are aware of it.

P4 And just promotes better communication. Yeah, that’s about it.

F: Cool. So, we mentioned BM6 and BM(EU), and you’re obviously on the BM5. Are you aware of what the differences are between the Programmes, like what it takes to get in them, any differences in the content of course?

P2: I don’t know about the requirements for BM(EU), I think they’re relatively similar to ours.

P4: I think, I think they have to take.

P2: English, I’d say English.

P4: Yeah, at least a standard level of education, that would be the equivalent, like to us doing three As at A-Level.

P3: I think they have to have a bit more sort of like work experience.

P4: Yeah.

P3: That like, I know we all kind of have to get work experience to be competitive in the application process, but I think they actually have to get a certain amount of work experience. I’m not sure how much, but they, have any of you like.

P1: A lot of them are like ex-paramedics.

P2: Yeah, yeah.

P1: I know four of them that have been paramedics for like a couple of years.

P2: Yeah, the grand majority have some sort of medical work, background, or they have some sort of, a lot of, I think most of them, not all, have some sort of degree already.

P1: Yeah.

P2: Not a Masters. The BM6s, I know their academic criteria is judged less harshly, and they look at more at like extra-curricular stuff. Me, as an American, I had to have a degree before I came here. Yeah, that was in lieu of my A-Levels of course, I had to have a First degree in The States.

P1: Oh wow, I think that’s, very... like you must have a First.

P2: Yeah, it has to be a First.

P1: Wow!

P2: In Biology or some other related subject.

P1: And I have no idea about BM4.

P4: I think the A-Level requirement is slightly lower, because they’re postgrads, so, they’ve already got a degree, so the University doesn’t have to worry about kind of A-Level requirements, because they’ve already done a level of education that is higher anyway. I’m not sure, I think it’s something like a 2:1 or a First or something, like you know in kind of medical-related field of education, but, yes and they only do four years instead of the five or six, like, because they don’t need that kind of first kind of round of biochemistry and molecular cell biology education, because they’ve kind of done stuff like that already.

P3: I’m also aware of the BM, like the Malaysian Programme.

P2: I don’t know squat about that.

P3: So, say they invite some Malaysian students to Southampton, maybe for fourth or fifth yeah, actually, I don’t really know about it to be honest, I’ve talked to a person from that Programme.

P2: Is that the BM International.

P3: BM International.

P4: BM(IT).

P2: Yeah.

P1: BMIT I’ve never heard of that Programme.

P3: They only join us for fourth year I think.

P2: Yeah, I think they do, their first year, it’s the opposite of the EU, they do their first two years in Malaysian.

P3: Yeah, I think so, yeah.

P4: I mean the only time that I really am aware of when we got told about that, was our very first introduction lecture in first year, when their kind of BM(IT) co-ordinator stood up and introduced himself.

P1: Yeah.

P4: And said, oh, this is me, this is what I do, then I probably haven’t heard about it since then.

P2: I actually liked looked around some of the people who are is that you, I’m like, I don’t know.

P1: Apart from that, like you have no idea who is in different courses, some could be BM(EU) because of the accent, then I have no idea who is BM5, who is BM4, who is BM6,

P2: Yeah until they tell you

P1: because I’ve never had to ask them about like how did you get in. It’s not really relevant. Like we’re all here, it doesn’t really matter.

P2: Even W, I don’t think she’s a BM5, she’s a BM(EU). Yeah, she’s, W’s a German student but she sounds like me.

P1: Wow!

P3: We had someone called W in our Year, but I’ve not seen her since, so, is she... back?

P2: Oh I don’t know?

P3: Oh, is she, I don’t know, I wasn’t sure if maybe she was re-sitting or something.

P2: Not that I know of.

P3: No, okay.

P4: Yeah, no, I think BM4 joins us in third year I want to say.

P1: But, when we get a new wave of people next year.

P4: Yeah, so, I think when the BM(EU)s go, the BM4s combine with us.

P3: Yeah.

P1: Plus BM International as well, so, like BM goes a bit, inflates a bit.

P3: Yeah, I guess so.

F: That brings me nicely into my question, which, was like you know do you have any kind of perceptions about what the students on different Programmes are like, are there any differences between them?

P2: I think it varies year by year, because you guys said the Germans kind of integrate with you.

P?: Yeah.

P2: More than they do with us.

P4 We get on really well with the German students, I think.

P3: I mean, in our Year anyway, I know the BM(EU)s I think probably have a better work ethic, to be honest, compared to me, personally anyway.

P4: Yeah they’re really efficient

P3: They’re very efficient, yeah

P4: I agree with that.

P2: You agree, yeah.

P1: Absolutely.

P3: I mean other, I’m not saying that everyone has a bad work ethic except them, but like they do kind of, they’re really on top of things. Like they’re really well-prepared for everything, and I’m just not that organised, but no, yeah, otherwise I think it’s pretty similar. I don’t know, what do you guys think?

P1: They’re all quite sort of...

P2: They’re very much cliqued-off on our Programme, I feel like.

P1: Cliqued off?

P2: Yeah, like formed like little sub-groups.

P1: Oh.

P2: I’m not saying like people from each group don’t interact, it’s a solid clique and you can’t go, jump groups, but I think the Germans, the Germans are the smartest of the lot.

P1: Oh, God, they so excel, and their previous experience!

P2: And a lot of them have, yeah, like Masters degrees, with Masters degrees in biochemistry.

P1: I feel like it is because of their previous degrees, I think, so, as well.

P2: And I think seeing like.

P1: Oh, God, yeah.

P2: The previous, yeah, those with previous degrees, stuff like that, even those that are BM6s, tend to have those, study habits well-established, those disciplinary habits, like well-established.

P1: And they click right into like learning. So, a lot of us sort of like we’re lulling into it, and then sort of dip in and out of like being really like working hard and then sort of floating about for a bit, whereas they have like clicked right into it and have got really good schedules, so, they know like how much time can socialise, how much time they can’t, but then again it’s quite difficult to tell. I can’t really distinguish between different groups. I don’t really know what individual work ethic is like, for like social. I know a lot of the BMs.

P2: I think there is always outliers in each group.

P1: Oh yeah. I mean I’m just, I’m on the floaty side, I just float around different groups, all the time.

F: Okay.

P2: Right, I mean like we have definitely the older postgrads that sit in front on the right, all the Germans go up front on the left.

P1: Yeah, everyone has their own little places that.

P2: The ones who are younger tend to be upper half of the lecture theatre.

P3: Yeah, we’ve got the same, yeah

P1: I just rock up and sort of go, right, where’s available! So, I just go, I sit anywhere really.

P2: No, don’t’ be that person who sits in an unassigned seat, unofficial assigned seat!

P1: I’m sorry. I sit in the middle section, but anywhere in the middle, it doesn’t matter where it is, just somewhere there.

P3: But we do have a similar layout in our lecture theatre, don’t we.

P4: Yeah.

P3: Like everyone kind of sits in the same, but I guess that’s just natural isn’t it.

P2: Yeah.

P3: Because I always imagine the carnage that would happen if everybody just ran in at the start of every lecture,

P2: Yeah, yeah.

P1: Having to take imaginary seats, ??? (0:15:02).

P4: I think it’s just sort of natural order, like, oh this works, let’s keep going, but it’s not like, I feel like if I went and sat with some random group of people, they’d be like, they’d be surprised, but I don’t think they’d act hostile or anything like that.

P2: No, they wouldn’t.

P4: Because I feel like everyone in our Year gets along, yeah, like yeah, I just think it would be more of a surprise, like if I just went and sat, but then I’d be surprised if I just walked in and decided to go and sit with someone else, be like, oh, what’s up with me today! Mix things up a bit. And I think it’s good, like our Year is really cohesive, yeah.

P3: Yeah, I sat with the Germans once, but you know and they kept, they just kept saying German, and I couldn’t really understand.

P4: Oh yeah.

P1: So, I just sat next to them and it was like, okay. Tell you an interesting thing, I was talking to one of them, and I was talking to a group like on the BM(EU)s, and two of them I know quite well, were saying like one of them was, they got a little bit annoyed with him the other day, and I asked why, and they said that when they were talking to students, other students in the Year group, he kept on switching to German when speaking to the other BM(EU) students.

P3: Yeah.

P1: Then switching back. And they thought that was quite rude, because we couldn’t understand him as part of the group, instead of actually try and make the effort to speak English as much as they can around us.

P2: Yeah.

P1: And then switching to German, when they know it’s just them. So, that was quite, it’s quite nice, just saying like, they’re making a very conscious effort to switch between two languages, rather than just sticking to what seems appropriate in the moment or switching, depending on your first language who you’re speaking to, they could tailor it to the minority in the group, and they bring like everybody in, which is quite nice.

P4: There are a couple of people in our Year, who can speak Cantonese and Chinese with me, but I just try not to, I try to stay away from Cantonese or Chinese when I speak to them, just, you know I always speak in English with them, and you know that’s just part of, I just don’t want to separate anyone in a conversation, I just want to get everyone involved in conversation, and anyway, that’s what I do really, but not everyone does that obviously.

P2: Yeah.

F: What about like tutorials and seminars and stuff, do you work with other students from different Programmes on projects and things?

P2: Within our Programme, yes, not between years. So, that’s much more integrated and it’s semi-different each time. I mean like we’re split into pre-assigned groups, and so you get a lot from, a little bit from each group. So, like I think there’re two of the Germans, there’s me, an International, no, there’re two Internationals, and I think the rest are British, And, like that kind of, I think the upside to that is kind of if we weren’t willing to integrate ourselves, it kind of forces people to.

P1: Like I notice a lot of times in MIP sessions or tutorial groups, there’s always one or two people who are from various different Programmes, so, I think they’ve tried to make the effort of putting everybody in, but I’d quite like to meet more, because the only people who I’ve, you know the BM(EU) students who I’m quite friendly with, or the BM Internationals, are the ones that I’ve been put together with as part of the Programme, rather than the ones that I’ve gone out and found myself. So, it’s quite tricky to sort of make those sorts of like connections outside of the actual tutorial group or the MiP group. So, I think would be quite nice to at some point, and I guess they do it in second year, they swap round like who is in your MiP group and things.

P4: MiP, did change. Our Anatomy groups, well we don’t have Anatomy in our groups anymore, we just have, we have Group A, B, C, and we kind of just go, so, we’re both Group C, we’ll go at the kind of Group C time, but then you just kind of move around yourself. In first year, you still do it where you’ve got 1 to 8.

P1: Yeah.

P2: That’s right.

P4: And you move round each station in your 1-8. Yeah, so, we still have tutorials the same, so, you’ll have like me, and like C34, we’ll go, and they’ve not changed since last year, but Anatomy has changed a bit, so, you can kind of spread out a bit more within your kind of one third of the year, but you’re not restricted to individual groups of say eight or nine people, whatever. But it was good to have MiP mixed around, because MiP is quite a nice, it’s quite an intimate group, because there are only live five or six people, so, you get to know each other quite well by the end of that.

P1: Yeah.

P4: And you do MiP more this year, you have GP MiP and also Hospital MiP, so, that’s quite good. But yeah, I know what you mean like, because a lot of the time you meet people because the course forces you to meet people. But like, we know a few BM(EU)s through Badminton now as well, so, outside of the course, but like Medics Badminton, so, I think that’s another way. But yeah, I feel like it’s quite good that the course forces you to meet people though, because otherwise it’s a bit more difficult.

P1: Yeah.

P4: You feel like when you’re presented with the opportunity to meet people, through the course, it’s a lot more easy to take that opportunity, than to kind of create it for yourself, so, I think that’s quite good.

P1: It’s quite tricky though, because in my situation, it’s like I can’t do extra-curricular activities, because I haven’t got the time to do it. So, I only know Medics, and I only know the Medics up in, that I’ve almost assigned myself with, so, it’s quite tricky for me to integrate quite a lot, but I know loads of people go, oh, I’m friends with this person, they’re doing History, Archelogy, and so and so’s doing Sociology, a varied mix, and then they’re going, so, who do you know? Medics; that’s about it.

P4: Yeah, yeah.

P1: That’s about it.

P4: I think that’s about, that’s the thing isn’t it, that’s what happens.

P3: We’re kind of, we’re kind of separated from the action, the school

P4: It’s our own fault really, because MEDSOC has their own badminton team.

P2: Yeah.

P4: Their own football team, their own rugby team, so, we do that.

Yeah, but I don’t think that’s necessarily a bad thing.

Because we’ve got enough people on the whole five years.

P3: Oh God, yeah, yes.

P2: To spread evenly.

P3: Yeah, yeah, but, yeah, I know what you mean, you kind of.

P4: Especially, like even since first year until now, the amount of non-medics I know has gone down slightly, but, so by fifth year it will just be Medics, but you know.

P1: I know you do a lot of.

P2: Yeah. Because I do, yeah, softball and I purposefully chose to not do a Medics football in Uni, and do whole uni football and stuff. because I don’t want to just hang out with Medics.

P4: Yeah.

P2: I want to have some other, like I don’t want to constantly be thinking about Medicine; that would just be depressing. So, and because of that, I was like, it’s nice, I’ve met a lot of people on really different courses, and it just kind of takes your mind off things when it needs to be.

P3: Yeah.

P2: But it is, like at the same time, like you said, it’s not necessarily a bad thing, because we’re one of the few courses that’s going to be, that is five, six years, and you know even if we met someone who is also a first year, in first year, I mean they will be gone and doing their own thing, and we’ll still be here, forever.

P?: Yeah.

P2: So, I think it’s nice though that we do have our own societies as well, that we can choose to do, so, that we can still have a solid group of people in Medicine for those you know last two years or however long, outside those.

P4: Yeah, because yeah, if you were say BM6, you meet people in first year, and they could literally be gone, come back and do another degree, and you’d finish at the same time.

P2: Yeah, they could come back and do like two Masters degrees.

P3: Yeah.

P1: Yeah, or taken a year out, and so all my friends, so, who have gone to other Uni’s, are like I could literally do a Masters and another degree, and still finish before you, because mine could be six years, if I want to stay in to intercalate which is, so, it’s, and a very long course.

F: And what do you think the benefits, so, you’ve kind of been really positive about diversity, what to you think the benefits of, you know socialising or studying, with people who are different than yourselves are?

P1: Just general exposure is quite good. I mean a lot of people, when it comes to intolerance and things, it all comes down to not being exposed to that, so, just general exposure, different ways of like different cultures, different backgrounds, is really quite important. It’s a fact that even if you don’t like, just, even if you’re not in, like into that community or like around them a huge amount, as long as you’re aware that they are there, and sort of know kind of what they do and like bits about that, it makes it’s a bit easier, and like normalises it, so, it’s easier to sort of go with it later on, we have to deal with patients who are very different backgrounds to our own.

P3: Yeah, like everyone on our course is the most openminded people I know, like without a doubt, because like, it’s just that exposure. I don’t think you could choose Medicine to be fair if you didn’t like loads of people.

P2: Yeah.

P3: You know, yeah, I think that’s something that’s good.

P2: I think too, like it gives you an appreciation for what other people are going through that’s very different from like what you’re going through. Like I mean I was sitting with one of my friends who was just going on and on about her, how stressed she is about her dissertation, and I’m like I don’t have to do a dissertation,

P1: Yeah.

P2: Because, yeah, because we decided to put off one of our events this week, because half the football team has dissertations to do.

P1: Oh.

P2: You know, was like yeah, just people have deadlines, and I was like, what deadlines, you know and I’m like, oh, yeah, I can see how, now why everyone is stressed on campus.

P4: I’ve got to prepare a project proposal next week.

P3: Yeah.

P4: Yeah, no, you don’t have to worry about that yet.

P2: No, we don’t.

P4: No, yeah, we don’t really have to do that much when we compare it to other peoples, who sit exams.

P3: Yeah.

P2: Exams.

P4: Yeah, I think yeah, well it’s just the way they’ve done it now. They’ve put all the exams in June, and that’s it, just one big clump at the end, and you don’t have to worry about it during the year, but then maybe it’s more stress in June, but.

P3: So, I didn’t like that.

P4: I actually didn’t mind, it really, yeah.

P2: Yeah, you see I don’t like that, I felt, it’s all or nothing.

P3: Yeah.

P4: How were exams for you before you ???

F: Sorry, to bring it back to question. What do you think the diversity does for Medical School learning environment, or your professional environment; what do they bring?

P3 Different perspectives.

P4: Yeah. Obviously, if you, if you’re from different cultures the way you look at things would be very different, the way you take on information would be very different, because it’s obviously I was exposed to two very different cultures, it just would help me to look at things from different perspectives, and I think that could be very important when it comes to Medicine, and just helps me be more openminded with things, and more flexibility as well.

P1: Yeah. I think also, the different ages, for example like, because I was talking to somebody the other day, and I was saying, oh, we’ve got someone on a course who is nearly forty, they’ve just turned thirty-nine, and they were going oh my God, really, that old, and it was like really shocked other people that we have like quite a massive age-range in our course, but that offers it’s own different things. For example, like G gets called up a lot about the experience of being a dad.

P3: Yeah.

P1: Or like he’s called out, like everyone who is aged twenty, reaching their peak, except for you sir, and all funny bits like that.

P3: Yeah.

P1: But then it does raise like different aged persons and how everyone is at a different point, and then it does also, just having them being there, a lot of times have now gone, I’ve used him as an example, if someone says, I think, I can’t remember who said to me the other day, someone said it was too late to like trying something new. I went, well there’s someone on our course who has signed up to a five-year degree with a much longer like training process to be at the top of their game, and they’re nearly forty, so, you can do anything, so, you can do that, it makes you sort of, just the general exposure to someone of that age who is taking on this sort of course, makes, maybe you can sort of use them as examples to other people, and say, give it go, like what have you got to lose.

P3: Yeah, I’ll be very interested to know why he chose Medicine.

P2: He was a firefighter and not a paramedic, but I think he ultimately kind of wanted to take the ultimate responsibility on his shoulders.

P3: Right, yeah.

P2: Like I want to be the one in charge.

P4: Yeah.

P3: Yeah.

P2: That’s one reason I chose the same, I was doing Emergency Medicine, the ET stuff, and I was considering nursing, no, I was ultimately like, I need to be the one in charge. But I mean I think too, I mean it provides just basic and emotional intelligence to be emotionally flexible. Not just when it comes to diversity amongst people, but just diversity of thought. How you approach problems, how you approach issues, how you approach things that you may be uncomfortable with, situations you may be uncomfortable with, and how flexible you are on those situations, and more able to navigate them appropriately.

P3: Yeah, so, at the end of the day you don’t want just a massive cohort of doctors all exactly the same, because I don’t think anything would ever, there’d be no motion for change, because no-one would ever, it would all be the same, and I just, it wouldn’t be very good, I don’t think.

P1: No.

P3: If there was no like uniqueness amongst doctors.

P2: Yeah.

P1: But also in the way course is structured is quite good when it comes to like exposure, because MiPs really gives you a measure of that, so, we all did, recently did the baby interviews, and that was really cute. But my family was like, like ideal, like had quite a decent income, they were like, their first child, all going really well. And then the people who were next-door to us, it was like their third child, they were really struggling, they were like, like were on the benefits line. It was like really different, and so, when you come back and like compare, you’re like, ah, like lived in the exact same area, they lived like three doors down from each other, and so, it kind of gets you more exposure to the different sort of patients you’ll be encountering, not just based on who you meet on your course, but who your course makes you meet.

P2: That’s a really good line. Thank you.

P1: That’s fine.

F: Okay. That’s great, thank you. Does anyone have anything else they want to say about diversity in Medical Education?

P1: Do you think there’s anything missing? Is there anything they think that we could be doing a bit more for diversity?

P2: They’re certainly doing a lot more than they do in, from what I’ve heard from my classmates from The States, they’re certainly doing more than in American hospitals.

P1: I don’t know, and they’re sort of, you can tell them what we’re learning, it’s not an age and class-related trades, and they’re still doing a little bit more, they’re doing a little bit of like changes in terms of Medicine with the different ethnicity groups. But there’s very little for like, the really like niche, for like, well not niche, but like the under-represented groups, so, like.

P2: Oh, I see.

P1: I can’t remember when it happened. There was one lecture where somebody was talking about things that were going about interacting with patients, and one person said so, how would you bring about a conversation with somebody who was non-binary or somebody like in that sort of community, and the lecturer didn’t really know how to respond, and so, it’s like there’s a lot, so, we’ve got like, not the larger one, the more exposed groups, of really intercolated, it’s like how do you get down niches, how do you get down to the course, the life of teacher, is it down to the experiences of the teacher, so, it’s like the signs are going out, so, it’s like how that sort of integration would help.

P2: Yeah, there’s definitely, yeah, I mean you’re right, there’s definitely some areas, I mean granted we’re only first year, so they may be covered.

P1: Yeah.

P2: But I was, actually I was talking to some of the other students about like treating, for example transgender patients, where you say they present to A&E with a certain problem, people who are biologically born with one thing or another, are going to be more likely to present with some problems than others, but if, you know how do you delicately go about treating that transgender patient who identifies as one gender, but you’re looking for something that’s more common in their biological assignment.

P1: Yeah.

P2: Like, you know how to navigate those situations delicately and respectfully.

P1: Yeah.

P2: But I think that, you know what I mean, the pressure of that will be more approached in later years.

P1: Once we actually know what we’re doing, yeah.

P2: But I think in terms of, I think in general, more than other schools that I’ve heard of, or from testimonials from other students from other schools, that Southampton has done, has intentionally gone out of their way to include as many people as possible, and not just like different ethnicities and stuff, but different sexualities, different like mental health issues, stuff like that. I’ve never heard a school talk about you know we’re here for your mental health support, more than in Southampton.

P4: Well to be fair, we are the first year where they introduced a mental health week to MiT2, they never used to do that. They used to have, they used to split Peripheral Nerves across two weeks, because that’s such a big examination, but they’ve put that into one and they’ve introduced like a Psychiatry week to MiP2 now, because obviously it is more prevalent in modern-day life isn’t it, than it has been before, amongst patients, amongst students, amongst everyone, so, I think that’s something good that they’re doing. Yeah, I think that’s good as well; it is important.

P3: We’ll see what happens, further on down the line. I had a conversation with I, from the BM6 Programme, and he, I think he was making plans to increase diversity, to promote like diversity within the Medical School. I don’t know, I don’t really know how, I just talked to him, but.

P4: And he wants to do mental health as well.

P3: And mental health as well, so, I’d definitely recommend have a chat with him.

F: That’s cool.

P3: And also, I’ve heard they’ve got plans for us, for a tour to Kassel, I’m not, I was talking to, yeah for more connection between the BM(EU)s, they go.

P2: Oh, yeah.

P3: Because once they go, end of second year, we won’t see them again until they come for their exam, so, unless they choose to come over for a holiday or something, yeah talk about that anyway.

F: Yeah, right, I’m going to stop the recording. Thank you.