F: I’m a PhD student and I’m going to be facilitating the focus group. If you would like to go around and introduce yourself. Do you mind starting?

*[Participant Intros]*

F: Lovely, thank you. So, I’m just going to start off quite generally, with a question about Widening Participation in Higher Education in general, so, not specifically to do with Medicine. So, I’m just wondering what you guys understand about Widening Participation, and, what it is, why it’s important, why do we do it; does anyone have any ideas?

P6M: Very, very important. I think, for social mobility, and we lack of that compared to other Western European Countries, and one of the ways we do that is through Higher Education, and like I say, I think we lack in providing a sustainable Higher Education.

P?F: I think a lot of the options and the policies exist for doing it, but I think there is still a lot of missing knowledge on how to access it. So, I think a lot of universities, a lot of providers of Higher Education have policies in place, have a certain number of places allocated to this, you know students from different backgrounds, but I don’t think students in Sixth Form are necessarily aware that those things exist.

P?F: So, the information is not provided to them?

P?F: Yeah, like they don’t know that it’s there to access.

P?F: Especially, if it’s like more new policies, that people do, like teachers aren’t aware of it, so, can’t advise the students on it to give them those options. They never take advantage of it. The uptake is quite low, and then the universities go, oh well, don’t worry.

P1F: I think a lot of the emphasis has been on universities, but also I think more emphasis needs to be on schools, because the universities measure if they’re going to let you in or not based on your grades, so, A\* A A, A A A, and if you go to a school where the best grade, no matter how clever you are, is B B C.

P?F: Programmes now where you can ??? (0:02:22).

P?F: Yeah, if you’ve A plus all the.

P?F: Yeah.

P?F: I don’t know the technical term for it but where the grades aren’t as high

P?F: It tends to be like a foundation entry, and stuff like that.

P?F: Programmes which will let you in with like say 3 Bs, instead of 3 As, specifically because they recognise that you are disadvantaged because of your school, rather than your ability to pass exams.

P4M: Example being Exeter, or is that something different?

P?F: Yeah, the same as that.

P?F: It’s the same idea, in terms of it’s for Widening Participation, but because it’s the extra year, the idea is that, so, for some courses, you can just join on with everyone else, with a lower grade, but well what Southampton does it that you have to do an extra year as a foundation sort of catch-up with the knowledge that you might not have had.

P?F: Yeah.

P?F: No, I think it was ??? (0:03:08).

P6M: You can get, for BM6, you can get in with lower grades, or you can get in if you haven’t done the traditional subjects.

P4M: Is that supposed to be for people from a disadvantaged background?

P?F: Yeah.

P6M: Yeah.

P4M: See, I don’t get that. Because if you’re from a disadvantaged background, and then you have to pay for another years’ worth of university, I don’t get that.

P?F: I honestly thought that, sorry, I thought that the BM6, or the Widening things like with the Medicine course, I literally thought it was for people that didn’t do science, and I’ve been told that if you do, do the science and you don’t meet the grades you don’t meet that Widening, whatever.

P6M: No.

P?F: It’s for people that didn’t do science, that’s what I thought.

P?F: I think it’s a mix of the two. I think there are some, I think it depends on, there is very strict criteria. Like when I looked, it had very strict criteria, like if you went to these certain schools or if you didn’t have, you know some places just don’t offer a certain subject at A-Level, because they don’t have a teacher who can do it.

P?F: I honestly don’t know.

P?F: Yeah, got it. So, I feel like is it.

P?F: If information is available, technically you should be able to, I can Google it now, but it’s not, very well advertised. I mean admittedly we aren’t look for that. You wouldn’t know and expect every person to be like, oh look at our BM6 Programme, it’s great for access, just do a search on Google.

P?F: I think that is what they do ultimately, like the places are there, but there isn’t anything in place, because before applying, kind of like I knew, like just checking, because I knew about it, and I just kind of checked background, the school I went to where I lived, and I knew that I would qualify for it, but I wouldn’t have known if, so, obviously I applied for the BM4, that I wouldn’t have known that, you know I could have that opportunity to do it, so, I think that’s the problem.

P?F: Also, some people might not even have access to things like the Internet, like the access to things like the Internet to search for these opportunities.

P?F: And I think what P1F said was right before, that actually you need to be talking to schools, because I don’t know about you guys, but when I applied Undergrad, way back when, everything that I learnt about how to apply to university, how to apply for apprenticeships, whatever your next step was going to be, it was all through what the schools told me, and then I would be able to go off and maybe Google it a bit further. But I needed them at the batting-off point, to say, right, you need to look on the UKCAT website, look at the university website. If no-one in school is aware of it, the kids aren’t going to know to go looking for it.

P6M: And I think sometimes that’s a problem, it’s a fragmented system, like so, kind of picking up on that point, my school, no-one had applied to Medicine, so, the whole idea was unknown, and the universities outreach programmes only offered work to schools close by the university, and anything like mine, which are far away from any.

P?F: Yeah, Southampton has a Widening Participation programme and an Access to Medicine society specifically to go into schools as students, to be like, oh, this is what you can do.

P?F: Some universities do have like areas that are miles away, like.

P?F: Yeah, but then it’s the fact that it’s volunteers who are going out to do that work. Just as a society, the students, so, it’s not universities, it’s the students taking the initiative to be like we want to widen participation on our course, and improve social diversity.

P4M: Yeah and it’s harder for them to get to the middle of nowhere.

P3F: Also, external societies, I follow one called, Melanin Medics, which tries to like go around different areas of the Country and tell people there are more disadvantaged, especially from African/Caribbean backgrounds, about how to apply to Medicine and how to get in, and interview techniques and work experience techniques, because these are things that if you look like, from my personal experience, when I was applying for Medicine, I was fortunate enough to go to a good school, but they still didn’t know the A to Z of applying to Medicine and things, so, I had to ask, I for one found work experience extremely difficult to get. And some people may have, hook-ups, for want of a better word, or links, I mean contacts, that other people do not have access to. Because if you are, if you do not know anyone in the Healthcare industry, getting work experience is impossible.

P?F: Oh, so, difficult

P3F: And if you come from a more disadvantaged background, like say if you come from a community where you are possibly the first one in your family to go to university, the likelihood of you knowing someone who is a doctor that can help you get work experience, is slim to nothing, so.

P1F: Just to build on that as well, like there are so many, like at my school they advertise courses that help with interview prep and, You may pay for prep, but they cost like eight hundred, nine hundred quid. They’re like two-day course, nearly a thousand pounds.

P7F: I’m teaching one over the summer, they’re incredibly lucrative.

P1F: Yes.

P7F: It’s ridiculous. You know what I mean, but, like, I know the kids that I’m going to be teaching are going to be the kids that don’t really need me.

P1F: They don’t need the extra help, they’ve got the links with the Medics, they’ve got, they are just.

P3F: It’s like extra stuff. It’s the same thing that happens in like grammar schools, and people are annoyed that those that can do, so, if your parents can afford to get you tutoring), to send you to a better school because then you’ll go to a better place than those that can’t afford it, it doesn’t matter that they live closer to the catchment area, if they can’t get in because they don’t live close, because they don’t have tutoring

P?F: Or, the other way, yeah.

P3F: And it’s the same in Sixth Form

P?F: Or that they can’t afford a house in the catchment area.

P3F: Yeah.

PF: Actually, that’s a really valid point.

P?F: I think it does start from, it starts from a lot earlier than you think it would, because.

P?F: Yeah, hundred percent.

P?F: Because when my mum first moved to this Country, she was very fortunate enough to meet a few people that let her know the ways I guess, so, she worked, her and my dad worked very, very hard, to move us to an area that had very good schools. And then from the time I was in Year 4, Year 5, I was doing practice for the Eleven Plus, that allowed you to get into a grammar school. And then when I was in grammar school, I was getting, she was making sure that I got as much help as possible to get good grades, if that makes sense. My mum was very fortunate, but if you don’t have that knowledge, but a lot of people who live, not in that area, but close to that area, but didn’t have good schools, they had no idea what the Eleven Plus was. They’d be like, Eleven Plus, what is that.

P?F: You’re like that example how, if your parents know what to do to get you to place you need to be, but like it’s the whole idea that if your parents want you to do better, if they push you to do better, and that then enables you to go, come and do a course like this, or go to university, whereas if you’re the first in your family to apply to university, why would your parents don’t know anything about the system?

P?F: Exactly, yeah.

P?F: It’s very the haves and the have nots.

P?F: Yeah.

P6M: So, I think it’s a lot to do with role models here as well, and that goes for people from your area, that might be the same social and cultural background, race, when you see the same people in positions of kind of that you want to get there, and that’s often, that’s something I never saw growing up, because you never saw someone coming, saying, okay, this is a famous surgeon, or so-and-so is a great lawyer, I never had any of that, so, we’ve never had something to aspire to. All you saw around you was drug dealers, you saw prostitution, you saw all this, that was the reality in front of your eyes. So, I mean you had, in fact we were talking about this earlier, you had some great talent, some people who were really interested in science, or literature, you know whatever, and I’d say half of my cohort from Year 11, has ended up in the criminal justice system, one way or another, and that’s not because they were necessarily a bad cohort, it’s, we, as society, have failed a whole layer of people. And then that kind of feeds into the wider general what’s going on, we’re talking about knife crime, we’re talking about drugs generally, we’re talking about deterioration of society, you can’t blame those, it’s when we’ve failed. And it’s, like I say, it’s much earlier than, the research in fact shows it’s by age five, the damage to a child’s life, is by age five.

P2F: Wow!

P6M: They’re sitting down, parents are sitting down, reading books, and parents who are working zero-hour contracts, as a single parent, they’re not going to have the time to sit down and read a book to you.

P45: Exactly.

P6M: That’s over-simple, but it’s just a symptom of society.

P1F: And that extends to getting into university. I also, think a huge turn-off is a lot of universities have a very White, middle class, upper class image, so, like I know at my Undergrad, like it just was basically like you think, posh, White, rich, like those are the three things you

P?F: Thinking of where you went to uni, I’m not surprised at all.

P1F: But those are the first three things that come into your head, and like if you’re someone from like a different background to... who has only had negative experiences with people who are posh, White and rich, as well, because like you know, then that’s going to be a massive, like why would you want to go there.

P7F: And I would point out that that is, that is associated with specific places.

P1F: Yeah.

P7F: I know it’s a generalisation, but I went to Leicester. I was, I, as a White person, was the minority. The majority of my.

P?F: I wouldn’t necessarily say that?

P7F: I had two cohorts though, and one of my cohorts was quite different than the other.

P6M: But I think the point you mention about, so, my school was, yeah, if you look at the worst performing schools, in terms of results, it’s working class kids of Pakistani origin.

P?F: Yeah.

P6M: Or, working class White boys. Now, that’s a statistic we don’t get shown, because the common thing that I had growing up, with my White friend, was that we were both poor. That was the dictating factor. The colour of our skin did not dictate how we ended up, but it was that we were both poor, and we don’t get, and we both had the same chance of making it into those big institutions that you mentioned, and that’s the thing we forget, and often that gives rise to racism and kind of misconceptions. We, as a society, we’re concentrating on the wrong things, and that kind of feeds into the whole, obviously we’ve seen what’s happened in Christchurch, and all that kind of stuff, that feeling, that anger, that societies build up, starts at a young age, and we’re failing those young kids, those, regardless of race, we’re failing them

P2F: But I also think, sorry, I’m just going to say, in terms of like you know being so inclusive, I think it doesn’t just extend to students in school, I think a lot of universities do suffer from that lack of, I think, you know inclusion in their lecturers, in their staff, and you know read research papers and the stats, that’s just too significant, and I think if you’re going to try and create an environment which is inclusive for students, you need to start with your staff.

P?F: That’s right, yeah.

P?F: Yeah a hundred percent! We had.

P5F: Talking about women, like being in higher positions, and particularly women of colour, like there’s such an under-representation, but the problem is, because we couldn’t get into education twenty years ago, it’s going to take another twenty years of people coming through now, for that knock-on effect, and that’s such a delay, that you’re not going to have an effect on the people that don’t want to come now, that don’t feel like they’re represented. Because like the impression that I got, it’s like a vicious cycle

F: That’s really interesting. If I could just move us along. Thank you for that. I was just wondering, you guys mentioned BM6 and obviously BM4, do you know what the different programmes that we have here are, and do you have any kind of perceptions of what students on those different courses are like?

P6M: So, I know a lot of BM6ers, and to be fair, I think in that regard, Southampton is doing really well, that it’s targeting areas and communities which are under-represented, so, I think that’s commendable, so, that is a small success story, but what’s the next one?

P4M: What size is BM6?

P6M: I think, from what I’ve heard, it’s about thirty people.

P7F: Oh, so, it’s not that big. It’s the smallest cohort.

P?F: Oh!

P6M: Smaller than us.

P1F: I think because it then feeds into. I was going to say, they integrate.

P?F: Oh, so, it can’t be too big.

P?F: Yeah, they’re sort of like an addition, so, there’re taken out of the numbers of the BM5, to then join them.

P?F: I knew was like Southampton has them and the BM4s and the BM(EU)s.

F: Right.

P?F: Yeah.

P?F: And the BM5s, like when it gets to fifth year, they have to kind of account for the fact that there’s us coming in and... But then the BM(EU)s leave in the third year or something, so, there’s probably about even numbers, maybe it’s why it works, the BM(EU)s leave then, so, the numbers kind of align.

P?F: And it doesn’t help, the fact that yes, we would love to have as many places as there are applicants, but, I think Medicine is one of the most expensive courses to teach.

P?F: True!

P?F: Because you have to pay for insurance, you have to pay for our placements, you have to pay for our equipment, GP tutors.

P?F: So, much teaching.

P?F: There is so much involved that unfortunately just due to.

P?F: Budgeting.

P?F: Budgeting and economics, it’s not.

P?F: It’s not feasible.

P?F: Feasible.

P?F: You’ve got to be realistic with what is achievable, without sacrificing quality too much.

P?F: Yeah. I feel that there could be increases with the numbers they do have, but just asking for more numbers is a bit.

P6M: I think there’s an argument that the hierarchy in the university should be pursuing the Government for more places, because, as a Country, no matter what you hear on the news, as a Country, we can afford it. If we can afford to build nuclear submarines, we can afford to save lives.

P?F: Yeah.

P6M: It’s a no-brainer!

P?F: That’s a bit of a bigger issue though, so, I feel like.

P6M: No.

P?F: Like you’re going into Medicine as a whole just part of society needs more priority in Government funding-wise.

F: So, just bring it back to the question, I’m sorry. It’s really interesting discussion, but the question was, about your perceptions of students on different courses.

P?F: I honestly don’t know.

P7F: I am ashamed to say actually, as a BM4, who I have other things outside of the university that I do socially, but I don’t personally have much time, so, I don’t do the, I don’t do many of the university-wide societies, I have not met anyone, unless I might have done in passing, without knowing, I have not met anyone, I’ve met some BM5s, but I’ve not met anyone from BM(EU), BM6.

P?F: So, I’ve met people from Halls, because I do go to clubs, so, I’ve met people, and there’s like quite a range of people. So, I know the more grad entry, BM5s, I know that, I know zero of the normal age BM5, I have met, and I think, I think speaking to them, the perception from them is like the rest of their cohort of the BM5s, is they’re very young, but at the same time, they’re all in their late twenties and the normal age of the BM5s is eighteen year olds so that’s not surprising. And I think with the BM(EU)s, they’re harder working.

P?F: Yeah, I think so.

P?F: Yeah. And BM6s, I know a BM6, but he’s in his second year as a BM6, so, he’s done his first year, or he’s in his third year as a BM6, or he’s in second year, I can’t remember which way round. I’d probably hear about it, he was like, it was completely fine, because university did a really good job of integrating them, because they have them so early, and because when they go in to the first year of BM5, all the first years are new anyway, so, it’s quite easy to like there’re a bunch of people that have already done a year, but then you’re all new together as a huge group, so, it’s quite easy to integrate, but you have a safety-net, because you know your other BM6 cohort. BM(EU)s, I’ve met a couple, but they were just saying, yeah, it’s fine, but what they found was weird is that they would be leaving, and I knew they would be leaving at the same time, and they make all these good friends and then they leave.

P?F: Yeah.

P?F: But no, I think I agree, my perception is that for the most part, they’re just quite young.

P?F: Yeah.

P?F: Because.

P?F: They are.

P?F: They are. They’re like eighteen.

P4M: Yeah.

P?F: I do feel that its a natural divide, because there is none of the, because one, our timetable is incredibly packed, and second, because we’re sent off to different places, we don’t actually, like we’re in our own little BM4 bubble, in terms of our actual learning. I think it’s great if you do mix in clubs, but it’s up to you to go to a club where you might meet someone. There’s nothing built into the course that would actually have any interaction.

P?F: It’s our choice to go to MEDSOC society things.

P?F: I think that’s what P1F was trying to get at with them all integrating, because that really highlights you know lack of perception we have, because we don’t actually integrate with them that much.

P?F: The only ones we integrate with are the BM5.

P?F: Yeah, or if you got to societies, like you say, that’s where you meet these people, but you know.

P?F: And there is a element of nature in that, but actually, yeah, we are not, as a generalisation, we are probably, if you are in your late twenties, or like student X potentially, or someone that is in their, you know much further on, is less likely to want to socialise at the same level as an eighteen-year-old who has just left home.

P?F: Someone married with kids probably doesn’t want to be going out to Jesters every night.

P?F: Probably not.

P6M: But then again, I don’t go to Jesters every night, so, it’s a poor generalisation.

P?F: Yes, it’s a generalisation.

P?F: There’s a separation between us as the graduates, the BM4, but between the BM5s, graduates, and undergraduates, and the BM5 grads, I guess they are a separate entity in themselves, and they have like their own sociable things, that they still go and do stuff with the BM5s, and I know that, but it’s them with each other, and BM6, they’re only 18, they just left home and stuff like that. But they have that perception, because they’re with them.

P?F: I feel like yeah, if we had more to do with them, we would integrate with them more.

P?F: Yeah, but I think there’s quite a job of, in terms of the way they distribute numbers, in terms of like Widening Access, so, they have a separate number, there is a specific cap and the number of graduates who can go into BM5 course anyway. They have a specific cap on the number of mature students who haven’t got a degree, they can go into BM5 course, and then they have a cap on the number of eighteen-year-olds, of like the school-leavers that can go into that, which I think is quite important, because you don’t end up, so, I know that in Queens, no, Belfast, because they don’t put a cap on it, a lot of their year, their intake is graduates.

P?F: Because they have more experience.

P?F: Because most people actually want to go to Northern Ireland than the UK, like it’s easier to stay in the UK cause you can drive than if you have to get a ferry across or fly, realistically.

F: Valid point.

P2F: Like the choices of that, but because of that, the intake they have there would be, especially with people, so, my friend is there at the moment, and they have a massive influx, like change in numbers and distribution, on results day, when people fail to get their grades, coming out of school, and people who have got the grades are on a waiting list are all graduates, already got the entry requirements, and then, so they have a really, like unexpected switch. Well not unexpected, but like a switch in the distribution, because of the way the course is run, the way they cap the numbers, whereas Southampton does a very good job of ensuring they have the right numbers that they think is appropriate.

P?F: Would you say though, I do agree that in terms of getting a diverse range in a course, it’s a really good thing to have caps, because it does mean that you sort of, those places are secured for those people, but there’s a lot of people that are mature, whether or not they’ve done the first degree, that actually you’ve made like the graduate course is already more competitive than the undergraduate course, so, if you are.

P?F: Southampton is one of few places that does that, so it makes being a degree, person with a degree or a mature person applying to BM5, more competitive for them, because of that, but Southampton is one of the few places that caps that way, so, if you look at Widening Access generally, most universities don’t do that.

P?F: That’s right, yeah.

P?F: So, the more mature graduates, more mature non-graduates.

P?F: But that’s what I’m saying, that’s, you could see that as being quite a good thing, that other universities don’t, because it does mean that someone could go and work, someone like you, saying, if someone struggled and someone has only got to a certain level, you know they would be wanting to work in Medicine, so, they go and they work their way up from a lower position in hospital, but actually the chance that they might then have in later life, to transfer into going back into education, is more optional now.

P?F: But we don’t want to go into the American system, where you have to do a degree before you do Medicine. Like this is the thing, the cap is good, because if you didn’t have a cap, then obviously like, I’m applying with a degree, with three years of experience, against an eighteen-year-old just out of school, I’m going to have a stronger application, there’s no real competition.

P?F: Yeah, and that’s the problem.

P?F: But, exactly, so, and if you suddenly, suddenly that all of the undergraduate courses are filled with graduates, so, to do Medicine you have to do.

P?F: Yeah, because you know what kind of doctor do you get at the end of that.

P?F: Yeah.

P?F: Because at the moment the system does that, generally people are much more mature, right, mature doctors who are much better emotionally.

P?F: There’s a lot.

P?F: There’s a lot, so, that’s the difference is that, financially. So that’s not Widening Access.

P?F: I just meant within the UK I think there is space for both. I think there is, I think it’s quite good that different universities have slightly different ways, because equally I’d say that the different focus at different universities have in the way they teach, equally means that people that have different strengths, will thrive in those environments.

P6M: Although I think with a graduate, once you get started with life, if you haven’t got that support system behind you, financial support system, it’s going to be much harder for you to leave a job where you’re earning money, where you might have to support a family, you might have to support parents, or whatever, then come back in, which is, I think might, with the best of intentions, might start off in a good way, but we might end up.

P?F: I really agree with you, we could actually...

P?F: So, in America, it depends, do you know what affect that has on women, the fact that they have to do a degree first, because clearly you’re a bit older in life, and they want to start a family, and I just feel like a woman would somehow.

P?F: I think it’s very heavily-male dominated, I think.

P?F: Yeah, it’s like us, so you do bio-med, for a few years, and then have to go for a medical degree

P?F: Yeah, it’s like a huge issue. A huge issue. Only rich people...

P?F: People have to go out and work, and they have to wait and come back in their thirties, forties, when they’ve worked for ten years, sort of.

P?F: Yeah, and that’s if your lucky enough to get a job in your, you know before you’re thirty, if you haven’t had a great background, or you haven’t

F: Yeah, but on that note, I’m getting a sense that we think diversity is an important thing, particularly in Medical Education, so, I just want to explore that a little bit, and maybe think about what different students on maybe different programmes are bringing to the medical education environment, or to the clinical one, the profession.

P?F: So, we were talking about that a few weeks ago, so, it’s like those who need the most care don’t receive it, and part of the reason is because doctors don’t live and work in areas of greatest deprivation, and so, what we need is more doctors coming from deprived areas, who would want to go back there, because that is home, and they’re comfortable in that area. They don’t see it as a step down in life. Whereas, for me, I have had very privileged background, I recognise that, so, from like I would be the classic person that would go, I don’t want to live there, because I’ve had better. As a child, I grew up in better, so, why would I want to go and do that now. And there’s a knock-on effect with the profession and the care that we provide, there’s a lack of care in these areas, so, we need more people from more diverse backgrounds, because it has a much better effect on society and the way that we practice and where we practice.

P6M: I think it’s how we see disease as well. It’s quite a specific point that we, I think it was from, it was a congenital week that we had. And we were talking about... in that congenital week, we were talking about the concern about communities that are at increased risk of issues with congenital malformations, and I can’t remember specifically, who it was, but there was a discussion going on about that in the Pakistani community, and how it was a higher risk, and it was a very abstract analysis, whereas the idea how the Pakistani community got there what’s the reasoning behind it, the poverty, institutional racism, all the time, and that factors was all kind of missed, and if, I think if you’re a doctor in that situation, and you’ve kind of completely disregarded or don’t understand that fifty/sixty years of history, and you just say actually, you’re just at increased risk, you’re not going to help the population, you’re not going to get anywhere.

P?F: You need to target, to help them.

P6M: Yeah, you need to target, you need to understand the backstory, and then say, okay, this is where we are, and this is how we can go forward, and that kind of thing, I think you could apply that to any part of society

P?F: I think diversity is important, because I don’t know about you guys, but when we’re doing our clinical duty, and they’re putting up clinical features that you can spot, I often found myself asking, would you be able to see that particular feature on a person’s colour, because they don’t show that, so I ask, and sometimes they say, oh yeah, no, you can’t, but sometimes they’re like, I don’t know, because if you’re not that colour, that’s not something.

P?F: You think about.

P?F: You think about.

P?F: Yeah, exactly.

P4M: Yeah, it’s a very white-centric curriculum actually.

P?F: It’s not very representative.

P?F: Actually, that’s a really valuable point.

P?F: The kind of things, yeah. So, that depends on whatever Medical School you go to.

P?F: Yeah, exactly, but kind of, and the population that the hospital; the kind of things that we see here compared to London, I think are going to be completely different. There’s probably, it’s like, if you live in an area where there’s not like a significant African/Caribbean group of people, that’s the only population I can think of right now, you’re not going to have experience when it comes to sickle cell, so, someone, like a minority, comes to you with sickle cell, you’re going to be like, I don’t know, what is that, so, yeah.

P?F: Just to build on that as well, like, as well as colour, like there are so many things that I, you know from my background, have not been exposed to, and I think actually having that diversity it’s so important for empathy, like there are so, for example, like obesity and smoking, you know oh it’s just you know laziness, and aren’t they just, you know, but actually, no, they are from, they have had a very different experience, there have been a hell of a lot of factors that have fed into how they have developed – from childhood, it’s so early

P?F: We’re taught thought.

P?F: Exactly.

P?F: Some of that is self-taught.

P?F: Yeah.

P?F: It is up to us to look into why.

P?F: The diversity, yeah.

P?F: And makes us be much more work, because it’s so easy to go like, oh, as you said, they’re lazy, whatever, because we, it’s taught on our course a bit, but now it makes us much more acutely aware of it.

P?F: Yeah, and it helps break the stereotypes that people, if we weren’t exposed to that diversity, people might get away with holding, and then they’d come into contact with patients, who then, and actually the way to help them, you know you’ve got empathise with patients, you’ve got to try and like understand where they’re coming from, just to like help them with their, like to have them trust you and stuff, so.

P?F: I mean, I think if you’re talking a real baseline, in terms of this is us, these few years are us learning how to be doctors, and when you look at like the people that we are going to treat one day, and we’ll all probably scatter and go all over, the, you know we’re talking about if we stay within the NHS, if we stay in this Country, you need to be able to treat the various populations within that society, so, we need to have that represented within the course, otherwise, how on earth are we going to be able, you know like we need to be reflecting the population outside, within us.

P?F: Hundred percent agree.

P?F: People who are scared to go to the doctor, they’re just not too scared, but just because they don’t see themselves represented, so, they’re why would they understand me.

P?F: And I do think, I think P?Fs point is really valid, not just people coming from that background being more prepared to go back to that background to work, but also actually the other way. If I was, I mean again, I was privileged, but I did grow up in India, where there’s a complete difference, and actually, like I couldn’t have gone into those villages as care-worker with a big cross on, you know with a big cross on my back, with vaccines, being like hey, come and let me stick a needle in you and give your child a vaccine, I’d have had to have had a local with me, to try and cross that bridge, so, that they could trust me, and I do think there is an area of if you are seeing someone like yourself, from your background

P?F: It’s quite interesting, so, I know someone who is on a year abroad at the moment and he was doing a GP rotation, and he was in a GP practice where, I can’t remember where it was, but like everyone, and in terms of the staff, in terms of the patients was white, and he is, I think he was Pakistani, so, he was like, yeah, so, it’s full of these White, middle-aged woman coming in, and they were a bit surprised by that and as a practitioner like him, like that’s probably, well depending on where I choose to work, that’s probably something that I won’t encounter, but if I were to go and work abroad or in an area of a much more diverse community, you can’t help, well some people can’t help their reactions, like just seeing a person, so, what is the reaction when they see me if I was working in a community that was predominantly Asian, or predominantly Afro-Caribbean, and what would they want to tell me, because of the prejudice that they would put upon me, for perceiving that I will judge them because of that.

P?F: Or that you would understand, because you’re from a completely different culture.

P?F: Yeah they’d think I wouldn’t understand, and I think in that regard the communication you need to be able to treat someone effectively, is important, to make sure you don’t have misunderstandings. And that’s not their fault and it’s not your fault, it’s like it’s a societal thing, that kind of needs looking at as well I think, that sort of thing.

P6M: I think, kind of, just as a course, I think if we, when we talk to people, you’re kind of sort of breaking those barriers down, I think, and that’s probably, when we went to the Isle of Wight, for example, let’s use that, so, we got everyone together, but that brought in, and we needed to talk about culture, about conditions, and where this had come from, so, people were getting an insight into mu culture, and it’s probably the same for yourselves, but also someone, who is, like you said, from a poorer background, when you have those discussions when you’re talking to people, that as a group helps us kind of not completely, but in a way, brings us more together, makes us more ‘woke’ to differences

P?F: And do you know what as well, it’s from both sides as well, because I’ve noticed with me growing up and you know the schools I’ve gone to, the area I’ve lived in, it’s mostly Afro-Caribbean people that you know I’ve meshed with sort of growing up, and I think it’s also important to see it from that side, from kind of the minority, this is a good way, just having that diversity is a good way for us to see, I’m not saying I haven’t seen, but it’s just to explore those cultures even more, because I have come from a background where I’m around predominantly, you know people of colour like me, so, I just think it’s important to have that diversity, you know, both sides, you know going back that way and coming back that way, I think it’s important, not just one way.

P?F: And I do think this sort of like in a medical environment, and a friendship environment, over four, five, how many years we end up knowing each other within this environment, it’s a safe space to ask questions that you probably wouldn’t want to ask a patient?

P?F: Yeah I’ve asked, well you can ask questions, but I kind of wouldn’t want on a ward to ask a person of colour, because obviously, you don’t know the answer.

P?F: Or want to ask questions about religion or cultural holidays and stuff, like I do think that’s just, yeah.

P?F: Yeah, people can be very sensitive about something cultural, and that’s quite a good way of putting it.

P?F: Like it might sound really stupid, but as an example, like Afro-Caribbean hair, on females is completely different than like Eurasian hair, generally, and that’s something that you might come across as a problem if you work in Dermatology or something like you have to know how to deal with that, and having experience with friends and people that have that difference, it’s the only way that we’re actually going to get an understanding of how to interact with that sort of thing, and not be like, oh, what the hell is this and how do I touch this and what do I do with this, yeah.

P?F: Also, like just representing, you know just going back to the Widening Access thing as well, like diversity is important because if some, like a young person of colour, just goes to the doctor and only sees White, blond people, then that’s not something that’s accessible to them, like they just think oh, I can’t do this, you know, if it’s all you see, then it almost feels like there’s no space for you, and so you need to see people who, it’s like you know the kind of the push to get Black Barbie dolls, you know it’s representation in society and representation in Medicine, it’s really important to encourage more people through.

P?F: In terms of the next generation.

P?F: All of this is going back to P3Fs point of literally the source of that doll, it’s brought it back for me, it’s from young, like, because you want these kids to know these things growing up, you don’t want to introduce it to them when they’re twelve, thirteen, that makes absolutely no difference, you know, it’s too late

P?F: But it also makes you realise that it is something that’s taken, it takes time, because you’re talking about an entire societal shift.

F: Of course.

P?F: But each step sort of gets you closer, but this isn’t something that in one year, with new policies, you can fix. It is going to take time, which is sad, but true.

P?F: Funny about that Barbie doll idea, like I remember crying because I want my mum to get me a brown Barbie. I just, I don’t know.

P?F: I know, yeah.

P6M: Yeah – and Action Mans! There’s always, Aladdin has just come out, I was like, oh, never mind Aladdin; Jesus, Jesus was not White, like he’s been so, I mean I should be playing him in the nativity, not Dave! Jesus was my skin tone!

P?F: Yeah.

P?F: Yeah.

P6M: He wasn’t from the North!

P?F: But I love in like Movies, it’s either White-White, or it’s Morgan Freeman.

P?F: Yeah.

P?F: There’s no, like realistic, well it’s actually probably something in the middle, but that, I don’t mean about race, I just mean brown.