F: My name is Heather; I’m going to be facilitating the focus group. So, if we could just go around and introduce ourselves.

*[Participant Intros]*

F: So, thank you guys. So, we’re going to start off with a fairly general and then kind of narrow in. So, the first thing I want to talk to you about is do you know what Widening Participation is, and in Higher Education in general, not necessarily Medicine; so, is it something you’ve heard of, what do you understand by it?

P3M: ‘ve heard of, sort of, so, for example here, they’ve got a BM6 Programme, where, for people they’ve got no background in, their family haven’t been to university before, I’m not too sure of it, but my understanding is if you have economic factors, then you’re less likely to get in, so it’s to broaden the type of people and help them to get into Medicine.

P?F: Yeah, it’s like getting a range of people from like people who wouldn’t necessarily meet, because the criteria to get into Medicine is quite strict and quite one-dimensional. I basically had to have good grades, and basically excel, which is quite difficult to do, and it wouldn’t necessarily mean that you’re going to be a good doctor, or you’re a bad doctor if you haven’t, so, I guess it’s just taking back the barriers of, whatever barrier it could be, and I reckon, like P3M said, like the benefits of Widening Participation, in that I am like a graduate, not an undergraduate course, so, I think that’s also part of Widening Participation, because like other people who aren’t necessarily, like eighteen, nineteen.

P?F: I think it’s more of a thing now than it used to be, when Medicine required, I don’t know, twenty years ago maybe, it required three Bs, you’d get quite a wide variety of people that would do Medicine, whereas with the current grade requirement, and obviously it has to be there, because it’s such a competitive course, but it then means that your participants of a medical, and we’ve move on to like Medical Degrees specifically, but they’re quite a narrow selection of the population, they are the really bright people, and they don’t necessarily have the people skills that you need for doctors, you do need to doctors, which you then need the widening access to, to ensure that you get all sorts of people that we need to do Medicine, not just the pathologists.

P?F: I also think it’s not just like the really bright people who’ve had, who’ve been lucky earlier in life, in terms of their education, because you have to get the grades, you know people can be intelligent, but not had the opportunities, so, that you can get those grades, I think that’s probable the people they’re aiming at the most really

P?F: I’d say its for, Everybody have that opportunity, or that support, if they need it

P?F: It’s one of those when you talk to a lot of consultants now, they’re like oh, yeah, I’ve got three Us and an E or something, I for work experience they just say, oh, I stood in my Medical School corridor, and just stood there and said can I come in please, and they were, yeah, alright. So, they need Widening Participation now, because getting in now, it’s so difficult.

P?F: Yeah. And I think like you need a variety of people, so you don’t want just like the people that are really bright in Medicine, and anything, any sort of specialty, generally jobs, you want a variety of people, because if you have everyone that’s exactly the same, then sort of you’re not going to end up with anyone different, so, perhaps that’s what they’re looking for.

F: Why do you think it’s important to have different types of people?

P?F: I just think different people are good at different jobs, and so, there might be some people that are like really good with like computers or something and there might be people that are really good with people, and I think there are people that are good at both.

P?F: Yeah, you want your workforce to reflect society and stuff, so, you’ve got to give people the chance to get in

P?F: Otherwise then you’d lose the patient, being able to kind of have empathy with patients; if all the doctors were White and male, in a multicultural society, you might not share things with your doctor, which is one of the things that really important is you know gaining their trust and allowing them to share the potentially, deepest, darkest secrets that they have, that not even their family know, it’s about being able to build the rapport with that and then knowing that it’s, if it reflects the society as a whole, then it’s more likely you’ll be able to do that.

P?F: You can work better as a team when you’re a doctor as well.

P2M: Yeah, everyone has different skills and abilities that some other people don’t have; I think that’s also having a lot of different experience on which to build their mark, so that someone with different experience can empathise, advise on, maybe more interested in something, and that you’d do better in a certain field, than somebody who hadn’t had experience.

P?F: Different perceptions and people do look at things in different ways.

P?M: Absolutely.

P?F: I think like maybe this is slightly broad, but widening access, is that just entering or is that also once you’re in, like the support you get afterwards, like making, I dunno, so, that people who are kind of like a lower socioeconomic status actually have the capacity to maintain a university degree, because they are also financially stretched, so they’ve got to get a job to live, and can’t afford, because like the loans don’t come running with everything afterwards then.

P?F: I see what you’re saying. I don’t know, it’s, just.

P?F: I don’t know. I know that the BM6 has quite a good relationship with the BM6 teachers, who then sort of look after them, because they’re quite a small, select group, twenty or thirty of them, they then have a really good relationship with the lecturers, which they then can keep when they’re joined by the BM5s and BM4s and the ginormous cohort, they kind of know some of the lecturers to be able to, and the lecturers then also know them, kind of by name, which I think is quite nice.

P?F: I know the Medical School did quite a lot of outreach, but I don’t know if that’s actually the Medical School or whether it’s MedSoc.

P?M: It was MedSoc.

P?M: MedSoc do a lot, do a lot to help kids, from I think it’s more underprivileged backgrounds, that might not initially be, more likely to struggle to get in or have the opportunity to experience like work experience, which is just so key to the application process, that you get that. I mean the introduction to theBM6 Programme, it’s quite unusual still. I don’t think there are many other places that actually do it, and you know someone’s on different courses, the Malaysian students, the German students, and I think coming back to the question that all those different skills, all those different sets of experiences, knowledge of differing areas, can just help to give a better standard of care because we can communicate with each other better in teams and between departments, have new ideas which, because if you just do the same thing over and over, you’re not going to integrate with anybody, it might not be, because you haven’t spoken to anyone different.

P?F: I also think it’s kind of, speaking to friends that are at other Medical Schools, having the wide variety and having the, you know Postgraduates all are people who’ve got children, and they’ve got more life-skills that they can then bring to lectures, to placement, and haven’t just come through from school, because you suddenly, you know you get to, you know a huge moment, suddenly realise that you’re actually quite naïve and you don’t know a lot about the world, but you’ve got these people on your course that have a breadth and depth of knowledge and can kind of, help you to see that as well.

P?M: That’s good. I’ve met people here, at Medical School, that I don’t think can be quite like, I don’t think anybody that I’d have met, before, that I met before I joined Medical School, and if I’m supposed to be able to you know work as a doctor in society, which is very varied, that’s only going to help, because now I know people from different backgrounds, whereas necessarily before, I didn’t know that many people from diverse backgrounds before.

P?F: I think the only thing is that with some of the people that are on, that are like allowed to do it through Widening Access, that it then becomes like a fan-out, there are other issues that perhaps, I don’t know whether the Medical School consider them or not, but I mean someone did a research project at the beginning of this year; it was kind of looking at how many of the BM6 cohort have to work to fund their studies, and I’m not sure how well they’re then supported through the rest, through the rest of it, because six years is quite a long time, if you’ve come from a, you know a lower socioeconomic background where your parents can’t support you and supplement student loans, they can’t necessarily support that.

F: Do you know what happened?

P?F: Pardon?

F: Do you know what the result was?

P?F: I know that BM6ers did work, they did work more, but they, it was obviously, it was a pilot study, so, they wanted to look into it more to find out whether there was that just within this cohort that it was, and they didn’t look at BM4s, they wanted to look at that as well, to see whether having done a previous degree and not having the student loan, whether that made a difference or not.

P?F: But BM4s do get a student loan. Because even if you’re a graduate, not undergraduate, whereas us, on the BM5 don’t, so, it’s quite different.

F: Okay. So, you guys have answered three of my questions there which is great, so. So, we’ve talked a little bit about the different programmes that we have here, and I think you guys are quite aware of them. So, my next question is just, do you perceive any differences between students on the different programmes? I think we’ve sort of hinted that BM4 students bring different life experiences with them, and you’ve mentioned that BM6 students are more likely work part time as well. Are there any other differences between groups of students that you’ve noticed?

P?F: By the time we all come together, other than when people start mentioning, I’ve got children, you go oh, okay.

P?F: At the beginning of first year I think we were scared of the BM6s, because they’ve been at university a whole year longer than us, so, I thought they’ll know so much more medicine and so much more about university, but I’m not really sure that that difference is still there now we’ve been here four years.

P?F: I think the Germans work so hard. They are slightly more serious in their studies. I mean that’s a stereotype isn’t it, it generalises, but yeah.

P?M: I think it’s probably a reflection of what it’s like in Germany though, because it is, apparently it’s supposed to be harder to get in there, than it is here, so maybe they have more experience of working in such a focused studious way, and they’re really on it. Obviously it’s still very hard for us to get into Medical School here, but maybe it’s a bit different

P?F: I was speaking to a BM(IT) the other day, and she said that it is a lot, for them a lot easier to get into Medical School in the UK, so, they, you know, and I think they’ve done, whilst we were doing our projects, I think they were doing placement as well, so, they’re quite on it, because at home, all their friends, who managed to get into, who you know decided to go, apply in Malaysia or wherever, have to work super-hard, so, they’re, they’re working super-hard as well.

P?F: Yeah. It’s a different culture as well. Like in the UK it’s kind of a pride thing to be like, oh, I’ve done nothing, you’ll be like, oh, wow, well done, what a joke!

P?F: Yeah.

P?F: You’re a Medical School and you’ve done nothing! Yeah, I don’t believe you. But whereas, I don’t know, I don’t think, whether they do take pride, or whether they do not take pride, kind of, so, yeah.

P?F: Yeah, I guess.

P?F: And I suppose that’s not, we are very much generalising, but the BM5 cohort is a lot, we’ve got, you know the BM(EU), BM4s, the BM6s, and the BM(IT)s, it’s a very small cohort, whereas the BM5, it’s quite a big cohort, so, probably any stereotypes are enhanced by the proportionally smaller units of them.

P?F: Yeah, true, yeah. I guess from like being a mature student on BM5, I think it’s evened out a lot more now, as to what people are like. When I first joined, I was like, oh my word, this is going to be a long five years, but it was quite, no disrespect to you guys, but I don’t know, just being around, like yeah, I think people just make really bad decisions, or just very like, sleep-deprived, on BM5, but I don’t know, they’re just not managing time well, not really know what’s going on and where you’re supposed to be, I guess it’s quite different when you, like probably don’t know when you come into it, thinking I’ll actually sacrificing having a job and having a life to be here, so, I’m going to do it, so, that was quite different. I wasn’t as prepared as like the BM(EU) students were quite hard-working and it’s easier to stick with them, the mature students, because you’re all in a more similar stage of life, but now, I’m kind of like these guys have grown-up, in the most non-patronising way.

P?F: It was the opposite for me. We were very aware that you all sat kind of together and you were the people who knew what you were doing at the beginning. Whereas we were oh my goodness, away from home for the first time, we don’t know what we’re doing.

\_P?F: Yeah, it’s funny. But yeah, the more you get through, the more you’re like, I don’t actually know what course you’re on anymore, or what year you are, how old you are, and I don’t really care. It’s more that kind of thing.

P?F: Slightly embarrassing when they mention, ask you, if you’re someone’s granddaughter, and you’re like, I’m a medical student.

F: So, do you work with the other programmes a lot, do you get to study with students from different programmes, in like tutorials?

P?F: We started, the first two years we would be in BM(EU), so, German students, but now they’ve gone back to Germany. And now the Malaysian students are coming, although I don’t really speak to them. And then BM4 join us from September. BM6s are entirely integrated, because they’ve done their separate bit before we even started, so, they start Year 1 as if they were, BM5 by that point.

F: And can you describe any experiences of working on projects with students from different programmes, or are you aware of students on different programmes?

P?F: BM6s, it’s hard to work out that they’re BM6s, as in, there’s people that are in my anatomy group who are BM6, but I didn’t know that, and I’d say, when did we do, when did we make a poster?

P?F: SSU1.

P?F: SSU1. What was the poster we did after that?

P?F: SSU2.

P?F: Yeah, that was the one. No, we had to write the thing, read books and things.

P?F: Oh yeah, that’s different.

P?F: That’s SSU1, that was it.

P?F: I think from my SSU, the BM6s have quite a good idea of what was expected, because they’d done projects before, so they were like, this is probably what they’re looking for. But we also had a BM5, but a mature student, who’d done, you know, a previous degree and knew what degree posters were supposed to look like. So, it kind of meant from, I don’t know, from me being a completely floaty, clueless first year, I had no idea what I’m doing, you could, at that point, you could tell, but at this point, other than the BM4s, unless you kind of, and in which case you’d probably met them in your extra-curricular type activities, were relatively integrated at this point.

P?M: Kind of everyone would start with their labels, like mature, or BM6 or BM(EU), but as you got on, everyone just integrated. I know, just, because I do a few different societies, I know a few people on different courses on there, and it’s just exactly the same, there hasn’t been anything left out or anything, because it’s away from sort of Medicine, it’s social, it’s, you just, you don’t, and obviously you’re like all there, BM6, but whatever, it doesn’t really mingle things at all.

F: So, that brings me nicely onto my next question then, which is about whether you kind of, so we’ve talked about studying with students from different programmes, but how much do you socialise with students from different programmes; what sort of things do you do?

P?M: So, there’s, so I do different societies with people from different programmes, so obviously societies are open to everyone, anyone can join. In terms of, I think at the start everyone kind of stayed in their groups, like in their cliques, as you go on, that sort of broken down a bit more, but I think there are kind of still remains. So, I know personally that I only link, really hung out with people who are BM5, when I started, because they’re the people I see the most, obviously BM6s, they knew people for a whole year, and then they would join, and I know a lot of them still mostly hang out with other BM6s, but I don’t know what it’s like with BM4s, like BM(EU)s wouldn’t sit next to anyone else, as far as they were concerned.

P?F: I think there were some we didn’t realise they were BM(EU) until they, until you see them on the screen, and you’re like, they’ve gone to Germany.

P?F: But then there were some I thought were BM(EU) a little bit; and I’m like oh, okay, you are not German.

P?F: Yeah, exactly.

P?F: I think in our personal friendship group is a mix of BM5 and BM6; that’s probably down to the fact that we all turned up to lectures quite regularly, and we did extra-curricular interests, and the things that co-incidentally bring you together, it wasn’t like a conscious choice, oh, I wont be friends with the BM6s, I think it’s.

P?M: That’s just what it is.

P?F: It’s just what it is and it depends what your personal experience is, probably down to where you sat in the lecture theatre on the first day, that’s probably realistically how first friendships are formed.

P?F: We don’t have much interaction with the BM4s like really until third year unless you meet them through a society.

P?F: Yeah.

P?F: Exactly. We have a BM4 that we knew before uni yeah, and then, I went to like this, I don’t know how to describe it, conference thing, and I met some BM4s on that, but otherwise I wouldn’t have met them. Like they’re so, I mean this is going back into what the different cohorts are like, but they work really hard, and so I feel like that they, sometimes have to be less sociable so, they don’t like join societies then you don’t mix

P?F: Yeah, definitely. And also, on placement quite a lot, so, for example, I’m from Basingstoke, sometimes I see them walking around.

P?M: I think everyone else, we have our placements around here or Basingstoke.

P?F: Yeah, separate, and they’re based in Winchester aren’t they?

P?F: Yeah.

P?F: I feel like it’s got more sociable this last year, and like you just see people that you know, and you’re like hi, you haven’t necessarily done that before though, started to say like, what’re you doing, you know, yeah.

P?M: I know, it’s just nice seeing someone you recognise.

P?F: Yeah, for your safety.

P?M: Yeah, particularly this year, you know when nobody knows quite what they’re doing, so there is sometimes a little bit of confusion.

P?F: It’s solidarity.

P?F: Yeah, I feel like it’s kind of at this point, almost the playing field has levelled out, because no-one’s been on placement before, so, whereas some people will have, I don’t know, a degree in Neuroscience before, and they’re very, right, I know the whole of neuro stuff, you know, and you can go ‘ohh teach me!’, but no-one’s really done placement before, so, everyone’s mucking in together to try and work out what on earth we’re doing.

P?F: Definitely.

P?M: You’re also kind of forced, in placement, to, you meet people that you wouldn’t necessarily have met before.

P?F: Yeah, you spend 8 weeks with them

P?M: Which is nice, but I guess maybe in the lectures you’ve always, sat next to the same people and it’s the same people in the same area, and you don’t really.

P?F: You could almost plot it

P?M: You’ve heard people did, but you didn’t really integrate that much, you’d know someone, but now it’s a lot more integrated.

P?F: I’d say you’re pretty much friends with everyone on the course. But then I don’t think there’s been anything like, oh don’t talk to them, like they’re BM-something, don’t talk to them or whatever

P?F: Yeah, I think it’s even if you’re not necessarily best friends with people, you know that, I suppose the nature of being on a Medical degree, you know that everyone is reasonably friendly, and is willing to help you if you’re really stuck.

F: I think that leads nicely onto my next question as well. So, this is my final question, so, and I think we’ve kind of touched upon it a little bit already, but maybe we can just focus a little bit more down on it, but what do you think having a diverse body of students brings to the learning environment, or looking ahead, what do you think having diversity brings to the professional environment?

P?F: So, like the learning environment, it’s quite useful because with different people, because different people learn in different ways, and actually that you might not know when you first come to Uni what your way of learning is, and then you can kind of talk to people about how do you learn, and then kind of find out from that, and then work out your way of learning.

P?F: That is important, I found, because I’d done my degree already, that’s kind of what I found when I did Chemistry, so, it’s nice, so, it was just ??? (0:23:49) perspective kind of thing.

P?F: And I think, I did Anatomy with P4F, she kind of did her Anatomy Book a bit different, kind of muscles being different kind of things, and I was like, oh, that’s a great way of doing it, so, that’s how learnt my muscles and things.

P?F: And then we had someone in our group who was just amazing, and they were like the thing was it’s really helpful to learn off other people who are a bit more confident in different skills.

P?F: And I suppose a diverse, if, like you said about each person having different skill-sets, different things that they’re good at, different things that they enjoy, means that together, as a team, both as medical students, in terms of learning, and as a professional team, you can work together and help each other to make sure that you’re being the best medical students and the best doctors that you can be.

P?M: Yeah. Because I’m on GP at the moment, and a lot of them have a special interest in something in particular, so, they’re all very skilled, they all know a lot about Medicine, but there certain people who know more about it and then it’s, and you’d only get that way, by having diversity. I know, that traditionally in GP, women and they are specialist in women’s health, men don’t often delve into that, but like if it was just all men, we might have a man who couldn’t tell sometimes that’s not appropriate, that’s not what people always want. So for example if you had to do an invasive test like smears, some religious groups for example, they’re not wanting a male to do that, so, again, yeah, it enables you, to less cater for the population potentially by being representative of that population.

P?F: And having lots of different people around for me it’s a bit more aspirational. Just in that, I mean let’s be honest, I don’t know, I mean my flatmate, she, well I mean this is just, it will make sense, but she, like went to lots of Unis, and spoke about like trying to widen access, so, essentially getting people to think that they can come to Uni and they see, but they just see the system in a different way, and I think at Uni or being here, you see that, some of the BM6s see Medicine in a different way to how I would, and so, bringing everyone together it’s kind of like, oh, this is good, but it could be better. I think I’m quite like, oh, that’s okay, and I carry on, well just as if you can be like, well I don’t know, if something massively isn’t wrong then why do something about it, or like, I wouldn’t think to improve it, but they’re definitely more like, oh, we could change this to be like this, and I think oh, that’s a good idea, yeah, let’s have a go. Kind of, yeah, I think it makes you think about things; it stretches your mind maybe.

P?F: I think it helps people to see as to how they learn.

P?F: Yeah.

P?F: Like we are on the BM4 front, and actually then the other day, she’d been on placement.

P?F: Well actually not that much longer now.

P?F: No. But I was just like, oh, how are you doing, and she’d be kind of, ??? (0:26:59).

P?F: I think also the support network within university kind of like having MedSoc Parents, it’s quite useful, especially if you’re

F: Was that useful for you?

P?F: Yeah, my MedSoc Parents were really helpful, as in I can text and say, I’m really struggling with this, and I’ll get notes, or they go, shall we meet up and do something, and I don’t know, I think, I don’t know, one of our friends is our other friend’s MedSoc Parent, and at the end of last year we met up to do revision sessions, it’s kind of the life knowledge and if you’ve got people who have done BM6, and BM6s tend to know the BM6s in the year above them, so, that they can go, well this is how they learnt it last year, and here are the mnemonics that we think were useful.

P?M: And these will come up in exams.

P?F: Yeah.

P?F: I think our family had a quite opposite experience when it comes to family, but I don’t think, no disrespect to my MedSoc Parents, but yeah they weren’t really, like they didn’t really engage with us; they did a bit, but not, I think when they were like oh, you’re, that they were just like, oh, you’re a bit older, so, what can we tell you, like I have no idea of anything, so anything would help. But they weren’t massively good, like they wouldn’t like help.

P?F: I’d say the same, I don’t find it that helpful.

P?F: Yeah.

P?F: I think it would have been more helpful if there was maybe an example of where you could try and match up similar people, or similar courses. I don’t know if that would have been helpful; it would have been helpful for me, but…