**BM5, Year 2 (Focus Group 6)**

F: Facilitator

P1M: Participant 1 - Male

P2F: Participant 2 - Female

P3M: Participant 3 - Male

F: So just to get going so that when I come to do the transcription, I can match people to their voices, it would be great if we could just introduce ourselves, so I’ll start. My name is Heather, I’m a PhD student and I’m running the focus group! Would you mind starting?

P1M: I’m P1M, I’m in BM5 year 2

P2F: I’m P2F, I’m BM5 year 2

P3M: I’m P3M, I’m BM5 Y2

F: Great, so we’re just gonna start off quite generally, I just want to find out what you guys know or understand about the term Widening Participation? In general, not necessarily to do with medicine. Do you know what it means, is it an important thing to do?

P1M: So, from my understanding, I think participation is about making sure people from lower socio-economic backgrounds, and promoting social mobility, by giving them the tools to achieve what other people who have everything can do quite easily, so just levelling the playing field

P2F: My understanding is that it’s giving access, to resources that people in privileged positions are able to get. So, whilst being in from a lower socio-economic background… you may actually be, perhaps more wealthy, or say fit into the university stereotypes of class, race etcetera, but you don’t have the exposure to it so you’re not able to access it. So, for example, if you wanted to do Engineering and they’re looking for someone with experience, you just happen to not know anybody [doing that] so you’re disadvantaged. So, it’s sort of breaking the [glass] ceiling, and sometimes that involves, like, lowering [grade/entry requirement] boundaries. But it’s not because you’re assuming that they’re not able to achieve, it’s just that you recognise that because of their challenges they may not be able to achieve as much as other people

P3M: For me it’s basically trying to get people that don’t have the chance, people that wouldn’t be able to get onto these courses, so it’s like, not an analogy or something, but someone was commenting the other day, that poor people, right, they can’t afford nice things so they buy like fakes, for example, and he was like: poor people, just ‘cause they’re poor, doesn’t mean they don’t deserve good things. So, Widening Participation is getting them, getting more poor people, more disadvantaged people to basically get them into areas of life, higher up or in higher positions by widening access to courses

P1M: Yeah, and to add to that I remember going to a conference and someone said that: Widening participation or widening access isn’t filling buckets, it’s lighting fires. So rather than not investing in people and just saying that they don’t have the abilities to do things – they do! You just need to give them the things they need to be able to go ahead and do that. Like give them the opportunities to.

P2F: I think it’s basically giving everyone equal opportunity. So, the same way most people that most people go into say this BM5 course, they are able to get access to work experience etcetera etcetera, but some people weren’t exposed to that, so it just gives you, it gives not the benefit of the doubt, but it assumes that you have the drive but you just didn’t have the tools that they needed, the tools to do it

P1M: IN medicine you hear that all the time: “my dad’s a doctor, my dad’s a doctor”, and it just keeps going on and on like that, but for a lot of the people from Widening Participation backgrounds they don’t have anything like that, very often they’re first generation, and of course that already puts them at a disadvantage because they don’t have anyone in their families that knows what it’s like to go to university or even aspire to do that

P3M: Yeah, and building on that, people who, not just like having doctors in the family, they’re getting interview prep and stuff like that. I have a friend in Brighton or Sussex, somewhere like that, they got all like, tutoring at like Cambridge level, an actual Cambridge tutor just to help him get into med school – he was trying to get into Cambridge but he didn’t get in, but still the fact that he actually got that, you know, I didn’t get anything like that. Cause you have to pay for it. So, there’s a lot of little things that help people just to get in to the course

P2F: I can say from my experience, I came from a background, like, where on paper I shouldn’t really have got in to a medical degree through the normal route. But I guess, because I did have access to the tools, so I guess that gave me the ability to go to a better school, outside of my area etcetera etcetera. But not everybody has that um not everyone has that network. And so that’s where the unfairness will come if they don’t have widening participation routes. So, for example, I wouldn’t have been able to afford any of that tutoring things, I didn’t have a doctor in my family or anything, but my parents knew people who knew people who were able to help, so that’s, I think that’s what the widening participation is for. For people that don’t know someone that knows someone!

P3M: Fair enough. So... I went to a private school so I had like a better chance to get in because like with grammar schools they sort of give you work experience, they literally like put me on a psychosis ward in a community place, just outside like a hospital, and I know like someone else isn’t gonna have that, and it like gives you like a goal. So, like okay now I know I want to do this I’m more motivated to get it. So, like, people from a worse school, like I used to go, I used to go to a really bad school before I went to this grammar school and we didn’t have any of that, we didn’t have any of the tools or like, just little things like that that just help you get in.

F: Cool, I just want to sort of add to what you’re saying about, I mean my next questions links in really well to what you were just saying actually. I think you said already that if you don’t have the same or equal opportunities as others then you might not have the same goals, but are there any other reasons why Widening Participation might be important?

P1M: I think it’s because you have different backgrounds in higher up. So, if you go, let’s say, from using medicine as an example again. But I think if you have doctors of different backgrounds or different cultures, very often that will lead to different ideas, because they very often will see things in a different way. At the same time, having that diversity as well helps with patient integration and engagement. Because if you’re for example Muslim and you want to see a Muslim doctor and it so happens to be that in that area you don’t have any, then you’ve already feel like they’re not gonna be able to engage with the NHS as well as they could or perhaps should be allowed to

F: Cool, so, we’ve talked about, you guys mentioned BM5 already and I think you talked a bit about BM6 as well, um, do you know, what do you know about the different programmes that we have here to gain a medical degree and how the students get onto the courses or what the courses are like?

P1M: So, from what I know, so we all understand the BM5 course, that’s the normal... well, I say normal, but it’s like the standard, triple A, work experience, the usual criteria. That’s the largest cohort. Then you’ve got the BM6 course that has a foundation year and they recently changed the grade requirements so I believe it’s ABB rather than what it used to be like triple B, and that’s intended for people from Widening Participation backgrounds, so they have to meet certain criteria such as having Free School Meals, First Generation to university. They have to meet some but not all criteria and very often they’ll have to say, kind of, an entry route like BM5 like an interview. But work experience, which is a lot harder to get if you’re from a Widening Participation background, isn’t a requirement as much. And then of course we’ve got the BM4 course which I would also count as Widening Participation as it’s for people from, who weren’t able to get into medicine first time for one reason or another, but now have a degree and still are capable of doing medicine. And then BM(EU) which is for German students from Germany.

F: Right, yeah. Did anyone else have anything to add?

P3M: I don’t really know too much about the BM6 course, just that it’s for people from more disadvantaged backgrounds

P2F: As to, what it includes, like the BM6 includes the foundation where they’re able to get that experience that the uni feels they need to progress through med school. So, I think um it’s one thing to identify a group that perhaps won’t find it as easy to get into med school, they also teach them how to be okay with it, and I think that’s so important because you can’t just identify a problem and then like hope that they survive! That’s not really.. and that could affect someone like, imagine getting in on lower entry requirements and then when you come in you are struggling to stay in, that could really affect someone, and I think um by addressing that by having the foundation year, well it’s appropriate

F: Yeah, those are the different programmes we have, and following that the next question is do you have any kind of perceptions of the students studying the different programmes? Do you tend to know what programme students are on? What do you understand about them?

P3M: I think that the BM6 cohort is mostly more diverse, like pretty much everyone is from different ethnic minorities, BM5 is less varied but still a little diverse. BM4 is just like well, Germans, I dunno...

P2F: Oh, yeah, BM(EU)

P3M: Oh yeah right, BMEU are Germans

P1M: Mm yeah, I feel like because of the background I came from, since I’ve heard about the BM6 course I kind of thought of it as that they would be more driven because they wouldn’t have chosen to have an extra year, and they’re coming from a background that’s already, well, society’s telling them that this isn’t something that they can aspire to go into, but they’ve pushed themselves to that point where they’re able to, you know something that’s even harder to get onto the course BM5, so that’s kind of like the perception I had of them. And after meeting them, I feel that’s kind of changed into seeing them as very often more skilled, because of their first year, especially because they had that extra year where they kind of get to learn all the different skills and about university, they know, they kind of seem more prepared than a lot of the first years were, and it was really good to have them around

F: oh yeah, why is that?

P2F: I would agree with that, and also say that, maybe the drive makes their approach to uni a bit different to like, I just found that they were a bit more settled in general because I- Ok so I was 18 when I joined, and that’s my first time leaving home, so maybe I’m [???] but they’ve had that extra year and then med school, so just, I think they’re, yeah, they’ve adjusted a bit more to learning away from home

P1M: and I think that proves the point that it’s not that they can’t do it, they just need a little bit more time, a little bit more teaching, a little bit more skills because of where they came from, they didn’t get that before.

F: Yeah, do you get to integrate with students from different programmes and learn or study with them?

P1M: Oh yeah, I’d say we’re really well integrated. Most of the time I’d say you can’t really tell who’s from BM6 or who’s from BM5 unless they’ve explicitly told you. Most of the time you can give it a guess because mostly they’re from, like P3M said, ethnic minorities, but in terms of knowing who’sBM6 or 5, I’d say that’s a lot harder than knowing who’s BM(EU) and who’s BM4 cause obviously BM4 are like more mature [laughs] and BM(EU)s gotta be Germans so!

P2F: Yeah, I think, since we’re there I might as well say it. BM6. I get, I think people assume that I’m BM6 quite a lot

F: oh really

P1M: oh yeah!

P2F: I wouldn’t say that I take offence but it’s just, I do think that’s quite a narrow view that even though the majority are quite diverse in some senses, I don’t think that there are many people who are Caucasian on the course. But mostly they’re like from African or Asian backgrounds, and different religions. So, when they see, like, it’s almost like they’re saying ‘Oh, I wouldn’t expect a Black person’ – this is how I take it sometimes – that ‘I wouldn’t expect a Black person to get in without some extra help’. Whereas the BM6 is mostly for socio-economic backgrounds, and it’s just that, it happens that way. Um, and I think, I think that the views is easily squashed once they realise that I’m BM5, it’s like, okay and they move on, but it’s just interesting to see that people have that assumption

P1M: It’s just that pre-conceived notion that they have of what a BM6 student is like, and if it also the way, generally, that people from our background speak as well, because we don’t, we have a little bit more slang in the way we speak, the way we act. I mean, I say the way we act, they think we’re from, different from everyone else who’s from the standard background sort of speak, and I think that’s where that pre-conceived notion comes into it as well.

P3M: I would agree with that, yeah

F: Interesting, yeah! So, do you guys study or socialise with students on different programmes?

P2F: Actually, my first friend was on BM6 and I think the very next person I met was on BM(EU) and that’s just natural for me to gravitate towards people that are different; because of the secondary school I went to, it was predominantly, like, from white backgrounds, so I was always part of something a bit different. So that’s not to say that they’re my only friends. But like they were the first people I met so obviously I work and study with them.

P1M: I feel like you get to socialise with them at socials [events] as well, but it’s a hard question to answer because you don’t really know, because again it comes into the fact that you don’t know who’s BM6 and who’s BM5 until you ask, so well, yeah, I’d say it’s a bit of a tough question.

P3M: Yeah, I like the fact that a lot of my friends, cause I hang out with friends on the EU course as well as the BM5, 6 courses so yeah, I have friends from like every aspect of the world! So, from the EU course I have a friend that has travelled a lot, and he’s been to a lot of places and that’s good. Because for me, I haven’t done that stuff, I’ve never travelled in my life, I’ve not done that stuff. But I live with him now and just by doing that and I feel like I’ve learned a lot about just like the world in general. I’ve eaten better like different cuisines and yeah, I wouldn’t have had if I didn’t meet these people from different countries. So it’s quite cool. And also having the BM6 course, I get to know those people too, like, when I went to school in London, obviously it’s predominantly Black and Asian, so it’s nice to have that sort of representation on our course. So, when I entered the course, I was like, ‘oh my god everyone’s white’, it’s like being back in Ireland where I grew up in Ireland, because everyone’s white there, but then obviously the BM6 has got sort of like more of a mix, it’s not all that, it’s progressive, it’s a lot better

P2F: Yeah, and I really agree with you on having different viewpoints. I think that’s something universities should offer everyone, but the fact that our course is so diverse where they really like, it comparatively shouldn’t be - so if you go to other unis where I went to interview – I remember being like ‘what is going on? I’m literally like the youngest person here, the only Black person. Why are there no like, where are the Black males?’ I’m surprised that you two are the only other ones here. But I didn’t know that this was such an anomaly, but being in a course that is, I mean, it’s as diverse as I could ask for really, in comparison to what I expected. And just gaining different viewpoints, different ideas on what to do with medicine, like, the initiatives that everyone has, their perspectives. It’s invaluable to be able to work alongside people that have different backgrounds and think differently as well.

P1M: And I think it’s so important because, like P3M said, it teaches you so much as well. Because people approach differently, they talk to people differently, and very often I feel like that’s for part of the reason why people will look at Southampton medical students in a different light to someone from other places, because very often people say that graduates from Southampton who do medicine happen to be more relaxed and to communicate better than students from other medical schools

F: That brings me on very nicely to my final question for you, which is what does having students from lots of different backgrounds bring to the medical school environment? or maybe looking into the future, we could dig a little deeper into what you said about graduates, you said they’re known for better communication?

P2F: Yeah, it makes you more relatable to a patient. If you know someone from different backgrounds. Even though you won’t know every single country or every type of identity that people can have; just the fact that you’re aware of how they’re different to you and that they need to be addressed in an open-minded way... it prepares you for that when you go into practice. And it also prepares you for like people from different backgrounds, to what different patient views are. Because you, when you interact with other patients and with each other, so that through that we’re learning in a group with each other and with patients. And it’s just a safer environment to learn before we go in to placement where we’re released to the public, and it might come as shock what people think if we’d just been left in a bubble, so the diversity allows you to explore that, safely.

F: what do you mean by safe?

P1M: I suppose it’s less risky

P2F: Yeah

P1M: Because you’ve already met someone like that, so you’re less likely to come out with something slightly inappropriate, comments, if that makes sense

P2F: and even if you do come out with something inappropriate, you’re not in a position of gross responsibility. So, if you make a mistake, you’re in an environment where you’re more likely to be able to see it, understand it, and learn from it. That’s what I mean. So, if someone was to say something that’s outrageous, because you’re in a small group and not in front of a consultant in like a massive ward, you’re more, you’re able to stop and learn. I think that’s probably the best...

P1M: Because very often those comments will come from a place of ignorance and having that diversity allows you to widen your world view, and then those comments become a lot less likely to happen.

P3M: I was just thinking, I think it’s good because it also exposes the patients to different cultures. Because when I did my HCA, I walked in and all the different speakers with different speaking, like Asian language and all that, and it was great cause they connected with the patients and it made me feel, you know, if you was Black you wouldn’t be able to speak like a different language, whereas now, there’s a lot of communities that would have used to be separate from each other. But when you go into a workplace now, you can come from anywhere in the world and then feel already integrated into the group. Like I could come from anywhere, and there might be a doctor there who might be able to help. It helps the staff, because they can work together as a team, and then they expose that to the patients. Like, oh, this person from this country, well they’re not all savages – they can see that people from different places are genuinely nice people who want to help.

P2F: it also makes differences between people less about culture or whatever, their ethnicities, it’s like this is just them being different. You know you’ve seen so many people you can’t categorise them by factors that are obviously different, I think that’s really important.

P1M: Yeah, and from a patient’s point of view, I mean it is what it is, if we see someone that looks like you, you will immediately relate a lot more to them than you would if you saw someone that was completely removed from your cultural background. So even if the person isn’t the one that’s treating you or speaking to you, knowing that they’re there as well gives you that perception that the doctor will most likely know what your background is about and will perhaps know better how to treat you and how to speak to you.

F: Cool, has anyone got anything else to add about Widening Participation or Diversity? Fab, okay!