**BM6, Year 2 (Focus Group 9)**

F: Facilitator

P1M: Participant 1 - Male

P2F: Participant 2 – Female

F: Ok, so thank you again for coming, it’s great to have you here. If you would just like to introduce yourselves for me that would be great. My name is Heather and I’m facilitating the focus group.

P1M: My name’s P1M and I’m BM6 2nd year medical student

P2F: My name’s P2F and I’m Y2 BM6.

F: Great, thank you. So, for my first question I’d just like to start off quite generally, I just want to know what you guys know about Widening Participation, in general, so about Higher Education rather than medicine in particular.

P1M: So, I understand that the whole idea is to give people from less socio- economically privileged backgrounds the opportunity to study at university, particularly those people who are capable of studying certain courses, but may have faced I dunno, obstacles, such that at the time of application that they are not on par with their other colleagues

P2F: Yeah, I kind of see it as the same thing, like people who might traditionally go uni or do a certain course, widening access basically facilitates them to do that. I guess it’s kind of like removing the barriers that would stop them from doing that, like if they’re capable of doing it but there are extra barriers, widening access would stop those barriers.

F: What sort of barriers do you think there are?

P2F: Money would be a big one, if they can’t afford it. I guess also like depending on their own private lives, sometimes like let’s say they’re caring for someone, they might feel like they can’t actually leave and do a full-time course, because they might have to look after their parents or their siblings or whoever. And there’s also like a cultural thing, so I know a lot of girls, who, they haven’t gone to uni, or they’ve pursued something like, so rather than go to 6th form, they’ve done something that’s like, kind of like a vocational course. Either due to their parents wanting them to do it or just because it would be easier for like, later in life. So, they think uni would, for example they’d rather get married earlier, or they’re expected to get married earlier but uni would stop them from doing that

P1M: I would say widening access is geared for especially like, because most of the time, more of the people who come onto the programme are like straight out of sixth form or college and with regards to money, sometimes it does, like when you’re a child you won’t exactly understand the way that money affects the circumstance which you grew up in. So it’s good that stuff like widening access is around because I could say for someone who might be younger, they might not focus on their studies as much due to their environment; whereas if you’re nurtured in an environment where you do have that financial backing and things in a way are put in front of you such that you’re always fostering your academic capabilities, then when it does come to the stage when you’re ready to apply to university, coming from that environment is much more favourable than to someone who would have been in an environment where it might have been a bit more, let’s say distracting, or they didn’t get as much attention put into your studies

P2F: I think money’s like, there’s loads of things that sprout off that. So, if you come from like a lower SES background, you probably grew up in certain areas where everyone’s kind of like the same as you, especially in like educated. I know with our school we had a lot of teachers who would use it as a kind of stepping stone almost. So it would be like well we’re not attracting the best teachers, so from that you’re not exposed to the best education, and your teachers might not be – obviously we had some really good teachers – but compared to say like a private school, or a really big big name school, they would nurture you a lot more, they’d really push you through it. Whereas I know in my school it was kind of like, if someone shows potential, they’d obviously help them try to achieve it, but they can’t focus on one person, there’s so many other kids and some with real problems, so I do think a lot of things sprout off of money.

F: absolutely! To narrow it down a bit now, what do you think about widening participation to medicine? What do you know about that?

P1M: I think it’s good because it sounds like a cliché saying that oh it brings a lot of diversity into the medical arena, but it is true, because, for instance, I’m just gonna use London as an example cause that’s where I’m from. London is quite multicultural, but if the people that they’re training to become doctors are all from one specific background, then, for instance if you have those people just treating the whole of the London population, it’s quite misrepresentative of the people that actually do grow up in London, so I’m gonna name a random area such as Ascott, which is quite a privileged in the UK – I’m not saying everyone who comes to medical school comes from Ascott – but if you’re picking people from that sort of background and the jobs that are available are in places like London, sometimes the patients might feel disconnected from the person who’s treating them. I think in that way it’s quite a good thing that, especially this university, you create doctors that are approachable

P2F: Yeah, basically I agree with what P1M said; the doctors that we’re getting are not like representative of the population that it’s looking after. So, we’ve got a lot of doctors that are you know, they might have gone to a good school and stuff, but they don’t actually the other difficulties that people might face. So for example patients, they might have like certain lifestyle problems that, for example if I was treating someone who was South Asian, I know I couldn’t just be like “oh you know, just exercise and eat better food and stuff!” because I know a lot of barriers that would hinder that, so you’ve got to be more realistic. And maybe making smaller changes would be more achievable and that could help them. But compare that to a doctor who might not understand their culture and simply suggest “oh just do this and this” and the patient ends up not doing it. And language is a really big thing – there’s a lot of times when my grandparents have gone to the doctors and they’ve had to take someone with them or they’ve had to reschedule the appointment because there’s no one there and it’s because they don’t speak the same language. So, whether it’s the doctors understanding of the lifestyle of the patient or actually being able to speak their language, I think that’s a massive thing. And that’s why widening access is important.

P1M: Also, I just wanna add, widening access to medicine is good because for someone like me, before actually making a decision to, maybe I would have had made the decision to become a doctor earlier if there had been one that I could relate to? It could be in my family and, well, a lot of people that I know there’s no one that’s actually in those sort of positions. So over time, with things like widening access to medicine, you get increasing amount of variety of people in well-respected jobs in our society, and through that you can change the narrative that it’s not just the same sort of people getting these jobs but rather anyone who’s actually capable of doing it should pursue it, if they feel like it’s the right thing for them. Because I feel like with a lot of people I Know, there are a lot people who I would say are capable, but because you don’t really think it’s possible for you to do such a thing, you just like disregard it and just think oh I’m not gonna do that because I won’t fit in, I remember I had a conversation with my sister once and in a way it’s a bit similar to what we’re talking about here now. I was asking her if for instance she wants to would she ever consider going to a university like Oxford or Cambridge and she just said no because she feels like she wouldn’t fit in. I was telling her that if you’re capable then there’s no reason why you shouldn’t go, but I can see why she wouldn’t wanna go to a place like that only because of some of the barriers that are in place

P2F: Yeah, I think even if you could achieve like all A\*s at A-Level and everything, so Oxford and Cambridge could be an option for you, but I think it’s kind of like the lifestyle they have there as well. I know I wouldn’t feel like I’d be able to fit in there, just because, well, we’re minorities anyways but I’d definitely be a minority at say Oxford or Cambridge. At Southampton we have BM6 so it’s, not exactly catered for us but like they’ve helped us to fit in in a way, whereas let’s say you were to go to somewhere like Cambridge, they wouldn’t really put that in place and I think that it’s quite an important thing. So, it’s like yeah you can achieve the grades to go there, but it’s just actually the lifestyle they have there but I’d rather go to a good London uni where there’s loads of different people, colleges and somewhere you’ll probably get catered for.

F: fantastic. What do you know about the different programmes we have here? You guys are on medical degrees, but different programmes to get a medical degree. What are they like?

P1M: BMEU, BM4, BM4 and BM-something... Malaysia?

P2F: BMIT

P1M: Oh yeah IT

P2F: but I’m not sure when BMIT comes, when they come over. But I know that the criteria are slightly different. So, with BM6 I’ve heard that they take a lot more of like the interview and personal statements into account, so they kind of see how well rounded you are as a person. Whereas with BM5 there’s more emphasis on the UKCAT and grades, so more like academic. But other than that, I don’t really know the differences between them

P1M: How about BMEU, is that the same? I don’t really know.

P2F: I don’t even know If they get interviewed here or there

P1M: I think they get interviewed there but I don’t know what the entry requirements are, if they do A-Levels or... and I’m not sure for BMIT

P2F: Yeah, the only ones I know are the differences between BM5 and 6

F: Okay, have you met students on the different courses?

P1M: yeah

P2F: I’ve met maybe like one BM4 but that’s because I met them through the Street Doctors but other than that I guess maybe we’d meet them in later years, but

P1M: I haven’t seen any BMIT yet and I don’t know any BM4s

P2F: I think it’s just cause right now the year 2s or year 3s, they’ve gone to Basingstoke, so we’re not really exposed to them until later on. The BM5s we’re obviously exposed to often. The BMEUs I probably like as in out of everyone I think BMEUs are the ones I probably see the most. As in, I know BMEUs and BM6s, there’s quite a lot of, you get to get along better with them sort of thing.

F: DO you have any kind of perceptions about students on the different courses? You said you think you get along with the BMEUs better, can you describe why that is?

P2F: I don’t know why it is! I think it’s probably like in 1st year you kind of set the tone. I think it’s just like from my own experiences, and obviously everyone has different experiences. I do hang out with BM5s, but I think between he BMEU and BM6s I’ve seen a lot more sort of relatability?

P1M: I dunno, I think it’s the fact that they come here in a way like foreigners and there’s only 30 of them, so subconsciously we’ve kind of, related to that. I mean we’re not foreign but we’ve kind of been in that situation before where there’s only 30 of us so naturally you just want to make them feel welcome, so you’re more likely to go out and try foster some sort of relationship. And that just seems to carry on throughout the year. I think that’s what it is.

P2F: Yeah, with the BM5s as well I feel like because there’s so many of them it’s like you can’t really pinpoint and be like ‘oh’, because the thing is a lot of them seem quite settled anyways!

P1M: Yeah, I think it depends because you kind of find that a lot of people hang around in cliques. It’s just natural, do you know what I mean? And me personally talk to people more of the people from like London and people who are I don’t know, foreign. Not to say that I don’t speak to other people purposefully, it’s just not as easy to have a conversation with them. So, I have more friends, well most of my friends are BM6. I have a few friends on BM5 but I don’t think it would be past 20! But yeah, I know people from BMEU

P2F: I think it’s because BM5s are such a massive proportion of us, it’s like, I know a lot of them come from similar backgrounds so like they kind of had the same culture at school almost. So, when they come here, because there’s so many of them, they kind of create that culture here. So, with ours, because BM6s and BMEUs are more the minority in terms of we don’t really relate to that culture, BM5s would form cliques more easily, whereas we... To be fair, it’s just natural.

P1M: Yeah absolutely, I don’t think there’s any animosity or anything in the air, but it’s just, you tend to gather towards what you’re comfortable with, so you can fit in as much as possible, and that just carries on throughout the years here.

P2F: Yeah, I think a lot of it is to do with relatability, like I might not understand maybe their banter or the way they kind of... for example, in MIP, I get on with everyone in my MIP but I wouldn’t necessarily be like ‘oh hey do you guys wanna chill out after’. So, like, they’re nice people but I wouldn’t really chill with them

F: Sorry, what is MIP?

P2F: Oh, Medicine in Placements

P1M: it’s one of our modules

F: and you have mixed study groups?

P2F: yeah, we normally have groups of 5 or 6 so I’ve got like one BMEU and three BM5s

F: oh right, and what’s it like to study with students on different programmes?

P2F: I feel like MIP is a bit different, because you don’t really interact so much with other people, it’s more focused on patients. But yeah, I think it’s alright. Normally on the taxi journey there and back we’ll chat for a few minutes but mostly It’s fairly quiet

F: would you say you’ve noticed anything about the ways students from different programmes study or work?

P2F: I remember when we first came from Year 0 to Year 1 I remember there was so many BM5s studying bare, and we were worried that they’d end up burning out!

P1M: Yeah I think initially when they first, because we’d already done a year already, when they first come to university, before you come to med school you have this perception that it’s all constant study, so at first you see people trying to study as hard as possible then they realise this is not sustainable. But overall, I think that tapers down and people realise it’s more a marathon than a sprint and then there start being less changes in the way we revise

P2F: I think that a few BM6s that work consistently throughout the year, and a few, well I am a last-minute person! And then it’s the same with BM5s

P1M: yeah, you’re right, some people just like to get it done but some people wait til the end

P2F: obviously like it would make sense that there are more BM5s who work hard consistently throughout the year but that’s probably just because there’s more of them so statistically I suppose it would be the same

F: Yeah, everyone has their own pace don’t they. My last question is about whether there’s anything about have lots of students from lots of different programmes integrating together. Do you think that brings anything to the med school learning environment? Or maybe looking ahead to the clinical medical environment?

P2F: Mm I think in terms of the learning environment I feel like I dunno if it’s affecting it

P1M I think everyone’s here to study so it doesn’t have a negative effect in any way. I can see positives out of it, because I guess you get to know other cultures that you may not otherwise be exposed to. Even from my point of view – I’m so used to hanging around with a certain group of people that if I wasn’t exposed to some of the BM5 for example, I think it’s a bit of a weird experience but it’s good because not everyone you work with is gonna be like you, so I need to be aware of that as well and learn how to work well with them

P2F: yeah, I think it’s so useful for the future and thinking of where we’ll work, because you’re not like, where I’m from is the majority are just one demographic. Whereas coming here has exposed me to so many different people and that’s definitely gonna be useful later on in life. Even with BMEUs, we’re only with them for 2 years, but I think I’ve learned a lot from them, being exposed to them and getting to know their culture and that. I don’t know if they’re international, like they don’t count as BMIT do, but they are international students, and different from BM5. And I think that’s really good, learning about different cultures and hearing about what medicine is like in other countries, it helps you think about what we have here and why. I think it’s so much more useful than if I went to a uni or med school where it was just like one type of person or demographic.

F: and have you thought at all about the impact of diversity here when you go into the profession?

P2F: Oh yeah, I think I can adapt more now. As in, depending on who I’m talking to and what their background is, I feel like I can adapt more. So that will be useful when it comes to being a doctor, you can adapt to the team you’re working with, you can adapt your practise with patients. I think also you can appreciate kind of what YOU can bring as well. If I was only with people who were the same as me, I wouldn’t have made much difference, but now I can see what my weaknesses are and what my strengths are compared to others. Like I can contribute different things because I have a different background. What I bring to the table, I maybe appreciate that more and I’ll use it and talk about it more. Things like speaking another language – I’ve realised how important that is. It’s actually made me – aside from the languages I already speak – I think I’d like to learn another one! A lot of the BM5s don’t really have that.

P1M: I think he same to be honest, yeah.

F: Fab, was there anything else you might want to add about diversity or widening participation that we haven’t had chance to cover?

P2F: There’s probably other stuff in my brain but I think I’m good for now.