Declaration page

This thesis is the result of my own work and includes nothing which is the outcome of work done in collaboration except where specifically indicated in the text.

Title Page

"A qualitative exploration into how financial experiences shape the journey of widening participation students through medical school".

By

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Abstract

An ambition within medical education is that the medical workforce reflects the diversity within the patient groups they serve (Garlick and Brown, 2008). Despite the efforts made within widening participation initiatives, students from lower socioeconomic backgrounds are still underrepresented, and other groups face disadvantages in medical school and the medical profession (BMA, 2023). This project explored the under-researched area of financial experiences of medical students, both with and without identified widening participation characteristics, to gain insight into their journey through medical school. A qualitative literature review of 24 papers concerning the widening participation student experience at medical school revealed a lack of research on the financial experiences of widening participation medical students. The review highlighted how including participants without identified widening participation characteristics gives a social and cultural context to the experience of widening participation students. A focus group study involved nine medical students not selected specifically for widening participation characteristics at a university in the East of England. Through a thematic analysis (Braun and Clarke (2006), three themes were constructed: student as consumer, becoming a doctor and interacting with difference. The literature review and thematic analysis raised questions about widening participation and how it is conceptualised and enacted; this led to a critical analysis of widening participation which questioned the utility of the concept of widening participation and proposed alternative conceptualisations of "hidden widening participation ", "unrecognised widening participation ", and "unsupported widening participation ". The project findings contribute insight into paid employment as an important financial factor shaping financially struggling students' experience. Furthermore, the project raises questions about how widening participation is studied and conceptualised or if widening participation effectively encapsulates students who need support due to financial struggles, thus making suggestions for future research directions.

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Chapter 1: Introduction Chapter

This project explores how financial experiences shape the journey of widening participation (WP) students through medical school. The chapter will start by introducing WP, setting out why WP is important within higher education and how it evolved. Therefore, setting out WP is an important topic to study. Next, the chapter will highlight some differences between WP in medicine and WP in general higher education, for example, different conceptualisations of groupings, different ways of measuring student outcomes and different experiences of having a WP label. The described differences will highlight the need for separate research regarding WP in medicine as WP research in general higher education might not apply to the experience of medical school students. Next, the financial experiences of students will be outlined to highlight why focusing on the financial experiences of WP students might provide useful insight into the student experience. As with the conceptualisation of WP, the financial experience of medical students is shaped by the context of medical school, so the financial experiences of medical students might reflect the specific context of studying to become a doctor. Therefore, research that focuses on the specific financial experience of medical students could give valuable insight into WP medical students. The challenge to WP of risking reduced academic standards is addressed alongside the argument that WP benefits patient care, thus setting out the benefits of WP as wider than the students. Finally, the chapter will outline the thesis structure, the literature review, the focus group, the critical analysis of WP, and the conclusion.

Introducing WP

WP is a key concept within this thesis, it is important to provide an outline or definition. Widening participation refers to the policies and strategies that enhance equality in higher education by supporting students from disadvantaged backgrounds to access and achieve success in higher education (OfS, 2023d). The support associated with WP is focused on key groups with experiences related to disadvantage, including being underrepresented in higher education, having lower attainment rates, or experiencing prejudice and discrimination (NHS, 2014; OfS, 2023a). This project focuses on students categorised as "widening

participation" (WP). The term WP can refer to groups of students who share backgrounds or characteristics associated with disadvantage that can be associated with factors such as lower levels of attainment or representation in higher education. Examples of disadvantaged groups in medical education are students from low socioeconomic backgrounds and students from certain ethnic groups (OfS, 2023a). The definition of widening participation students used within this chapter will reflect the groups prioritised by the Office for students (see table 1) and included within current Access and Participation plans produced by HE institutions (OfS,2023a; UEA, 2019).

Student Characteristics	Definition / Explanatory notes
Mature Students	Students who are 21 years or older at the start of their degree.
Disabled Students	Students who fit the definition of having a disability as set out by the Equality Act 2010 (Government Equalities Office, 2010).
Students from specific ethnic groups	Refers to students from Asian, Black, Mixed or Other background
Students who have been in receipt of Free School Meals (FSM)	A benefit available to some low-income households (Crown, 2023)

Students who lived in deprived areas as measured by Index of Multiple Deprivation	A measure of deprivation based on postcode.
Students who live in areas of low participation in HE (POLAR 4 / TUNDRA)	

Table 1

Key groups of WP students as set out by the Office for Students (OfS), (OfS 2023a)

The second way of conceptualising WP is through the interventions associated with supporting WP students, such as outreach schemes to enable students who receive Free School Meals (FSM) to access higher education (Baines et al., 2022). Finally, WP can be conceptualised from the perspective of policy. Consideration and awareness of WP policy are vital because it is recognised that the barriers disadvantaged groups face at university must be addressed so that students experience better equality of opportunity and outcome; however, WP goes beyond individual higher education institutions (Connell-Smith & Hubble, 2018). WP is guided by government policy and aims to address the underrepresentation of disadvantaged students in higher education by doubling the proportion of students from disadvantaged backgrounds accessing higher education (Connell-Smith & Hubble, 2018). In summary, WP refers to actions and policies related to specific groups of students seen as disadvantaged in higher education.

WP is a complex and multifaceted concept, containing more aspects that can realistically be included within one thesis. UK medical degrees are full-time, in-person courses that follow graduate and undergraduate routes. Therefore, WP will be considered in relation to full-time in-person courses, and the experience of part-time or distance learners will not be included. Furthermore, this thesis will mainly focus on student experience through the degree, from the time of entry up until graduation and factors related to WP or widening access before or after the degree will receive minimal attention and factors such as entry qualifications will not be considered. Therefore, this thesis will focus on aspects of WP that

are most likely to relate to medical education, focusing on the experiences of full-time undergraduate and postgraduate students with various WP characteristics.

Why WP is important

Consideration of WP is important in Higher Education (HE) because it is a requirement under current Office for Students (OfS) guidelines. The Office for Students is the independent body responsible for overseeing higher education. Part of the remit of the OfS is to work with HE institutions and set targets related to outcomes for WP students. Therefore, data is obtained regarding different groups comparative outcomes during the different stages of their educational lifecycle, including access, continuation, completion, attainment, and progression - in other words, students getting into university, staying for at least a year, finishing the course, level of achievement they attain and what they do after university (OfS, 2023a). Information is gathered for key groups, which currently include mature students (students over the age of 21 at the start of their course), students from areas of low educational participation, students who live in deprived areas, particular ethnic groups, disabled students and students who have had eligibility for FSM (OfS, 2023a). Higher Education institutions are required to produce 'Access and Participation Plans'. These plans are monitored and approved by the OfS (OfS, 2023c). Access and Participation plans are the document which sets out how universities will support identified WP students (OfS, 2023c). These plans represent a considerable investment within HE as the approval of these plans means that universities retain the right to charge higher rate fees for courses (currently £9,250 per year). The OfS sets out a requirement that HE institutions engage in research to support their work in relation to WP Some of this research is in the form of data outlining levels of participation or attainment in particular groups (OfS, 2023c). However, Hayton and Bengry-Howell (2016) argue that HE research should go beyond describing problems to make a meaningful contribution to building solutions, and this includes understanding in greater depth the experience of WP students and the barriers that different student groups may face in their journey through medical school (Sartania et al., 2021). Therefore, there is research interest that could give insight into the experience of WP students. However, it will be argued that WP has evolved to be a complex construct reflecting the context of general and medical education in different ways.

The evolution of WP policy

WP has evolved over several decades and is related to a desire to decrease educational inequality in higher education (OfS, 2023d). It is important to recognise that WP evolved as this helps give insight into how WP became the construct experienced at the time of writing. The concept of WP evolved through changes in higher education since the 1960's. The first change was the policy of expansion, the desire to increase the number of students who accessed higher education combined with a desire to increase the participation of underrepresented groups, especially those from low socioeconomic backgrounds. The second was the change in funding, which moved away from state support and towards responsibility on students; however, as the concern remained about underrepresented groups, WP emerged to focus support on identified groups as an alternative to universal student support. The expansion of higher education will be described before considering the evolution of student financial support as a factor related to the evolution of WP.

Expanding higher education

From the 1960s onwards, there was a drive to increase the number of students entering HE. The expansion of HE evolved from a move to increase numbers to a drive to focus on increasing the numbers of students from specific groups deemed to be underrepresented in higher education. The UK's move to increase university education started during university places' expansion in the 1960s. During the 1960s, 13 new universities opened, and ten colleges of advanced technology were converted to university status; thus, the number of universities in the UK grew from 24 to 47 (Jobbins, 2013). The increased number of places led to many more students gaining a university degree, with the number obtaining a first degree increasing from 5,575 in 1960 to 15,618 in 1970 (Bolton, 2012). The expansion of university places and the desire to have increasing numbers of people gain access to university was a key part of the 1963 Robbins Report, a government report concerned with higher education strategy (Robbins, 1963). It can be suggested that the Robbins Report demonstrates an early start to widening participation, as it appears the report is concerned with both numbers and increasing the numbers of students from different backgrounds. The Robbins Report describes the underrepresentation of women, first-in-family students, and people from lower classes, suggesting that the aim is to increase numbers and the representation of underrepresented groups (Robbins, 1963). Thirty-five years later, the Dearing Report (1997) and the Labour government reflected similar ambitions. Former Prime Minister Tony Blair aimed to get 50% of 18-30-year-olds involved

in higher education by 2010 (Archer, 2007; BBC, 1999; Dearing, 1997). However, the goal again was not just to increase numbers but to increase the numbers of students from underrepresented groups, focusing on students with disabilities, ethnic minorities, and students from low socioeconomic backgrounds (Dearing, 1997). Since 1963, student numbers have increased, and in 2019, Blair's goal was reached, with the number of young people attending university passing 50% (Crown, 2021a). As the number of students entering higher education increased, concern began to be expressed about the cost of funding higher education. Hence, funding arrangements changed with less focus on global support and more on supporting groups of students perceived as disadvantaged in higher education.

Funding the expansion of higher education

Two main narratives characterise the changes in how higher education is financed since the Robbins Report (1963). One is the idea that the responsibility for paying for education needs to shift away from the state and onto the student, and the other is a concern for socioeconomic diversity in higher education and that financial barriers should not prevent disadvantaged students from studying (West et al., 2015). The current situation in higher education is that students are funded via a system of loans that provide for living costs and meet the student's obligation to pay tuition fees of £9,250 (Government Digital Service, 2023). In the 1960s, the situation was very different; students were funded via grants and had access to the same social security benefits, such as housing and unemployment benefits that the rest of the population enjoyed (Robbins, 1963). The first change was made in 1986, when the Conservative government ended student entitlement to claim most social security benefits, including unemployment benefits and placed restrictions on entitlement to housing benefits (Wilson, 1997). The change in student entitlement to benefits aimed to encourage students to turn to their families and employment earnings for financial support (Wilson, 1997). Therefore, before 1986, in addition to receiving student grants, students could also access state support to help fund housing needs or provide financial support during university breaks. The idea of student loans was proposed as early as 1988 in a House of Lords debate in a speech that criticised the grant system for failure to attract low-income families into higher education and being considered too expensive to fix (Parliament, 1988). The move away from state responsibility and towards student financial responsibility continued with the Dearing Report (1997), which introduced the idea of students paying towards their education in the form of a contribution towards fees with a move away from student grants and towards

student loans. This report introduced the idea of the taxpayer as a stakeholder within higher education, with more financial responsibility placed on the student who will benefit from the education and less on the taxpayer (Gorard et al., 2006). The New Labour government continued to suggest that the government should hold responsibility for funding the major costs of higher education whilst moving towards student loans and fees (DfES, 2003). However, this changed in 2012 when the coalition government increased the tuition fee from £6,000 to £9,000, transferring a larger proportion of the cost of studying from the state to the student (Coughlan, 2010). However, as the move away from universal student support continued, so did the concern that higher education needs to be inclusive. The Dearing Report (1997) began to use the phrase "widening participation" to focus support on groups considered to be underrepresented in higher education and to consider their support needs, especially students from low socioeconomic groups. The Dearing report of 1997 appears to be the start of widening participation, but the construction and enactment of WP continued to evolve.

Evolving nature of WP groups

In 1997, WP focused on disabled students, mature students, students from low socioeconomic backgrounds, and particular ethnic groups accessing higher education (Dearing, 1997). Over time, students considered WP have increased to include more characteristics such as care leavers or estranged from their families (OfS, 2023c; UEA, 2019). Furthermore, the aims and objectives of WP have become more diverse, moving beyond access and towards the whole student lifecycle, including access, attainment, rates of continuation and progression to employment or further studies (Dearing, 1997; OfS, 2023c). Therefore, the expectations of WP have broadened, and WP initiatives cover a wider range of students and fulfil a wider range of functions. The resulting model of WP evolved to fit the needs and context of higher education. The next section will argue that there is a mismatch between the context of WP and general higher education. This mismatch means that research in general higher education may not apply to medical education, and separate research on WP in medicine is necessary.

WP in medical school

WP in medicine has several differences from WP as enacted in general higher education, including how attainment is measured, the types of groups considered WP and the

rationale behind widening participation. These differences suggest that WP in medicine should be considered separately from WP in general higher education.

Socioeconomic status and access to medicine

One difference between WP in general higher education and medical education relates to private and state schools. In general education, attending a state school is not considered a focus of widening participation; however, medical education focuses more on the underrepresentation of students from state schools (BMA, 2021). The UK education system has three types of schools: private schools, which charge fees; grammar schools, which are state-funded but academically selective; and non-selective state-funded schools. Evidence shows that a student's schooling experience can shape decisions and opportunities associated with applying to medical school. The type of schooling is also associated with application rates to medical school. In the UK, between 7 - 13% of the population attend fee-paying schools or grammar schools; however, this type of school represents approximately 44.1% of applications to medical school and 22–31% of students undertaking a medical degree. (BMA, 2015; Comprehensive Future, 2023; Mathers et al., 2016; MSC, 2013). As attendance at fee-paying schools is associated with higher socioeconomic status (Green, 2022), these data reinforce that those from higher socioeconomic backgrounds are more likely to attend medical school, while medical students from lower socioeconomic groups are underrepresented compared to the general population. Therefore, when socioeconomic status is defined by school background, students from state schools are underrepresented in medical education compared with students from selective or independent fee-paying schools. Therefore, groups within WP in medicine might differ from those considered WP in general higher education. Unfortunately, the evidence related to private and state school entry into medical school is fairly dated; however, no evidence suggests this situation has changed. However, this does suggest that socioeconomic status plays a significant role in the journey to medical school and that socioeconomic differences associated with having lower socioeconomic status could impact the student experience and be worthy of study. The next section will explore potential reasons why socioeconomic status might shape the journey into medical school.

Gaining an understanding and insight into the student journey through medical education may help identify factors associated with access and success within this HE

context. An important difference between students from higher and lower socioeconomic backgrounds relates to having the confidence or aspiration to apply to get into medicine, with pupils from lower socioeconomic groups reported perceiving medicine as a career more suited to "posh" people and underestimating their chances of getting a place at medical school and completing their programme of study (Ball et al., 2020; Greenhalgh et al., 2004). Confidence in applying to study medicine also appears to be influenced by secondary school experiences of encouragement by teachers and quality of career advice (Alexander et al., 2021; Mathers & Parry, 2009; Wright, 2015a). Pupils from private schools report higher levels of proactive support and encouragement with their applications to medical school than children who attend state schools (Alexander et al., 2021; Mathers & Parry, 2009; McHarg et al., 2007; Wright, 2015a). Proactive support includes practical advantages; for example, students from private schools are more likely to be offered opportunities to gain medically related work experience (BMA, 2023) and support with the personal statement part of their application, which then tends to score more highly than students from state schools (Wright, 2015). The difference in the quality of guidance and encouragement at secondary school may directly influence career expectations and, therefore, the number of applications to medical school from state school students (Alexander et al., 2021; Mathers & Parry, 2009; Southgate et al., 2017; Wright, 2015a). This example illustrates how differences between students' experiences from higher and lower socioeconomic groups may result from differences in social and economic capital (Wright, 2015a). Furthermore, this illustrates how understanding the differences in the experiences of students applying to medical school enables the design of strategies to help disadvantaged students with their application to medical school. Therefore, if more understanding is gained about the financial experiences of WP medical students, this could lead to designing interventions that could help them.

Inequality of opportunity may also impact WP students within state schools as different state schools may have different resources or levels of support to enable disadvantaged or underrepresented students to apply to study medicine. Medical schools run schemes to encourage or enable eligible students to apply for medicine which includes interview support, mentoring with a current medical student and support in gaining work experience. Eligible students have WP characteristics, for example, coming from a low HE participation area, being eligible for FSM or being care experienced or estranged (UEA, 2024). However, one barrier to students accessing such support may be experiences within school. In contrast to the experience of privately educated students described above, there is some evidence that

teachers may discourage students from applying to medicine. Alexander, Nicholson & Cleland (2020) interviewed 11 teachers from state schools with low levels of medical school application. Teachers perceived the process of applying to study medicine as very long, emotionally demanding and with a low chance of being successful, so they did not see their role as encouraging students to apply. The study suggests that teachers' attitudes in some state schools may serve to actively discourage students from applying to medical school. The authors suggest that to increase equality of opportunity within state schools, medical schools must work with teachers. Discussions around equality of access to medical schools within state schools must focus not only on the needs of the students but also on other key individuals, such as teachers who may encourage or discourage aspiration to medical school (Alexander et al., 2020).

Attainment and ethnicity

The example of ethnicity and attainment will illustrate a mismatch between WP in higher education and medical education. Evidence of the attainment gap comes from data of students who graduated between 2017-2018; the data shows a 13% gap in the observed rate of getting a first or 2.1-level degree between white students and students from a Black, Asian and Minority Ethnic (BAME) background (NUS, 2019). (BAME is sometimes also referred to as Black Minority Ethnic background, to reflect the literature both terms will be used in this project). The Office for Students reported figures in 2021 stating the gap between white and BAME students for different ethnic groupings, with Black students showing at 18.3%, Asian students showing 7.7%, Mixed Ethnicity showing a 3.6% gap, and "Other" showing a 9.9% reduced likelihood of being awarded first or 2.1 degrees (OfS., 2021). This evidence suggests an attainment gap, but it cannot be applied to medical students as the medical degree does not use this classification system for degree outcomes, thus illustrating another contextual difference between WP in medicine and general higher education.

However, evidence does support the idea that ethnicity is an important area for consideration within medical education. Woolf et al. (2011) conducted a systematic review and meta-analysis of academic performance in UK-trained doctors and medical students. This review found that "non-white" students had lower levels of attainment in different areas of medical education, including undergraduate and postgraduate assessments (Woolf et al., 2011). Mukherji et al. (2022) conducted an observational cohort study on 3714 student

records in one UK MBBS programme to examine differences in attainment by ethnicity. Findings suggested that white students were more likely to achieve a merit or distinction than non-white students, which meant there was still an attainment gap between white and non-white students (Mukherji et al., 2022). Two literature reviews have explored the experience of BME undergraduate students. Gupta et al. (2021) conducted a review exploring literature relevant to BAME undergraduate medical students, and conclusions suggest that BAME medical students have experiences of discriminatory behaviour, which has a negative impact on outcomes. Montasem et al. (2023) conducted a literature review that included five papers on discrimination, harassment, bullying, stereotyping, intimidation, and racism in UK medical education. Montasem et al. (2023) found evidence of social factors that influenced the differential attainment rate, citing evidence that highlighted the importance of social experiences to learning and how BME students experienced prejudice and stereotyping (Claridge et al., 2018; Montasem et al., 2023; Morrison et al., 2019; Yeates et al., 2017). Hope et al. (2021) noted that students of colour received higher marks than their white peers at the start of the medical course. However, by the final assessment, white students were getting higher marks, meaning the attainment gap is not inevitable due to a lack of ability (Hope et al., 2021). Hope et al. (2021) conclude that the change in attainment gap during the educational journey may be contributing to the attainment gap, making it vital that medical schools investigate and explore causes to address an important equality issue. Therefore, there is evidence in both medical education and general higher education that students from specific ethnic groups should be considered under WP due to differences in attainment levels; however, the way of measuring attainment in general higher education is not compatible with the way that the medical degree is graded separate research is needed to measure attainment in the medical degree.

Disabled students as a WP group within medicine

Disabled students are considered WP due to being underrepresented and having lower attainment rates in higher education (OfS, 2020a). There is evidence that the experience of disabled students in medical education might differ from that of disabled students in general higher education due to the professional demands of the course. The BMA surveyed the experiences of 705 disabled doctors and medical students about their experience of disability in the medical profession (BMA, 2020). The students and the doctors in the survey reported worries about disclosing their disabilities, with 77% expressing worries about being treated

less favourably if they disclosed their disability (BMA, 2020). Concern about disclosing disability could be related to anxiety around fitness to practice, as there is a perceived risk that if a student discloses a disability, they may have their fitness to practice questioned (Cook et al., 2012; Hill & Roger, 2016; Krstić et al., 2021; Tso, 2018). Therefore, the experience of WP students in medicine may be different to the experience of WP students in general higher education, necessitating separate studies to capture contextual experiences. The examples of ethnicity, state schools and disabled students illustrate contextual differences between WP in general higher education and medical education. These contextual differences reflect that WP may be conceptualised, measured and experienced differently in general higher education and medical education, which means that focused research may be needed to understand the experience of WP students in medical education. The next section will focus on financial experiences as a potential way to understand factors that might create challenges for WP students in medical education.

Financial challenges related to WP

This study will explore the financial experiences of WP medical students; this section will explore how students are financed, explain why this may cause difficulties and how these difficulties might apply to medical students. In the present HE system, a few specified groups receive financial support through grants or scholarships, but mainly, higher education is funded through loans. Currently, eligible students receive maintenance loans to cover living costs and tuition fee loans to pay tuition fees. Maintenance loans are means-tested, which means that parents' or spouses' income can be assessed so students from lower-income households can receive larger loans than students from households assessed as having higher income. At the time of writing, the tuition fee for UK students is £9250. The amount of maintenance loan a student can receive varies whether they live in London or outside London or with their parents; the highest possible rate is for students who live away from home in London. In the academic year 2022 – 2023, they can receive up to £12,667 per annum. Therefore, a student can face a debt of approximately £65,751 at the end of a three-year degree. Financial stress is a common experience for all students, not just medical students; the Student Money Survey 2022 notes that 82% of students who responded were worried about money and that 59% suggested this had a negative impact on their mental health (Brown, 2022). Further, the survey compared average living costs and the amount given for the maintenance loan, finding that the maintenance loan is not big enough to cover costs,

leaving a £485 shortfall in the monthly budget (Brown, 2022). One thing to note is that the survey included 2,370 university students, so it might not represent the student population, but it could give clues into student financial experience.

There is clear evidence that difficult financial experiences are related to lower academic attainment and mental health challenges. Pisaniello et al. (2019) conducted a systematic review exploring the effect of debt on the mental health, academic performance and speciality choices of medical students from various countries. This review included 52 quantitative articles and concluded that higher levels of debt were associated with higher levels of financial stress, lower mental well-being, and poorer academic outcomes (Pisaniello et al., 2019). Six of the included studies referred to students with WP characteristics. The studies reported a link between higher levels of debt and higher levels of financial stress in students from low socioeconomic backgrounds, ethnic minority students and students from a lower income background (Andriole & Jeffe, 2010; Fong et al., 2018; Kassebaum et al., 1993; Kwong et al., 2005; Merani et al., 2010; Phillips et al., 2010). Therefore, there is evidence to suggest that WP students may be vulnerable to financial stress; however, there is evidence to suggest that medical students might be particularly vulnerable to financial challenges.

Financial challenges related to studying medicine

The financial impact of medical undergraduate study is exacerbated due to the extended length of medical education programmes, which are 5-6 years rather than the traditional three-year degree. The six-year route has a foundation (or Gateway) year; the extra year is intended to enable students from less advantaged backgrounds to access a career in medicine and typically has lower A-level entry requirements than the five-year degree (BMA, 2021, University of Bristol, 2024).

At the time of writing, the annual tuition fee for most UK undergraduate courses is £9250, met by student loans (Government Digital Service, 2023). A maintenance loan, which supports student living costs, varies according to whether a student lives in or outside London, or independently versus with their parents. The maximum loan for students who live in London and independently in the academic year 2022-23 is £12,667 per annum (Government Digital Service, 2023). These funding arrangements present several issues for

medical students. Firstly, students may face debts of up to £90,000 at the end of their medical degree, which could cause considerable concern. Secondly, it should be noted that student finance supports students for a maximum of four years, and the medical degree is five years for a standard route and six years if a student takes a foundation year (Boyd, 2022). After the four-year limit has been reached for student finance, the student will be funded via an NHS bursary, which, unlike the student loan, does not have to be paid back (Boyd, 2022).

The switch from Student Finance to NHS bursary is significant because the amount of money received through the bursary is lower than received through student finance, with the maximum amount received for students in 2022 living outside London reducing from £9,706 to £6,458 (Boyd, 2022). Furthermore, the limit of four years also applies to students who receive bursaries related to having a WP status, for example low-income household or being a care leaver or estranged student (UEA, 2019). The consequences of the four-year limit will mean that WP students will lose any previously received bursary support, which could mean their yearly income being reduced by up to £2,500 per year. Secondly, after four years of studying, the money that students receive to meet living costs drastically reduces from a maximum of £6,458 (Boyd, 2022). Finally, the loan amount and the bursary are not likely to meet the cost of living. The National Student Accommodation Survey, which included over 1,800 students, found the average monthly rent for students living outside London was £535 per month. If rent is £535 per month, this amounts to rental payments of £6,420 per year, leaving the student with £38 to cover any other living costs apart from rent, including food (Brown, 2023). Further evidence to support the financial vulnerability of medical students comes from a paper which combined findings from a review of 47 papers and interviews with 25 experts (Medisauskaite et al., 2023b). The paper noted factors that can make medical students, especially those from a WP background, financially vulnerable, including the high cost of living combined with high workloads, making it harder to take on paid employment and not having a family who can support them financially (Medisauskaite et al., 2023b). Therefore, there is evidence to support the idea that medical students, especially students from a WP background, may experience financial struggles, and research can gain insight into the experience of these students.

Financial challenges in Higher Education

Following a change made to social security legislation in the 1980s, most students do not have access to social security benefits such as housing benefits, which means that students must rely on alternative means when in financial difficulty (Wilson, 1997), such as financial support from families and income from employment (Brown, 2022). Consideration of financial challenges in medical students is important. There is an association between WP groups and the experience of financial difficulty, and there is an association between financial difficulty, lower levels of attainment and elevated rates of attrition (Andrews & Wilding, 2004; Harding, 2011; Joo et al., 2008). Moreover, mature students and students of colour are noted to experience financial hardship and socioeconomic deprivation at higher levels than younger students or white households (Department for Work and Pensions, 2022b; Harding, 2011; NUS, 2012). BMA (2021) recognises that economic and social capital play a role in shaping the experience of WP students, which means medical students from a WP background should be supported through their courses. Therefore, there is a relationship between WP status and financial difficulties that can have a negative impact on education. Therefore, this study will focus on medical students from a WP background and explore financial experiences to understand factors that might negatively impact their journey through medical school. However, two important points must be remembered about the study of medicine, and that is the aim which is to train academically excellent doctors that will effectively meet the needs of patients. Both issues will be addressed next, with evidence provided showing that WP does not necessarily compromise academic standards and that WP can have positive implications for patient care.

Impact of prior attainment on attainment in medical school

There is evidence that lower attainment prior to medical school does not always lead to lower levels of attainment within medical school, and attending a selective or private school rather than a state school does not always predict higher attainment. Two studies have examined the relationship between attainment prior to medical school and attainment through medical school using the United Kingdom Clinical Aptitude Test (UKCAT) and different types of contextual data about the students. The UKCAT is used as part of the admissions process to medical school, which, unlike A-levels, does not test for academic skills but rather assesses attitudes and behaviours via questions that test verbal reasoning, quantitative reasoning, abstract reasoning, decision analysis and situational judgement (UCAT, 2023). Wright and Bradley (2010) concluded that neither school type (private, grammar or non-selective state) nor personal statements predicted outcomes in medical school. Wright and

Bradley (2010) conducted this study with 307 students in a single medical school. A conclusion was reached using regression analysis to examine how well UKCAT scores, school type and score on the personal statement predicted performance in medical school (Wright & Bradley, 2010). UKCAT scores significantly predicted attainment during the first two years of medical school as measured by exams taken (except for one exam), with higher scores in the UKCAT and higher performance in the exams (Wright & Bradley, 2010). However, the type of school attended did not predict scores in the UKCAT, which means that students from private schools did not necessarily perform better than students from state schools (Wright & Bradley, 2010). School type was found to predict performance in the personal statement, with students from state schools performing less well than students from selective or private schools; this finding is in line with ideas expressed above that suggest that students from private schools have greater advantages in relation to writing personal statements in terms of support and opportunities to take part in relevant extra-curricular activities (BMA, 2023; Wright, 2015b; Wright & Bradley, 2010). Therefore, there is evidence to suggest that performance on personal statements and attending a private school does not necessarily mean higher performance in medical school, and low performance on a personal statement and attending a state school does not necessarily mean lower attainment in medical school (Wright & Bradley, 2010). One limitation was that the Wright and Bradley study included only one medical school, so results might not be generalisable to other schools.

Another study adds to the findings of the Wright and Bradley study. McManus et al. (2013) conducted a prospective study which included 4,811 medical students from 12 different medical schools. McManus et al. (2013) explored predictive relationships between UKCAT Scores, attainment in medical school, prior educational attainment, type of school (independent or state), whether it was a high or low-performing school and demographic data which could identify some WP characteristics, including age and SES. The main findings suggested that after taking prior educational performance into account, the UKCAT score predicted higher levels of attainment for mature students (beta = .057, P <.001). McManus et al., 2010 reported findings of an inverse relationship between A-level performance and attainment by examining the A-level performance of students and comparing this to the average level of performance at their school. Equivalent standards of attainment were found in medical school between students who achieved ABB at A-level in a non-selective school and students who achieved AAA in a selective or independent school (McManus et al.,

2010). Therefore, students from non-selective state schools tend to outperform students from private and grammar schools in first-year exams; furthermore, lower attainment prior to medical school does not necessarily lead to lower attainment in medical school.

WP and implications for healthcare

WP, in the context of medical school, is an opportunity to help support disadvantaged students. As these students qualify as medical professionals, there is an argument that diversity is also positive within healthcare. The BMA suggests that WP is important in medicine because:

> *"There are clear benefits of improving diversity in medical education and in the medical workforce – it allows for doctors to be more understanding and representative of the populations they serve and thereby helps to ensure better patient engagement with health services" (BMA, 2021, p4)*

Therefore, WP is about meeting the needs of patients, and there is evidence that diversity in medicine does have beneficial impacts on patient care.

After graduation, low socioeconomic medical students desire to work with underserved patient groups. A study by Dowell et al. (2015) illustrated this using a survey that explored the relationship between socioeconomic background and whether the GPs worked in a deprived area practice. The findings showed that the GPs whose parental occupation was reported as semi-routine or routine occupations were 4.3 times more likely to work in a deprived practice when compared to GPs whose parents were in managerial and professional occupations (Dowell et al., 2015). Therefore, WP in medicine can positively impact healthcare provision for underserved populations. Furthermore, the presence of doctors from a low socioeconomic background tends to encourage patients from these backgrounds to access health care as they feel more supported and understood by professionals whose background reflects their own (Girotti et al., 2015; Sartania et al., 2021). Therefore, the motivation to address the underrepresentation of identified groups in medical schools across the UK does not just benefit students but also patients (Wilkes, 2018). The evidence suggests that widening participation students have an increased likelihood of working with underserved populations. However, it is important to note that there is no

evidence to suggest that this is an expectation placed on WP medical students to pursue careers with underserved populations.

Several studies have been carried out, exploring how greater representation in the medical workforce impacts patient experience. Mogensen and Hu (2019) conducted a mixed-method study including 207 respondents exploring patient attitudes to disabled doctors. The results suggested that patients had positive attitudes towards disabled doctors, linking their experience of disability with increased empathy and as role models who have challenged barriers faced by many disabled people (Mogensen & Hu, 2019). Secondly, research conducted in the United States by Torres (2018) examined black male experience of accessing health care. This study included 1,300 participants who visited a health clinic staffed by black and white doctors, and the outcomes of the consultations were recorded. Results suggested that the men were more likely to agree to an intervention that a black doctor offered; for example, patients were 56% more likely to take up a flu shot, 47% more likely to accept diabetes screening and 72% more likely to agree to cholesterol screening if the doctor was black rather than white (Torres, 2018). The higher rate of acceptance of preventative interventions is a critical issue as in the US (United States), black men have poorer health outcomes, including higher rates of hypertension and stroke than white individuals, and on average have a lower life expectancy of between 4-5 years (Torres, 2018). This US-based study could have relevance in the UK context as, in the UK, black individuals have similar patterns of health inequality, for example, having a significantly higher risk of experiencing a stroke (Commission on Race and Ethnic Disparities, 2021). Therefore, Mogensen and Hu (2019) and Torres (2018) provide examples of ways diversity in the medical workforce can improve patient experience and outcomes for patient groups.

There is an interest in higher education in research related to widening participation, as there is a requirement under the OfS rules to support disadvantaged students (OfS, 2023c). Therefore, there would be interest in a study that explored the experiences of WP students. There would be further interest in research that focused on WP students studying medicine because there are differences in WP in medicine than general higher education, so research from general higher education might differ from WP in medicine. Furthermore, the benefits of WP in medicine could have positive implications for patient care. Therefore, the interest in WP in medicine goes beyond medical school and includes professional bodies related to

medicine and employers such as the NHS. Moreover, there is potentially a wide audience for research, giving insight into WP in medical school.

Value of researching the financial experience of WP medical students

Research with ethnic minority students has shown how social and cultural factors shape their experiences. This knowledge increases awareness of the potential relationship between university culture and student experience. Similarly, research examining students' application to medical school has identified ways different experiences might give an advantage or disadvantage. Increased knowledge and awareness of the comparative disadvantages that less privileged students face in their application to medical school has led to the design of interventions to help support less privileged students to apply to medical school. Therefore, there is value in gaining insight into the financial experience of WP medical students, as this could lead to increased awareness and understanding and contribute to research that could eventually lead to interventions to help the students.

Aims of the project

This project will address the question: *How do financial experiences and socioeconomic status shape the journey of WP students through medical school?*

Before addressing the question, it is first necessary to gain greater insight into components of the question, namely the construct of WP and what it is like to be a student in medical school. Furthermore, the thesis needs to address the financial experiences of WP students and identify financial factors that play a key role in shaping medical student's financial experience. The construct of socioeconomic status needs exploration as it exists both inside and beyond the construct of WP and questions could be raised as to whether these two concepts intersect.

Firstly, it is important to gain insight into the experience of medical students regardless of WP status; this is necessary because the researcher is not a medical student and needs to understand the experiences of medical students. A lack of understanding of the experiences of medical students means that it might be harder to differentiate the typical experiences of medical students and the experiences of medical students with a WP background. Consequently, the study will aim to gain insight into the experiences of medical students, including financial experiences. A second aim will be to gain insight into WP, what

WP means and what it means to be a WP student. A deeper understanding of WP is important because despite having some WP characteristics, the author is approaching the concept of WP with a degree of naivety, as before the project, the author had no prior experience or knowledge of WP. Finally, attention to financial experiences needs to be maintained, which involves being open to discovering financial factors that shape student lives and questioning how the financial experience relates to the WP student experience.

Due to the importance of financial issues, this project will focus on socioeconomic status. It will be acknowledged at this point that there are different ways of defining and measuring socioeconomic status, and this will be discussed in more detail in Chapter 5. Using socioeconomic status to define WP might not be objectively clear as there is a lack of consensus in the literature related to medical education that views WP to include state school students (BMA, 2021) and this group not being a key WP group in general higher education as outlined by the Office for Students. Therefore, there will be an exploration of the intersection between socioeconomic status and WP status. It should be clarified at this point that the focus on socioeconomic status will not preclude the consideration and exploration of other WP groups. Exploration related to multiple WP groupings, such as disabled students, students from ethnic minority backgrounds and mature students (OfS, 2023a), will be included because this could contribute to a deeper understanding of the concept of WP. Furthermore, there is a need to consider the possibility of intersectionality, which is the idea that students have multiple identities that can mean multiple WP identities (Crenshaw, 1991), which means that within each WP group, there will be differing socioeconomic experiences that could give insight into the student's financial journey. Throughout the thesis student groups will be referred to in a variety of ways, including different backgrounds and characteristics, this choice is intentional as it enables differential exploration of WP, medical school experience and financial experience.

In summary, the main aim of the thesis is to explore *How financial experiences and socioeconomic status shape the journey of WP students through medical school - however, to achieve this, there are several different aims, which will be outlined below.*

1. Gain insight into what it is like to be a medical student.
2. Gain insight into what WP means and what it means to be a WP student.

3. Gain insight into factors that shape students' socioeconomic experience with a focus on WP students and medical students.
4. Gain insight into the construct of socioeconomic status used in WP and how well this construct might intersect with socioeconomic status and explain student financial experience, especially financial difficulties.

Structure of the project

The project aims to explore how financial experiences shape the journey of WP students through medical school. The following section will set out the structure of the thesis and how each chapter contributes to addressing the project's aim.

This chapter, Chapter 1, constitutes a general introduction to the concept of WP and why the challenge of WP in medicine is an important and useful topic to address. Moreover, Chapter 1 examines the issues of finances within medical education and why WP students might be particularly vulnerable to financial difficulties, which means that focusing on the financial experiences of WP medical students may be a way of gaining insight into a factor that shapes the journey of WP students through medical school. Furthermore, WP is thought to be beneficial to the provision of a modern healthcare service that better reflects service user populations, so WP in medicine potentially has benefits for wider society, meaning that studying WP in medicine has the potential for broad benefits (BMA, 2015, BMA, 2021, BMA, 2023).

Chapter 2 is a literature review, which retrieved 24 qualitative research studies that examined the experience of WP students in medical school. The review's findings examined the conceptualisation of WP, the choice of participant groups and findings related to financial experience. Findings related to the conceptualisation of WP examined the groups included as WP and an examination of the rationale for including the groups, for example, the inclusion of ethnic minority students due to lower levels of attainment or experiences of prejudice and stigma (Woolf et al., 2008). The review revealed the types of groups included as WP and those groups who were excluded, for example, students on FSM (Gorard, 2012). The literature review examined research that included staff and the peers of WP students. The different types of participants provided different insights into social and cultural dimensions of widening participation, suggesting that it would be possible to gain different types of

insight by considering the inclusion of non-WP participants in a study as well as WP participants (Cleland & Fahey Palma, 2018; Woolf et al., 2008). Finally, there were limited findings related to the financial experiences of WP students that were divided into three themes. The first theme covers rewards and motivations associated with studying medicine and how students find positive aspects associated with money that form part of their narrative about becoming a doctor (Bassett et al., 2018). The second theme explored how financial resources impact a student's life; for example, paid employment impacts a student's opportunities to study and socialise (Bassett et al., 2019; Claridge & Ussher, 2019). Finally, the literature gave examples of finances impacting relationships with peers and friends outside the course (Claridge & Ussher, 2019; Rapport et al., 2009). The chapter identifies gaps within the evidence base and reflects on a debate about how WP is conceptualised, illustrated by the categorisation of first-in-family students. This chapter contributed to the aims of the project by giving insight into the construct of WP, including how WP is conceptualised and how different approaches to studying WP give different insights into the experiences of WP students. Furthermore, this chapter gained insight into medical student financial experience, the importance of paid employment, how finances can motivate students and shape their lives and opportunity to study.

Chapters three and four present an original focus group study which included nine medical students from a medical school in the East of England. The data from the focus group study was analysed using thematic analysis (Braun & Clarke, 2022), which led to the construction of three themes: student as consumer, becoming a doctor and interacting with difference. This chapter contributed to the aims of the study by giving insight into what it is like to be a medical student and financial factors that shape this experience, for example the theme of student as consumer illustrated student financial responsibilities and potential unequal access to purchasing choices and the theme interacting with difference illustrated how financial resources appeared to shape the relationships between students and how students appeared to express discomfort around socioeconomic differences. Importantly, the findings on paid employment raised questions about defining WP by socioeconomic status as it was not clear that all students who were financially struggling would have been recognised as WP.

Chapter five elaborates a critical analysis of WP in response to questions raised about the conceptualisation of WP in the literature review and focus group study. This chapter

presents different conceptualisations of WP and how this impacts the student experience, highlighting the importance of an approach to WP that supports the students through their journey. Secondly, the chapter examines the use of WP as a rhetorical device, providing examples which suggest that WP's stated aim differs from the actual impact and how WP has been used as a tool within political discourse. Finally, this chapter suggests that WP might not be a simple binary concept which divides students into WP and non-WP, but instead consider an alternative of "hidden WP" reflecting WP students who are not identified, "unrecognised WP", which is student groups who have the same experiences as WP students but are not labelled as WP and “unsupported WP” which is students who have WP characteristics but do not receive the same support as comparable WP students. This chapter questions the utility of the current conceptualisation of WP to identify students who need support in higher education, which addresses the aim of gaining insight into the construct of WP and what it means to be a WP student.

Chapter 6 reflects the project's main findings and discusses how the findings relate to the aims of the project. Four main findings were identified as being important from the findings from the other chapters. The first finding related to the different participant groupings of WP students and peers or staff; this means that research can include only WP students or peers and staff members who do not have identifiable WP characteristics. The finding relating to participants showed that including participants without WP, characteristics could provide insight into the cultural or context of the experiences of WP students through medical school. The second finding relates to the student experience of WP enactment and the importance of experiencing WP as supportive through the medical school journey. The third finding focuses on paid employment and how paid employment may be a behavioural expression of financial struggles that may not always relate to WP status. The fourth finding proposes alternative ways of conceptualising WP, which recognises tensions within the construct of WP that mean students who experience disadvantages associated with WP might not be recognised or supported as WP.

Finally, the chapter draws the findings together, suggesting that supporting students involves focusing on social and cultural context rather than student characteristics, that paid employment may indicate financial struggles rather than WP status, and that tensions within WP mean that many students who need support might not be getting it. Therefore, the thesis suggests that studying paid employment may be a way of gaining insight into financially

struggling students but questions if WP is a useful construct that effectively encapsulates students who need support.

Chapter 2: Literature Review

The explanation of WP provided in the previous chapter highlights how the experiences of WP for medical students who face disadvantage are informed by an interplay of complex factors. Exploring beyond the numbers, beyond the statistics that show evidence of differences in attainment, is important because it may identify factors that shape different student experiences – and this knowledge may, in the future, promote changes to improve things for students. Therefore, there is real potential and value in studies that explore the experiences of students who face disadvantages in medical school. However, the first step is to establish the current state of the knowledge, which can be achieved by conducting a literature review. This research study focuses on WP as a broad construct, which means that different groups will be included. Therefore, the review will explore literature that can give information about the experiences of WP medical students. Furthermore, the review will support the aim of gaining insight into student financial experiences, so this literature review needs to consider the financial experiences of medical students. The design of the literature review will be described next.

The literature review will build on a recent qualitative literature review by Krstić et al. (2021) on the experience of UK-based WP students in undergraduate medical education. Krstić et al. (2021) used a meta-aggregative approach across 27 studies published between January 2000 and 2020 to characterise the experience of UK-based undergraduate WP medical students. Krstić et al. (2021) drew on a report from the Medical Schools Council to decide on the WP backgrounds and characteristics to be used in their review. The Medical Schools Council report explored the concept of WP in medicine, viewing WP from various perspectives, including identity, family background and neighbourhood indicators (MSC, 2013). Therefore, the search terms Krstić et al. (2021) used included the following identity or background characteristics. *"low index of multiple deprivation areas, low household income, FSM recipients, first-in-family attending University, low-performing schools, state schools, any other measure of socioeconomic status, disability, ethnic minorities, mature students, LGBTQ+, participation of local areas [POLAR], and care leavers"* Krstić et al. (2021 p. 1045). Since the MRC report, the operationalisation of WP has broadened and now includes consideration of estranged students, intersectionality, and gender, for example, by distinguishing male students on FSM (OfS, 2020c). The changing nature of identifying and characterising WP students in disciplinary and policy documents means that some consideration of how this term has developed and transformed is worthy of more

consideration. The definition of WP used within this review will be broader than the definition applied within Chapter 1, as it will focus on characteristics to identify potential WP groups. Within this review, WP will be defined via characteristics associated with lower participation rates, lower attainment levels or the experience of stigma, prejudice, or disadvantage. It should be acknowledged that there are strengths and limitations to such a broad definition. The broad nature of the definition recognises the evolving nature of groups defined as WP; for example, estranged students were added to the UEA access and participation plan in more recent years (UEA, 2019). However, there is a risk that some groups may be a cause for debate; for example, LGBTQ+ students are not included in some current Access and Participation plans and, therefore, not considered a key WP group (UEA, 2019).

Financial considerations are not part of the main findings of the Krstić et al. (2021) review; however, differences in "financial capital" (p.1049) and a lack of "financial resources" (p. 1050) are factors that are considered to shape the experience of WP students. The findings of Bassett et al. (2019) reinforce the suggestion that finances are an important and under-researched consideration for WP medical students and, therefore, in need of more exploration:

> *"A specific issue, which was highlighted in our study, but requires more focused investigation, is the impact of paid work on academic performance in the pre-clinical and clinical years of medical school and its effects on student health and attrition rates. Such research would provide medical schools with an imperative to find strategies that could target support to those who have to work long hours to financially support themselves."* Bassett et al. (2019b, p. 350)

A critical realist stance has informed the construction of this literature review. Critical realism is associated with ontological realism, meaning that reality is seen to exist independently of the mind, and with epistemological relativism, which suggests that people construct their experience of reality in different ways (Pilgrim, 2019). Seen through the lens of critical realism, WP can be conceptualised as something that is experienced and perceived in different ways, a contrasting view to the positivist approach through which lens WP can be

seen as an objective construct (Pilgrim, 2019). This review is therefore focused on the experience of WP medical students as expressed through accounts in qualitative research. The review will also search within articles retrieved to find information on how financial experience may shape a WP student's educational journey. This review aims to explore how WP is conceptualised and studied within the literature concerning medical students and how financial experiences shape the journey of WP students through medical school.

The need for an updated literature review:

The review by Krstić et al. (2021) was the first to conduct a qualitative exploration of the experience of WP students, so it has significantly contributed to the understanding of the experiences of WP medical students. This review aims to update the Krstić et al. (2021) review, as the literature search ended in 2019, and a significant amount of relevant literature may have been published since then, which can be captured by an updated literature search. Secondly, this thesis focuses on the financial experience of medical students, especially WP medical students. The Krstić et al. (2021) review found some data on medical students' financial experience, but the analysis did not focus on financial matters. Therefore, an updated literature review will provide an opportunity to explore literature and evidence within literature related to the financial experience of medical students and WP medical students more specifically.

Questions which frame the review:

- How is WP conceptualised within the research literature?
- What is the current state of knowledge around the financial experience of WP medical students?

Methods

Search strategy

The first stage was to decide on search criteria, setting out inclusion and exclusion criteria adapted from Krstić et al. (2021) (See appendix A for table illustrating inclusion and exclusion criteria table). The search strategy within this review builds on the search strategy used within the Krstić et al. (2021) literature review; this meant adapting their keywords to search the literature. A pilot search was conducted to ensure the search strategy returned all the main studies discussed in the Krstić et al. (2021) review. The search terms are set out in Appendix B.

Prisma diagram

The following databases were searched: Academic Search Ultimate, MEDLINE, CINAHL Ultimate, APA PsycINFO and ERIC. Please see the PRISMA diagram below illustrating the search strategy (Figure 1).

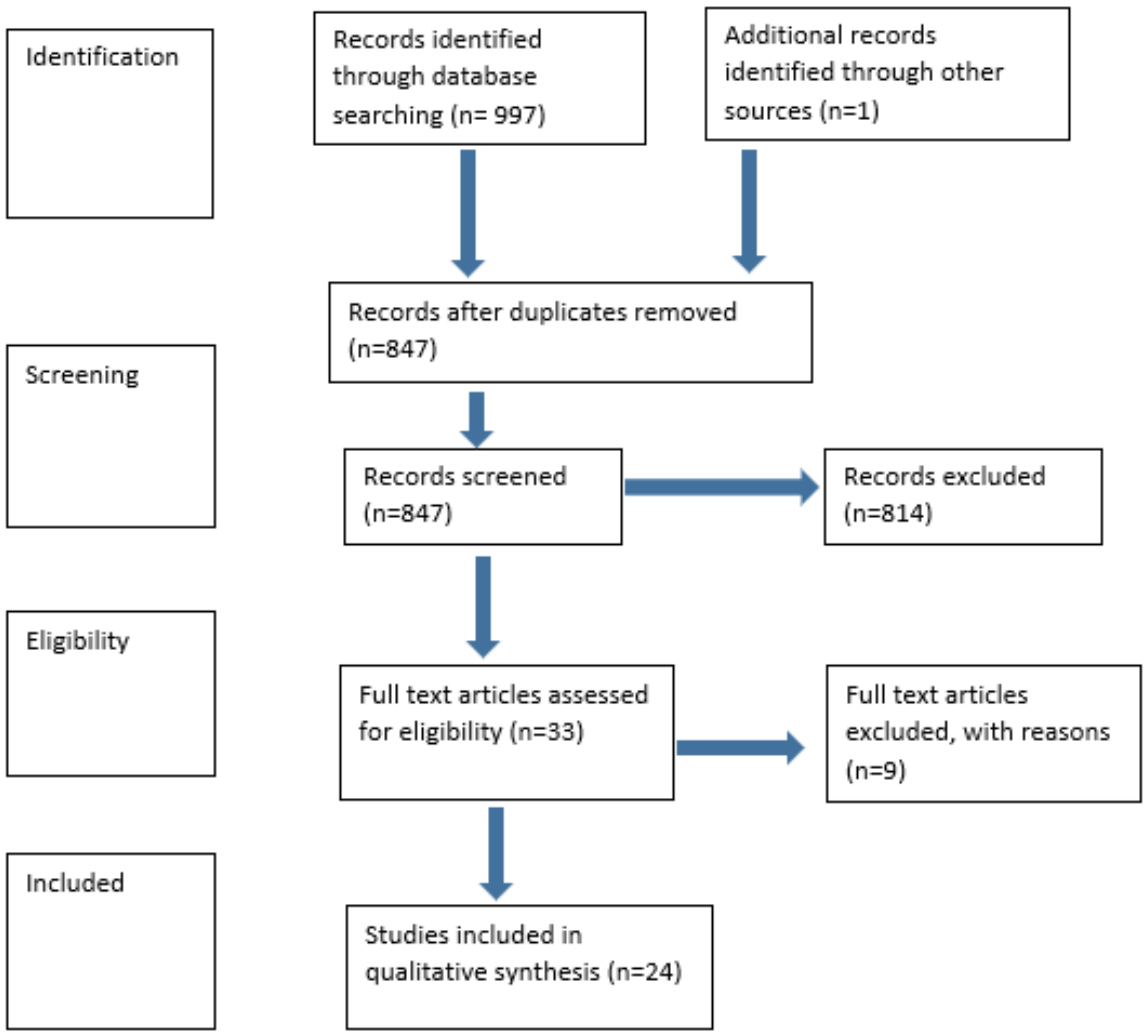

Figure 1

PRISMA diagram of the study selection process (Page et al., 2021)

Results of search

A total of 33 articles were reviewed in more detail, of which 9 were excluded (See Appendix C) and please see Appendix D for a list of included articles.

Consideration of quality

There are several ways in which the quality of qualitative research may be considered, drawing upon Stenfors et al. (2020) and Tracy and Hinrichs (2017) and in which quality issues within the retrieved literature may be considered. The retrieved papers, taken from Stenfors et al. (2020) and Tracy and Hinrichs (2017), were examined for sincerity and transparency. They will be described below. The first quality marker is sincerity; this involves the author adopting a reflexive and transparent approach, meaning the research can be perceived as authentic and genuine (Tracy & Hinrichs, 2017). Authors can demonstrate transparency by taking an honest and self-aware approach to the research process, communicating clearly about factors like the analysis method and philosophical positioning (Tracy & Hinrichs, 2017). The literature showed different levels of transparency; for example, all the articles provided detailed descriptions of the approach to analysing data, and four authors outlined their philosophical positioning.

Shaw and Anderson (2018) took an interpretive phenomenological approach to gain insight into how eight dyslexic junior doctors reported experiences linked to their dyslexia during medical school. Tso and Strnadová (2017) described their ontological and epistemological standpoints as aligned with a constructivist approach in their study interviewing eight disabled graduate entry students. Brown et al. (2020) adopted a constructivist ontology and interpretivist epistemology to enable a rich perspective on their study, which interviewed 32 students from different medical schools to explore the experience of gender bias in medical education. Bassett et al. (2018) used an interpretivist epistemological perspective to gain insight into the experiences of 20 first-in-family students from one medical school who participated in semi-structured interviews. Five articles were clear about their conceptual and theoretical framework. Bassett et al. (2019) drew on the work of Bourdieu in their study involving first-in-family medical students. Cleland and Fahey Palma (2018) used the framework of "othering" to analyse 26 interviews held with medical school staff to explore their perceptions of WP students. Roberts et al. (2008) used conceptual

and theoretical frameworks drawn from sociology to inform the data analysis in their study, which interviewed 49 year two medical students about their understanding of cultural awareness. Woolf et al. (2008) were informed by stereotype threat in their research study that explored staff and student conceptualisations about ethnicity. Mathers and Parry (2009) used the conceptual framework of "habitus" in their study, which conducted interviews with 12 mature students from low socioeconomic backgrounds to gain insight into how their background impacted their journey through medical school.

All articles appeared to demonstrate meaningful coherence and reported on ethical procedures. Thirteen of the twenty-six reviewed articles contained evidence of author reflexivity. Seabrook (2004) mentions insider positionality as an ethical complexity in their study, which explored the experience of being a medical student in a longitudinal study that included 22 doctors and 19 medical students. Curtis et al. (2021) considered the researchers' characteristics and experience level in their study, which examined the impact of a reverse mentoring scheme in a UK medical school. Reflexivity is important within qualitative research as it acknowledges the potential impact that the researcher can have on shaping the research process, including through data analysis (Olmos-Vega et al., 2023). It should be noted that Bassett et al. (2019) and Bassett et al. (2018) are based on the same data set in which 20 first-in-family students are interviewed about their experience in medical school; however, they will be considered as separate studies due to different approaches taken to analysis. Bassett et al. (2018) used an interpretivist epistemological approach. Bassett et al. (2019) analysed the data through the lens of Bourdieu's forms of capital, meaning that different approaches were taken to treat identical data sets like different studies.

Finding themes

The retrieved papers were analysed using thematic analysis loosely based on the design of Braun and Clarke, (2022). Braun and Clarke use a 6-stage analysis process in which codes are constructed from transcripts and developed into themes. A shortened version was used within the review, and the papers were read for relevant findings, such as finance or financial experience. The findings at this stage were used similarly to codes. The next stage was to explore how the codes could be grouped to tell a meaningful story about the question or topic being explored.

Findings

A total of 24 papers were retrieved, all published between 2002-2023 (see Appendix E for the data extraction table). Analysis of the literature produced three main categories of findings. Firstly, the literature described the rationale for including a student as WP, what groups are included and why. Studies were observed to have different participant groupings; this could be WP students only (Alagha & Jones, 2021; Bassett et al., 2019; Bassett et al., 2018; Claridge & Ussher, 2019; Ibrahim & Riley, 2023; Jasmin & Binnie, 2020; Mathers and Parry, 2009; Morrison et al., 2019; Rapport et al., 2009; Shaw and Anderson, 2018; Tso, 2018), including WP peers with no identifiable WP characteristics (Brown et al., 2020; Chew-Graham et al., 2003; Claridge et al., 2018; Drinkwater et al., 2008; Lemp & Seale, 2006; Nicholson, 2002; Roberts et al., 2008; Samuriwo et al., 2020; Seabrook, 2004; Winter et al., 2017b; Woolf et al., 2008) and medical school staff (Brown et al., 2020; Claridge et al., 2018; Cleland & Fahey Palma, 2018; Curtis et al., 2021; Woolf et al., 2008). It is important to recognise that students not labelled as WP may not necessarily be non-WP, this is because their WP status, e.g. low socioeconomic status or disability might not have been declared or recognised. Consideration of potential WP or non-WP status enabled exploration of different perspectives of WP and non-WP students or staff and how relationships between the groups might shape student experience through medical school. Finally, the retrieved literature was searched for findings relating to financial issues, revealing three subthemes of money as a reward or incentive (Bassett et al., 2018; Brown et al., 2020; Drinkwater et al., 2008; Jasmin & Binnie, 2020; Rapport et al., 2009), finances shaping student lives (Alagha & Jones, 2021; Bassett et al., 2019; Chew-Graham et al., 2003; Claridge et al., 2018; Claridge & Ussher, 2019; Curtis et al., 2021; Rapport et al., 2009), and finances shaping relationships (Alagha & Jones, 2021; Claridge & Ussher, 2019; Cleland & Fahey Palma, 2018; Rapport et al., 2009). The 24 retrieved papers showed a variety of methods used, with 16 using individual interviews (Alagha & Jones, 2021; Bassett et al., 2018; Bassett et al., 2019; Brown et al., 2020; Chew-Graham et al., 2003; Claridge & Ussher, 2019; Cleland & Fahey Palma, 2018; Ibrahim & Riley, 2023; Jasmin & Binnie, 2020; Lempp & Seale, 2006; Mathers & Parry, 2009; Nicholson, 2002; Samuriwo et al., 2020; Shaw & Anderson, 2018; Tso, 2018, Winter et al., 2017b). Five studies used focus groups (Morrison et al., 2019; Rapport et al., 2009; Roberts et al., 2008; Seabrook, 2004; Woolf et al., 2008). In two studies using written documentation, Seabrook (2004) analysed currently available documents, and Curtis et al.

(2021) asked participants to write narrative accounts of imagined WP student journeys through medical school. Two studies used case studies: Alagha and Jones (2021) and Samuriwo et al. (2020). Most papers used single-method approaches; Samuriwo et al. (2020) used interviews and case studies; Alagha and Jones (2021) used a mixture of interviews and case studies; and Seabrook (2004) used multiple qualitative methods, including ethnographic, participant observation, written documents, and interviews further to this Seabrook was the only study to take a longitudinal approach as the study took place over five years.

The retrieved papers showed a range of analysis methods: 15 used thematic analysis, 3 used grounded theory, 3 used constant comparison, 3 used discourse analysis, and 1 used interpretative phenomenological analysis. The most used approach was thematic analysis, although studies took different approaches, with 6 of the 15 citing Braun and Clarke (2006) (Claridge et al., 2018; Claridge & Ussher, 2019; Morrison et al., 2019; Samuriwo et al., 2020; Tso, 2018, Winter et al., 2017b). Some studies specified a type of thematic analysis, including constructivist thematic analysis (Brown et al., 2020), inductive thematic analysis (Ibrahim & Riley, 2023), and descriptive thematic analysis (Rapport et al., 2009), whereas four studies used unspecified forms of thematic analysis (Bassett et al., 2018; Bassett et al., 2019; Mathers & Parry, 2009; Nicholson, 2002; Shaw & Anderson, 2018). Grounded theory was used by three papers (Alagha & Jones, 2021; Roberts et al., 2008; Seabrook, 2004). Constant comparison was used by three papers (Chew-Graham et al., 2003; Drinkwater et al., 2008; Woolf et al., 2008). Three papers used Discourse analysis: critical discourse analysis (Cleland & Fahey Palma, 2018), content and discourse analysis (Lempp & Seale, 2006), discourse analysis (Curtis et al., 2021), and one paper used interpretive phenomenological analysis (Jasmin & Binnie, 2020).

Review findings

The literature review generated four main findings: the first and second findings relate conceptualisations of WP in the literature, meaning which characteristics are considered and the rationale for considering a group as WP. The third finding is different approaches to studying WP. Finally, findings related to finance and financial experience.
Conceptualisations of WP revealed the range of WP characteristics and rationales for inclusion in the literature; for example, Woolf et al. (2008) focused on ethnicity related to lower levels of attainment. The second finding explored how literature uses different

participant groups within their studies and how this can shape the research, meaning students with WP characteristics or staff and students without identified WP characteristics. The participant groups gave different insights; for example, Claridge et al. (2018) only included WP students and gained insight into how bursaries impact the WP student experience. In comparison, Woolf et al. (2008) identified that staff and peers with no WP characteristics applied stereotypes to ethnic minority students and thus provided a social context to the WP student experience. The final finding relates to evidence related to financial experiences, revealing a lack of research on the financial experiences of WP medical students and three themes. The three financial themes are financial rewards and incentives related to studying medicine, how financial resources shape how students live and work through their degree and how finances shape student relationships.

How is WP conceptualised?

The review identified seven ways of conceptualising widening participation: mature students, first-in-family, SES disadvantage (including working-class), disability, gender, ethnicity, and a final category of general unspecified disadvantage, with some papers referring single and others referring to multiple characteristics. Mature students were considered in five papers (Alagha & Jones, 2021; Mathers & Parry, 2009; Morrison et al., 2019; Rapport et al., 2009; Tso, 2018**)** in papers that considered graduate entry and general experiences of mature students. Two papers considered first-in-family, which analysed the same interview data using different theoretical lenses (Bassett et al., 2018; Bassett et al., 2019). Socioeconomic disadvantage was considered by four papers and was conceptualised as being working-class, having a low income (although low income was not defined) and being in receipt of a university bursary (Claridge & Ussher, 2019; Cleland & Fahey Palma, 2018; Curtis et al., 2021; Mathers & Parry, 2009). Disability was considered as a characteristic in four papers, with disability considered as mental health (Jasmin and Binnie, 2020, Winter et al., 2017b), dyslexia (Shaw & Anderson, 2018), and a range of disabilities including dyslexia, dyspraxia, partially sighted, deafness and physical disability (Tso, 2018). Gender was considered by six papers exploring the differential experience of male and female medical students (Brown et al., 2020; Drinkwater et al., 2008; Ibrahim & Riley, 2023; Lempp & Seale, 2006; Nicholson, 2002; Samuriwo et al., 2020). Ethnicity was considered by eight papers, making it the largest WP category in the retrieved research (Claridge et al., 2018; Cleland & Fahey Palma, 2018; Jasmin & Binnie, 2020; Lempp & Seale, 2006; Morrison et al., 2019; Roberts et al., 2008; Seabrook, 2004; Woolf et al., 2008). The papers

by Cleland and Fahey Palma (2018) and Curtis et al. (2021) studied WP as a general concept in which WP students were described in general terms, which described a general state of being disadvantaged or having minority status.

Seventeen of the papers included consideration of single characteristics; in contrast, seven of the included papers included consideration of multiple WP characteristics. Ethnicity was combined with gender (Lempp & Seale, 2006), disability (Jasmin & Binnie, 2020), and mature students (Morrison et al., 2019), with SES and WP as being generally disadvantaged or having minority status by Cleland and Fahey Palma (2018) and Curtis et al. (2021). Other characteristics used are mature students combined with SES (Mathers & Parry, 2009) and disability (Tso, 2018). Therefore, most studies focus on specific background characteristics rather than considering WP in broad or general terms.

Cleland and Fahey Palma (2018) interviewed 26 staff members from 24 medical schools about their perception of WP students. The authors facilitated the recognition of confirmability by noting different ways that staff refer to students, with "*our students*" used 27 times and "*students from*" used 22 times (Cleland and Fahey Palma, 2018, p518). Cleland and Fahey Palma (2018) suggested that this use of discourse positions the WP students as being from a deprived, disadvantaged, or lower social class background.

By referring to students as *'WP students'* or *'WP applicants'*, the interviewees do not necessarily '*other*' the students in the marginalising sense of the term. However, the most prominent form of naming was 'our students" followed by "students from", thus positioning WA [widening access] students in a particular background, which the concordances identified as normally deprived, disadvantaged and/or from a lower social class. This is exemplified here:

> *Interview 3*
> *"So, it's very difficult to know what groups are disadvantaged. I think we do realise that, from some backgrounds, it's a case of people don't think of medicine in the first*

> *place. They think it's not … I think, perhaps, they think it's not a suitable career for them." Cleland and Fahey Palma (2018,* p.518)

Although the participant quote does describe groups who may be disadvantaged, importantly, neither this nor any other quote used contains the phrase "students from". Therefore, a reader cannot see the context in which participants used the phrase "students from" and be able to judge the meaning within the data context. Therefore, it is hard for a reader to judge if the conclusions drawn by the authors are reasonable.

Rationale for inclusion in WP?

Within the literature, there were three main rationales for considering a group as WP, which focus on negative aspects of WP, that is, they are underrepresented in higher education, have different levels of attainment and experience prejudice, stigma, or discrimination. An alternative approach in some papers described WP students' strengths or contributions to the medical degree.

Eight papers considered WP as underrepresented in medicine, mature students (Alagha & Jones, 2021; Rapport et al., 2009), first-in-family (Bassett et al., 2018; Bassett et al., 2019), ethnicity (Cleland & Fahey Palma, 2018), working-class (Mathers & Parry, 2009), disability (Tso, 2018), and non-specific description (Cleland & Fahey Palma, 2018; Curtis et al., 2021). Thirteen studies used the rationale of students having lower attainment, ethnicity (Brown et al., 2020; Lempp & Seale, 2006; Morrison et al., 2019; Woolf et al., 2008), disability (Chew-Graham et al., 2003; Claridge et al., 2018; Shaw & Anderson, 2018; Tso, 2018), low income (Claridge & Ussher, 2019), and gender (Drinkwater et al., 2008; Lempp & Seale, 2006; Nicholson, 2002; Samuriwo et al., 2020). Thirdly, the experience of facing prejudice or discrimination was given as a rationale for inclusion as WP in nine studies including low SES (Cleland & Fahey Palma, 2018; Curtis et al., 2021), gender (Ibrahim & Riley, 2023), ethnicity (Jasmin & Binnie, 2020; Roberts et al., 2008; Seabrook, 2004; Woolf et al., 2008) some studies included self-stigma related to disability/mental health (Jasmin and Binnie, 2020, Winter et al., 2017b). The only example of WP students being described positively was mature students. Two studies described mature students as having strengths they can bring to the profession, such as self-directed learning or communication skills (Alagha & Jones, 2021; Rapport et al., 2009). Therefore, most studies took a deficit approach to describing WP.

Some student groups are considered under more than one rationale; for example, disabled students were considered underrepresented and potentially lower levels of attainment. Tso (2018) suggested that disabled students were underrepresented in medicine in their study, which interviewed eight mature students who had a disability. Chew-Graham et al. (2003) interviewed 22 students; findings suggested that mental health challenges were stigmatised in medicine. Shaw and Anderson (2018) suggested that without support, students with dyslexia were at risk of performing less well than peers on the medical degree; therefore, without support, they were at risk of lower levels of attainment. Therefore, disabled students were represented in the literature for several reasons.

Another perspective on the construction of WP is provided by the articles related to disability, including dyslexia and mental health conditions. A further consideration with classifying WP groupings is how easy it is to identify or recognise a student with WP needs. Papers discussed disability and mental health as something a student may not want to declare. Jasmin and Binnie (2020) interviewed 5 South Asian medical students, finding that mental health is associated with stigma, thus reducing the likelihood of seeking support. Shaw and Anderson (2018) interviewed eight junior doctors about their experience in medical school, finding that dyslexic medical students experienced a fear of being stigmatised. Chew-Graham et al. (2003) found that worry about career progression sometimes prevented students from disclosing mental health difficulties in their study involving 20 recently failed high-stakes tests in medical school. Winter et al. (2017b) found that students experienced barriers that prevented them from disclosing mental health difficulties. The issue about disclosure suggests that disability, including dyslexia and mental health difficulties, may be underreported by medical students. The underreporting of some WP characteristics leads to the possibility that some WP characteristics are not reported and may represent a "hidden" type of WP. This idea is supported by Tso (2018), who described the difficult decision-making process that students go through before disclosing a disability alongside the underreporting of disability in medical education.

Choice of participants, inclusion beyond WP

An observation within the literature was the choice of participant groups; some research exclusively involved WP students, others included students with no identifiable WP

characteristics, and some included medical staff members. The participant choice shaped the type of insights that could be gained from the research, suggesting utility in including various voices in research.

Including only students with WP characteristics.

Eleven of the 24 included studies focused exclusively on WP students; they only had participants with identified WP characteristics (see Appendix F). The studies which exclusively used accounts from WP students enabled investigation into their experience of studying at medical school, including the impact and experience of receiving a bursary for low-income students (Claridge et al., 2018) and the experience of students who are the first in their family to attend university (Bassett et al., 2018; Bassett et al., 2019).

Studying exclusively WP students also enabled insight into how these student groups perceived themselves, for example, in recognising their strengths and struggles. An example of findings which could only be gained by focusing on the WP students is provided by Jasmin and Binnie (2020), who studied the experience of five South Asian medical students. The students in the Jasmin and Binnie (2020) study reported how they experienced stress and vulnerability due to internal stressors related to perfectionism. Morrison et al. (2019) gained insight into how 24 graduate entry BME students experience medical school in an environment that does not understand their needs and how difficulties impede their learning experience. Shaw and Anderson (2018) explored the experience of being a dyslexic medical student by interviewing eight junior doctors who had dyslexia, and they reported negative experiences, including fear of stigma, lack of pastoral support and being bullied or belittled by other students. Rapport et al. (2009) and Alagha and Jones (2021), whose studies involved interviewing mature students, described financial and social struggles but also described themselves in terms of skills and abilities, for example, self-directed learning. Alagha and Jones (2021) were included in this category despite including staff members in the study; this is because the findings relating to staff inclusion did not relate to student experience. Thus, showing how focusing on WP students enables insights into the unique experiences of WP students. For a more comprehensive report of the main findings of studies that focus on students with WP characteristics, please see the Appendix E

Including peers with no identifiable WP characteristics.

Eleven of the twenty-four studies included students with and without identified WP characteristics (see Appendix G). Including the insight of students without identifiable WP characteristics enables insight into aspects of medical school culture or experience not directly experienced by WP students; this includes how peers perceive certain WP characteristics, for example, instances of stereotyping. Claridge et al. (2018) conducted interviews with 27 third-year medical students and 25 clinical teachers from different ethnic groups, revealing the presence of ethnic stereotypes. Woolf et al. (2008) found stereotypes associated with Asian students, including "poor at communicating with patients" and "unmotivated owing to being pushed into medicine by ambitious parents". In contrast, the stereotypes about white students included more positive notions, such as "autonomous, confident", and "outgoing team player". Roberts et al. (2008) and Woolf et al. (2008) revealed a discomfort in talking about race and issues related to race. Discomfort with talking about race led Woolf et al. (2008) to adjust their study design and stop using focus groups with a mixture of white and ethnic minority students. The expressed discomfort highlights a potential limitation related to studies involving mixed interviews or focus groups, as some issues or experiences may be more easily discussed in homogenous groups (Liamputtong, 2011). Therefore, interviewing students without identified WP characteristics gave insight into factors that might impact relationships, for example, stereotyping or discomfort around talking about race or ethnicity.

Including staff members from medical school.

A third approach utilised by the researchers was to include staff members within the study; this meant interviewing staff members to elicit their perceptions of WP students (see Appendix H). Six of the twenty-four retrieved studies included staff members; however, Alagha and Jones (2021) and Brown et al. (2020) contained findings from staff that did not relate to the WP student journey, so staff findings will not be considered within this review. The inclusion of staff rather than just students has been included within the literature review because the possibility can be considered that how staff members view students from a WP background may shape the culture of the course and, in turn, shape the experience of the WP students on the course. Including staff members places the experience of the WP

student within a broader social context and acknowledges that factors beyond the students' characteristics shape how they experience the journey through medical school.

Three studies presented findings in which staff members reported holding stereotypes about students from a WP background. Claridge et al. (2018) and Woolf et al. (2008) included staff and students from different ethnic backgrounds in their studies. The authors found evidence of racial stereotypes, including the idea that Asian students were poor communicators. Cleland and Fahey Palma (2018) found evidence of stereotyping and the use of language that reinforced negative stereotypes about WP students described as being from a low-income background. The 26 interviews took place across 24 different schools, suggesting that the stereotyping, which highlighted a social divide, is not an isolated incident within one medical school (Cleland & Fahey Palma, 2018). Cleland and Fahey Palma (2018) state that the language staff use provides evidence of stereotyping. "*The representations presented through "othering" seemed to confirm these pre-existing roles and generalisations, which confined applicants and students to class stereotypes and served as a consistent reminder of their social background." (Cleland & Fahey Palma (2018, p526).* The stereotypes suggest that cultural aspects beyond the students' control may influence the experience of WP students. A study by Curtis et al. (2021) involved staff members writing a narrative describing their perception of WP students. The eight staff members' narratives presented a deficit view of WP students in which their characteristics and situation were problematised, positioning the student as the problem (Curtis et al., 2021). Viewing WP students through the narrative of staff members enables WP to be considered from a social context.

The financial experiences of WP medical students.

One important aspect of this thesis is identifying how financial experiences shape the journey of WP students through medical school. Therefore, one important aspect of this literature review is identifying current literature and how this research can give insight into the financial experiences of WP medical students. A search was carried out within the retrieved literature to identify findings related to finance; this was important to address the need for insight into student financial experiences. Twelve of the twenty-four studies retrieved had findings related to finance and student experience. The findings from this

search were arranged into three themes relating to the financial experience of WP medical students. Firstly, how students describe financial rewards and incentives related to studying medicine was important due to the financial struggle associated with a prolonged programme of study with specific vocational outcomes. Secondly, the impact that financial resources have on how students spend their time and living arrangements. Thirdly, research illustrates how financial circumstances influence relationships, including peer networks and how staff view students.

Financial rewards and incentives.

The first theme reflects findings in five papers that show the research papers presented information about the financial rewards and incentives of studying medicine (see Appendix I). Financial rewards, job prospects and job security appeared to motivate students to study medicine even though it could be financially challenging during the course (Bassett et al., 2018; Drinkwater et al., 2008; Rapport et al., 2009). Medicine being financially rewarding was not a universally held view. Rapport et al. (2009) reported that the perceived financial reward was made less positive by the worry about paying off student loan debt, and Jasmin and Binnie (2020) describe a student who explained how her parent suggested that there were easier careers than medicine and that medicine was hard work and not well paid. A student in Bassett et al. (2018) suggested motivations for studying medicine beyond money, describing how the benefits for future patients motivated their journey. One paper noted a gender pay gap, in which female doctors tended to earn less over their career than male doctors; this was a discussion point and not part of the study findings but indicated differential financial rewards between different demographic groups of medical students (Brown et al., 2020). Therefore, findings from the research suggest that finance shapes the WP journey because the future rewards of a career can be a factor that motivates students through the study journey.

Financial resources, living and working.

A second theme identified how finances shaped student experience by impacting how they lived and worked during the medical degree (See Appendix J). Bassett et al. (2019) interviewed 20 first-in-family students, finding that eight were constantly financially struggling through their course, an experience made more intense by the length of the course,

which could be up to six years for those on the longer route. Rapport et al. (2009) suggested that many mature students have prior financial commitments, which exacerbate the experience of financial struggles. Alagha and Jones (2021) used a grounded theory approach in their study that included 15 mature students, identifying the financial challenge of being a graduate student on an undergraduate course due to the lack of funding. Therefore, certain groups are particularly vulnerable to financial struggles. Other research described how finances impacted student life through their living situation and, secondly, having to take on paid employment.

Financial factors influence a student's living situation, for example, whether they move away from home to study or become commuter students (Claridge et al., 2018). Finances affect students' living situations as financial concerns create pressures related to moving away from home to study, including the need to pay for housing, travel and food, all worries that negatively impact studying (Chew-Graham et al., 2003). 65% of students in Bassett et al. (2019) reported living in their family home during the degree to save money or because they could not afford student accommodation costs. Paid employment was raised as an important issue because work was described as negatively impacting a student's wellbeing, performance in their studies and opportunity to take part in social and extracurricular activities (Bassett et al., 2019; Claridge & Ussher, 2019). Therefore, the literature suggests that financial experiences can create barriers that limit student choices and have a negative impact on the student experience. This deficit approach is echoed by the findings of Curtis et al. (2021). Curtis et al. (2021) conducted a study which involved analysing narratives produced by medical school staff about the imagined experiences of WP students studying medicine; the first set of texts reflected a deficit discourse which highlighted financial barriers, a difficulty that WP students faced. Two studies presented an alternative to the deficit discourse, highlighting the strengths that WP students can bring to manage financial challenges in daily life and the positive impact of financially supporting students. Rapport et al. (2009) described how the maturity possessed by mature students enabled them to manage the demands of the course despite experiencing financial difficulties. Furthermore, the rewards of a future well-paid job meant the students persisted in the course despite financial difficulties (Rapport et al., 2009). Claridge and Ussher (2019) illustrated the benefits of receiving bursaries; low-income students reported that bursaries mean reducing or removing the need to take paid employment, thus freeing up time for study and socialising. Therefore,

the literature around the impact of finance on WP student life is not universally negative, especially when student strengths and support needs are recognised.

Finances and relationships

Financial experiences appeared to shape student relationships; four included papers described how relationships are impacted by financial experiences, including descriptions of the impact on relationships both off the course and on the course with other students and staff (See Appendix K). Firstly, Cleland and Fahey Palma (2018) studied how staff members construct WP students as socially differentiated by their socioeconomic status in a study that included interviews with medical school staff members. Alagha and Jones (2021) and Rapport et al. (2009) describe the negative impact that financial struggles have on mature student relationships outside of university. Alagha and Jones (2021) include a student experience of financial barriers leading to social difficulties and lack of funding, meaning it is difficult to find time for relationships with family and friends. Rapport et al. (2009, p584) reports a student description of being "financially estranged from friends," suggesting that financial differences can negatively impact friendship. Finally, Claridge and Ussher (2019) highlight the role that financial support can play in enabling students to focus on social life and having relationships with peers rather than taking on paid employment.

Discussion

The findings from the literature review covered three main areas. Firstly, there was an exploration of the type of groupings considered as WP and why. The second main finding related to the participant grouping used in studies as different types of insight were gained from the inclusion of WP only, students who might not have identified WP characteristics and staff members from the medical school. The third finding showed how finance related to rewards and incentives for students to pursue a tough course like medicine, how finances impact students' lives through the course and finally, how finances impact relationships.

Studying and Conceptualising WP

Identifying how WP is conceptualised allows an opportunity to observe which groups are included and which WP groups are not represented within medical education WP research. The analysis of the papers revealed a range of characteristics or backgrounds as being linked with Widening Participation, including ethnicity, low SES background, gender, mature students, first-in-family students and two studies which described WP in broad terms

related to disadvantage (Bassett et al., 2019; Curtis et al., 2021; Drinkwater et al., 2008; Jasmin & Binnie, 2020; Woolf et al., 2008). Identifying the groups who are included reveals that several WP groups have not been considered, for example, estranged students or students who have experienced living in local authority care; this could be due to the low numbers of these types of WP groups in higher education (Moore et al., 2013) but still reveals a gap. Furthermore, SES is conceptualised as receiving a bursary due to low income, working-class, and general perceptions of students as being socioeconomically deprived, which means there are still opportunities to study different definitions of WP, for example, students who have been in receipt of FSM (OfS, 2023a). Therefore, there are gaps in the literature and opportunities to study different WP groupings.

Two studies took a general view of WP, describing WP students as being generally deprived or from a minoritised group (Cleland & Fahey Palma, 2018; Curtis et al., 2021); this raises the possibility that WP can be studied as a broader construct rather than focusing on specific group characteristics such as gender or ethnicity. The more general approach could be an opportunity to take a more exploratory or inductive approach, which may be open to a wider understanding of the WP experience rather than focusing on individual groups. Furthermore, it was observed that only six of the 24 retrieved studies considered multiple WP characteristics (for example, see Mathers and Parry (2009)). Recognition of multiple characteristics can enable consideration of intersectionality. Intersectionality suggests that students' multiple identities interact or intersect to form different experiences of disadvantage (Crenshaw, 1991). An example of intersectionality may be found in Jasmin and Binnie (2020), who showed how students from different ethnic groups might have different experiences of being disabled. A more general and inductive approach to WP studies could enable the recognition of intersectionality by enabling the recognition of multiple identities rather than focusing on a preset grouping.

Secondly, the findings showed a range of reasons why the background or characteristic is related to widening participation, including being underrepresented, having lower levels of attainment, or experiencing bias, stigma, or discrimination (Mathers & Parry, 2009; Woolf et al., 2008). The findings from the review reveal that WP is not only a broad construct but also has unclear boundaries. Gender is an example of WP grouping, which may have conflicting definitions because males and females can be considered under WP in

different situations. How gender is considered within WP depends on whether the focus is underrepresentation, lower levels of attainment or experiences of discrimination, bias or stigma. If WP is considered in terms of representation, there are claims that white working-class boys are underrepresented in HE (Baars et al., 2016). If WP is considered through the lens of lower attainment, this could include both male and female students. Findings in the retrieved literature report women having lower attainment after graduation than men (Brown et al., 2020), whereas white boys on FSM are also reported to have low levels of attainment in HE (BMA, 2022a, CSJ, 2020). Therefore, such groups as gender blur the domains of what is and is not considered Widening participation. In conclusion, this suggests that WP is complex and difficult to define objectively.

The question of how a potential WP characteristic is recognised is important. Some of the literature raises the issue of "hidden" WP, relating to the idea that not all potential WP characteristics are disclosed. A British Medical Association (BMA) report supports the idea that disability is underreported within medical education (BMA, 2022). The BMA report is based on 705 disabled doctors and medical students who responded to a survey between November 2019 and January 2020 (BMA, 2022). Findings from the BMA report noted that there was a great deal of concern related to disclosing a disability, with 77% of those who responded saying they were worried that disclosure would lead to unfavourable treatment in their workplace or university (BMA, 2022). Further, there is also a suggestion that students might not declare a disability due to fears that this may lead to concerns about fitness to practice, which could threaten their career and reputation (Winter et al., 2017a). The idea that disability may be underreported is supported by (Murphy et al., 2022), who reported that only 1% of junior doctors who responded to the national training survey declared a disability. Within the general population, it is estimated that 19% of working-age adults have a disability, so it is likely that the 1% figure represents evidence of underreporting of disability in the medical profession (Murphy et al., 2022). In conclusion, when studying WP in a medical school, it is important to realise that stigma and fear of consequences may lead to students hiding potential WP status, leading to the possibility of "hidden WP". The issue of undisclosed WP means that identifying students as WP and non-WP may be complex.

How WP is studied (participant groups)

The literature review revealed different approaches to selecting participant groups, with 11 studies including only WP students, 11 studies including peers without identifiable

WP characteristics and six studies including staff members. It should be noted that the term "peers without identifiable WP characteristics" is used in preference to "non-WP" students because there is a large range of potential WP characteristics, and not all may have been considered in each study. Therefore, it is not straightforward to categorise a student as "non-WP". For example, students identified as white rather than from an ethnic background might have WP characteristics not captured in the study, such as being disabled or from a low socioeconomic background (see Woolf et al. 2008). The different participant groupings provided opportunities for different insights into the experience of WP students in medical school.

Interviewing WP students gave insights into the unique experience of groups that could only be gained through direct experience; for example, the students in Shaw and Anderson (2018) reported poor experiences of support for their dyslexia. Including peers with no identifiable WP characteristics and staff members contributes to understanding the WP student experience by adding a social context. The literature presents evidence that peers without identified WP characteristics and staff members hold negative stereotypes of WP students related to ethnicity and socioeconomic status (Cleland & Fahey Palma, 2018; Curtis et al., 2021; Woolf et al., 2008). Further, there was evidence that students might be uncomfortable talking about issues related to WP status, such as ethnicity (Roberts et al., 2008; Woolf et al., 2008). The discomfort in talking about ethnicity was found in focus group discussions; this suggests that it might be difficult for students to talk about experiences related to different ethnic backgrounds. Therefore, there is a suggestion that there can be a social divide or separation between students identified as WP and students not identified as WP. The sense of social separation is reflected in literature focusing on WP participants; for example, a literature review by Krstić et al. (2021) noted that students reported social isolation from non-WP peers and feelings of not fitting in.

Therefore, this review builds upon the Krstić et al. (2021) literature review, which found that medical students experienced a sense of social disconnect from students who did not share their backgrounds and experienced a clash between their background identity and the identity developed through medical education. The different papers included in this review offer a social context behind these findings; the stereotyping, othering and problematising of WP students appeared to mirror the individual experience in which WP students report feeling like they do not fit in and feeling a sense of social separation from

peers who do not share a similar background (Cleland & Palma, 2018; Curtis et al., 2021; Woolf et al., 2008; Claridge et al., 2018; Krstić et al., 2021). Therefore, this review adds a social context to the experiences of WP students studying medicine, which contributes to the aim of exploring the conceptualisation of WP and what it means to be a WP medical student.

The implications of these findings related to participant group nature could be of relevance when considered through a Foucauldian lens, an approach taken by Alexander et al. (2017) in their study of WP admission to a university. The Foucauldian approach explores how discourses shape how people within an organisation produce knowledge and meaning (Alexander et al., 2021). When applied to institutions such as medical schools, Alexander et al. (2017) suggests that discourses shape social structures and people's subjective experience of being within that structure. Therefore, the narrative of the staff members may be shaped by, and in turn, play a role in shaping the institutional practice of the university and the subjective experience of those within the institution, including WP students (Alexander et al., 2021). Within WP research, it may be beneficial to go beyond only studying WP students and broaden the exploration to include others who share the working or studying environment because this gives insight into relationships from multiple perspectives. The broader consideration is important because the social and cultural environment is shaped by various people in the learning environment who take on various roles, including peers and educators. Furthermore, the broader exploration potentially moves away from "problematising" WP students and could build towards a growing awareness of their experience within the institutional culture of HE. Therefore, this contributes to the study aim by suggesting that understanding the cultural and social environment of a medical school can build a better understanding of the experiences of WP medical students.

The approach of not only including students with identified WP characteristics enabled an exploratory approach to student experiences. One example is Chew-Graham et al. (2003), who interviewed 22 medical students to explore their experiences of seeking help for mental health. Findings showed how students might be reluctant to seek help for mental health due to fear of mental health stigma or worry that mental health challenges might be a sign of personal weakness or even risk their fitness to practice being questioned (Chew-Graham et al., 2003, Winter et al., 2017a). The students in this study were not recruited for any form of WP characteristic; however, the results gave insight into how the WP

characteristic of mental health challenges might be viewed in the medical school culture (Chew-Graham et al., 2003). Therefore, it is possible to gain insight into the WP experience from students and staff who might not have identified WP characteristics by gaining an understanding of shared experiences such as help-seeking in times of distress. Furthermore, only focusing on WP students may limit understanding as this approach may not fully appreciate the social and cultural context that shapes WP experiences.

Finances and the WP experience

The review has highlighted how WP is conceptualised and studied within the literature, for example, which groups have been identified as WP and why and the potential utility of approaching WP in an inductive manner that includes more than just the WP student perspective. Next, the review explored the state of knowledge related to the financial experience of WP students. Exploration of financial information in the literature was an important aspect of the literature review as it addresses one of the main aims of the thesis of exploring student financial experience.

The review explored the state of knowledge related to the financial experience of WP students. This search showed that within the 24 articles, 10 mentioned financial issues, and 14 did not. The findings from this search were arranged into three themes relating to the financial experience of WP medical students: first, how students describe financial rewards and incentives related to studying medicine, which was important due to the financial struggle associated with studying; second, the impact that resources have on how students spend their time, and living arrangements; third, how financial circumstances influence relationships including how staff view students.

Only 11 of the 24 retrieved papers referred to financial issues, and within these papers, finances represented the main findings in Bassett et al. (2019), which reported the financial struggles experienced by first-in-family students and Claridge and Ussher (2019), who reported on the impact that bursaries had on the lives of low-income medical students. The rest of the findings related to financial experiences were minor mentions or quotes from single students in the study. Therefore, there needs to be more research evidence giving insight into the financial experiences of WP medical students, which is a research opportunity. This review highlights financial experiences as being related to different aspects

of the student journey, including motivation to study medicine and experiences on the course, such as having to work and having less time to study. Furthermore, a third theme suggested that financial experiences influence relationships during the student journey, including how staff view students. Findings also suggest that a range of different WP groups were included in findings related to financial experience, suggesting that exploring financial experiences may be a way of exploring a shared experience between different WP groups.

The first theme established by this review was related to rewards and incentives, showing that students were motivated to struggle through the demands of the course to gain the prize of a secure career (Bassett et al., 2018; Drinkwater et al., 2008; Rapport et al., 2009). This finding gives an alternative view of finances' impacts on students' lives, as a previous literature review has only linked financial experiences to negative aspects of student life, such as mental health difficulties McCloud and Bann (2019). The next finding focused on how students described financial issues shaping their lives; issues related to housing and paid employment emerged as important factors, with financial struggles leading to students living at home or needing paid employment whilst studying (Bassett et al., 2019). Students described the negative impact of taking on paid employment regarding opportunities to study and socialise (Bassett et al., 2019; Claridge & Ussher, 2019). Bassett et al. (2019) highlighted the lack of research into medical student employment, which means that paid employment represents an example of how finances impact student life and how studying employment represents an opportunity to gain insight into the practical way finances shape medical student life. The third finding raises the idea that financial difficulties can negatively impact relationships inside and outside the university (Alagha & Jones, 2021; Rapport et al., 2009). This finding illustrates the utility of taking different perspectives in research, as Cleland and Fahey Palma (2018) found that staff appeared to socially differentiate students by socioeconomic background, which suggests that the sense of disconnect (as reported in Krstić et al. (2021) might not just be related to student perception but be a wider part of the culture of medical school.

This review extended the work of Krstić et al. (2021) by providing an explicit focus on the financial experience of medical students and WP medical students. Krstić et al. (2021) provided some evidence to support the importance of considering how finances shape the experience of medical students from a WP background, highlighting this topic as worthy of study. Mirroring the findings of Krstić et al. (2021), this review highlighted the lack of

research on WP medical students that involves considering finance. In contrast to the Krstić et al. (2021) et al. study, this review explored finances in greater detail, including how financial rewards can motivate some students towards a career in medicine. Further, this review recognised the social and cultural context of the WP experience. The Krstić et al. (2021) study focused on the WP student experience; in contrast, this review acknowledges studying WP from different perspectives, including student peers and staff working with WP students. Gaining insight into the social context adds to the narrative of the WP experience suggested by Krstić et al. (2021) by remembering that peers and staff shape the experiences of WP medical students and play a role in shaping social and cultural experiences.

Limitations of the review

This review has several limitations. Firstly, there was only one reviewer; a second reviewer who could help with article selection and screening will likely reduce the risk of errors (University of Exeter, 2023). Due to time constraints, no grey literature was included; this is an important consideration because insightful and relevant data may have yet to be commercially published (Paez, 2017). It is important to consider unpublished data within WP as OfS requires universities to research to evaluate the effectiveness of their WP access and participation plans, so there is likely a large amount of unpublished research concerning WP in HE.

Another limitation that should be considered is how WP was conceptualised, which is reflected within the search terms used. The comprehensive search terms covered many potential backgrounds and characteristics associated with widening participation. A broad search is useful because a diverse range of groups are included. However, there is a risk that this search may been considered a little too broad. This was intentional though as it was important to be inclusive. The boundaries of widening participation are important to consider because as there is debate in the literature around which categories should be considered as widening participation.

For example, "first-in-family" students, a term that refers to students whose parents did not gain a higher education qualification and is considered under WP by the British Medical Association (Adamecz-Volgyi et al., 2021; Bassett et al., 2018; Bassett et al., 2019, BMA, 2023). The term "first-in-family" was used in a 2011 article relating to the experiences

of "first-in-family" students attending Australian universities and their need for focused support (Luzeckyj et al., 2011, p. 92). Luzeckyj et al. (2011) differentiate the term "first-in-family" from the previously used term "first generation", arguing that the latter refers to students from families that did not graduate from higher education; in contrast, the former have less access to knowledge about higher education as their families did not participate or access higher education. More recently, a debate has emerged in the literature as to whether "first-in-family" or "first-generation" students should be considered as widening participation. Boliver et al. (2022) suggest that "first-in-family" (otherwise known as first-generation) should not be considered an indicator of WP status because it lacks reliability and validity.

The claims about reliability and validity are because first-in-family students are not always socioeconomically disadvantaged and because self-reported data cannot be verified as accurate (Boliver et al., 2022). Furthermore, Boliver et al. (2022) suggest that first-in-family students should not be used as an indicator as this group represents a very large proportion of graduates, citing research by Henderson et al. (2020) who studied a cohort of graduates born in 1989, finding that 84% were potentially first-in-family students. More precise data comes from Adamecz-Volgyi et al. (2021), who suggested that out of a cohort of students born in 1989, 68% were graduates, meaning that two-thirds of graduates in that cohort could had first-in-family status. However, Adamecz-Volgyi et al. (2021) argue that first-in-family should be considered as widening participation, citing a four-percentage point higher dropout rate, an overlap with forms of disadvantage related to family background and income such as single-parent households and low income. Furthermore, Henderson et al. (2020) demonstrates a link between first-in-family status and coming from an ethnic minority or low socioeconomic status background, suggesting that there may be an intersection between first-in-family backgrounds and other characteristics associated with disadvantage. Therefore, another weakness in this study is the use of WP and the ongoing debate about which groups should be counted as widening participation.

As an early career researcher, it is important to reflect on the methodology for this review. Firstly, the process of critical appraisal could have been more systematic, for example, using a checklist or tool to aid essential appraisal rather than selectively drawing on Stenfors et al. (2020) and Tracy and Hinrichs (2017). A more systematic approach would have increased the quality of the review and enabled a better appraisal of the quality of the included research. Secondly, the method for finding themes within the data was loosely based on Braun and

Clarke (2022). A more systematic approach to data analysis, which included keeping a reflexive diary about the data interpretation, would have increased the quality of the review. Having a more systematic approach to quality assessment and analysis would make the process of quality assessment and analysis clearer for the reader. Both these points will provide opportunities for learning and conducting more rigorous, transparent, and high-quality research in the future.

Conclusion

This review conducted a literature search that considered the experience of WP students. The review explored how WP was conceptualised, showing that different groups were conceptualised as WP due to different experiences, including underrepresentation. Most studies focused on single characteristics, with only four considering multiple characteristics, which suggests an evidence gap relating to literature that views WP as a construct that includes multiple characteristics. This review also considered how different participant groups may contribute differing insights into the experience of WP students, finding that including non-WP students or staff members offered insight into the social context of the WP experience in HE. The review also investigated the financial experience of WP medical students within the retrieved literature, finding some data but further highlighting a gap in the evidence. However, the data found suggested that financial experience was an important factor in shaping different aspects of the student experience and is worthy of further investigation. Thus, the findings from this review contribute to the aims of the research project, providing insight into how WP is conceptualised and studied, how approaches to studying WP might give social and cultural insight into WP experience and how aspects of finance shape the WP journey through medical school.

An evidence gap relating to WP studies that do not focus on single WP characteristics and financial aspects of student experience was identified. Therefore, a study that explores the financial experiences of WP medical students could be designed, open to multiple definitions of WP. Secondly, this review showed that including non-WP students enables WP students' experience to be placed within a social context. Therefore, a study that includes WP and non-WP students could enable exploration into the experience of WP within the social context, this is relevant to the study aims of gaining insight into the experiences of medical students and understanding WP by exploring different ways of study WP

experience. Furthermore, the review revealed the possibility of hidden WP characteristics, such as undeclared disability. Therefore, the study design should be able to work with declared and undeclared WP characteristics. Therefore, this means that the next stage and chapter of the project will involve the design and execution of a study exploring the social and financial experience of WP students, which regards WP from a broad perspective and includes WP and non-WP students.

Chapter 3 Focus Group Methods and Findings

There is growing interest in WP in medicine to support the need for greater diversity within the medical profession (BMA, 2015; NHS, 2014). The study of WP involves recognising that some students experience disadvantages in their journey through medical school, with some groups being underrepresented, for example, people from low socioeconomic backgrounds and other groups showing different lower levels of attainment, for example, some ethnic minority students (OfS, 2023a). WP is concerned with the enactment of strategies that aim to improve outcomes for disadvantaged students, and it is important to identify and understand more about experiences and factors that might be related to the difficulties.

One potential challenge for students is finances; there is evidence that financial difficulties negatively impact medical students' journey through their degree. Pisaniello et al. (2019) conducted a systematic review exploring the effect of debt on the mental health, academic performance, and speciality choices of medical students from various countries. This review included 52 quantitative articles and concluded that higher levels of debt were associated with higher levels of financial stress, lower mental wellbeing, and poorer academic outcomes (Pisaniello et al., 2019). The links between student attainment and wellbeing, as found in the Pisaniello review, suggest that financial experiences impact the student journey. However, all but one of the studies within the Pisaniello review focused on medical students who lived outside the UK; this is important as different countries have different funding systems for higher education, so findings from cross-national studies need to be applied with caution. The one UK study based in Scotland was conducted by Ross et al. (2006) in a cross-sectional study involving 352 medical students, finding that 37.4 % reported that money worries negatively impacted studying. Furthermore, there was an association between reporting that money worries impacted studies with higher outstanding debt ($p=0.01$) and lower academic attainment ($p=0.05$). The Ross et al. (2006) study is 17 years old and took place in Scotland, and students who are normally residents of Scotland can have their tuition fees paid for by the Student Awards Agency Scotland (SAAS) (gov.scot, 2024). Students studying, but not resident in Scotland and residents of England or Wales must pay tuition fees; in 2006, the tuition fees were set at £3,000 (Hubble & Bolton, 2018). The Ross et al. (2006) study provides evidence of medical students experiencing money worries. However,

this reflects an educational system and a time when the financial demands on students were less than the contemporary fee rate of £9,250. Therefore, the Ross et al. (2006) may reflect differing financial experiences due to a differing student funding system.

McCloud and Bann (2019) conducted a literature review of 9 papers and found that the experience of financial stress was related to higher rates of mental health difficulties. Reid et al. (2020) conducted longitudinal research on non-medical students, exploring financial concerns and academic outcomes. Reid et al. (2020) found that higher levels of financial concern were related to lower levels of intrinsic academic motivation over time ($\beta = -0.07$, $p = .049$). Therefore, financial worries reduce student motivation to study, which is likely to have a negative impact on attainment (McCloud & Bann, 2019; Reid et al., 2020). This means that financial stress needs to be taken seriously in higher education and medical education as a potential threat to attainment and wellbeing.

A literature review was conducted, building on the review carried out by Krstić et al. (2021), which explored qualitative research around the experience of WP students in medical education. The literature review found limited findings related to the financial experiences of WP students, with only 10 out of the 24 articles reviewed giving insight into financial issues or experiences. The papers identified that finances played a significant role in the lives of students, with descriptions of money impacting relationships with family and friends and how financial support for students decreases the need to take on paid employment (Claridge et al., 2018; Cleland & Fahey Palma, 2018; Curtis et al., 2021). Therefore, a limited amount of literature gives insight into the financial experiences of WP students on medical degrees. However, the limited amount there is suggests that finances play a key role in the experiences of medical students, shaping relationships and opportunities to study or participate in extracurricular activities through the journey through medical school. Therefore, a focus group study exploring how financial experiences shape the journey of WP through medical school could make a novel contribution to the evidence base and help increase insight into the experience of this important group of students.

Aims of study

To gain an understanding of how medical students' experience of finances shapes their journey through medical school

Research Questions

What is it like to be a medical student?

How do finances shape the student journey through medical school?

Methodology

This study used a qualitative design in which focus groups were used to explore how medical students' financial situation shapes their journey through medical school. The project aims to understand the student experience, which will mean recognising multiple perspectives and experiences. Critical realism is an approach which is flexible enough to allow for the recognition of multiple conceptualisations and experiences WP and financial experience; therefore, critical realism will be used in the context of this study (Buch-Hansen & Nielsen, 2020; Fletcher, 2017; Pilgrim, 2019; Tomlinson, 2023).

Design

A series of focus groups were conducted to explore students' experiences on the MBBS course at a university based in East England. Smith (2015) suggests that focus groups are a good method for a researcher to understand how people view or understand their world and how their social context shapes their experience. Therefore, a focus group approach can help generate data to give insight into how students perceive and experience their course. The focus group is a group conversation that enables a researcher to collect data on group processes, for example, how the meaning of shared experiences is co-constructed through interaction (Liamputtong, 2011). Therefore, this study can draw on the collective conversation in the focus group to gain insight into how social, cultural and financial factors shape the experience of medical students (Liamputtong, 2011).

Method

Study setting

The study setting was a medical school in the East of England. Upon successful qualification, students can register as doctors with the General Medical Council. The Medical School offers two undergraduate routes, a five-year MB BS and a five-year MB BS, with an

additional foundation/gateway year. As with all medical courses, the government issues target intakes that limit the number of students who can enrol each year; in 2022 -23, that limit is set at 208 (OfS, 2022). The 2023/24 demographic profile for the current cohort is 42% Male, 48% BME, 16% of students report having a disability and 6% report having a mental health condition, 15% Mature students, 9% POLAR4 Q1 and 10% Index of Multiple Deprivation Q1. These figures are reported to indicate recorded levels of WP students within the medical school. This study received ethical approval from the ethics department at the University of East Anglia (See Appendix L) .

Sampling approach

MBBS students from a university in the East of England were invited to participate in the study via adverts (See appendix M) placed on internal communication in the Medical school and shared via appropriate clubs and societies on social media. Despite the study's focus being on students with WP characteristics, it was decided that this study would be open to all medical students regardless of declared WP status. For this study, WP status was considered as ethnicity, receiving a bursary from the university, having a disability and being a mature student. The decision to include WP and non-WP participants was informed by a desire to gain insight into the experience of being a medical student. Furthermore, this decision follows the literature review in the previous chapter, which suggested that including non-WP students could give insight into the social and cultural context that shapes the WP experience.

Eligibility criteria

Anyone registered on the MBBS course was eligible to participate.

Participants

Nine medical students were recruited through fliers distributed via the medical school. The students participated in two focus groups, one with five participants and one with four. Demographic data was taken (see Appendix N) on gender, age, disability, first-in-family status and if they had received a bursary from the university (see ***Table 2***).

Characteristic	*Number*
Gender	
- Male	3
- Female	6
Age	
- <21	1
- 21-25	8
Disability	
- Disability reported	1
- No disability reported	7
- Rather not say	1
First-in-family	
- Yes	4
- No	3
- Rather not say	1
Bursary from university	
- Yes	2
- No	6
- Rather not say	1
Ethnicity	
- White British	5
- Indian	1
- African	1
- Bangladeshi	1
- Mixed White and Black Caribbean	1

Table 2
Sociodemographic characteristics of the sample

Data Collection

Focus groups were used to collect data for this study. Focus groups collect data via facilitated group discussions using a small group of people with knowledge or experience related to the study focus (Office for Health Improvement and Disparities , 2020; Kitzinger, 1995). The group, usually between 6-8 members, is brought together to discuss a particular topic, such as their experience and perception of being a medical student and their financial experience on the course (Liamputtong, 2011). This method is used because it enables the capture of group processes and the type of information constructed via group processes; this is important to this study as it seeks to gain information related to the cultural experience of being a medical student (Kitzinger, 1995).

The online video conferencing tool Zoom was used for the focus groups. This study was conducted in May 2021, during the COVID-19 pandemic, so the research method had to adapt to the legal restrictions designed to slow the spread of the COVID-19 virus. Therefore, this focus group needed to be held via an online platform. Online focus groups have been made possible thanks to increased broadband speed and the availability of programs like Zoom and Microsoft Teams (Halliday et al., 2021; O'Sullivan et al., 2020).

Focus groups as a method

When people participate in focus groups, they generally experience a guided group conversation on a specific topic. An example of such a focus group study is Davidson, Semlyen and Lindqvist (2021), in which one group of seven and one group of six students participated in a group discussion to explore their experiences working as a Health Care Assistant. The participants were asked a series of open questions and were encouraged to expand on and discuss their responses within the group (Davidson et al., 2021). The results from this focus group study enabled the researchers to gain insight into how the experience of working as a Health Care Assistant led to increased confidence levels and the opportunity to build skills that could help with the future delivery of person-centred care (Davidson et al., 2021). In this way, the focus group method helped the researchers address the research topic. However, running a focus group involves careful planning and facilitation to create a group discussion in which the participants feel comfortable and enabled to share their views and experiences related to the topic (Hennink, 2007). The process of planning and facilitating focus groups will be described next to demonstrate how these processes are related to the aims and objectives of focus groups and within the context of this study.

The first stage of planning is a clear rationale for using focus groups; this is expressed in research through expressions of the aim of the study and how the aim fits with the research paradigm. A clear understanding of the rationale for using focus groups and why a topic might be suitable for a focus group study provides a foundation for the rest of the study. Stalmeijer et al. (2014) suggest that focus groups fit well with a constructivist paradigm, which means that reality is viewed as socially constructed and knowledge is co-constructed via the interaction of individuals and society. In methodological terms, the focus group method explores how people make sense of or create meaning from experiences (Stalmeijer et al., 2014). Therefore, focus groups can be used to gain insight into participants'

experiences and how these experiences are shaped by a social context (Wilkinson, 1998). Morrison et al. (2019) illustrate the use of a social constructivist approach within a focus group study, stating that this approach was used to improve understanding of the experiences of medical students. This study aims to gain insight into how WP is conceptualised and studied within medical education and explore how financial experiences shape the journey through medical school. The aims expressed above reflects that expressed by Morrison et al. (2019) which was to explore the experiences of medical students through medical training; therefore, focus groups would be germane to the aims of this study. However, it is noted within Davidson et al. (2021) and Wilkinson (1998) that focus groups have a degree of epistemological flexibility, which is useful in the context of this study. The flexibility is useful within this project because a critical realist stance is being adopted, which means the study aims to explore how students construct their experience of reality, such as their medical school experience (Pilgrim, 2019). Furthermore, the literature review established that the financial experience of medical students is an under-researched area, which means that it is not well understood and factors that influence financial experience are poorly defined, according to Kitzinger (1995) and Hennink (2007) these conditions make this project suitable for a focus group methodology.

The next stage is to consider aspects of the focus group study design, such as the selection of participants and the approach to questioning. Consideration of the participant group is important as focus groups aim to enable participants to feel comfortable enough to contribute their experiences and perceptions to the group discussion (Hennink, 2007). One suggestion is that a degree of homogeneity can help facilitate open communication (Stalmeijer et al., 2014). As the medical students have a shared background and set of experiences in terms of being medical students, this represents a suitable group to participate in focus groups (Stalmeijer et al., 2014). However, it should be noted that there was a mixture of students from different backgrounds, including those with and without WP backgrounds; this means there will be various experiences within the medical school journey. Examples of studies using focus groups with medical students are Morrison et al. (2019), who used focus groups to explore the experience of 24 graduate entry medical students from various ethnic minority backgrounds and Woolf et al. (2008), who used focus groups to explore ethnic stereotyping in 27 white and ethnic minority year three medical students. Furthermore, a guide by Stalmeijer et al. (2014) describes focus groups as a well-established method used in medical education research. Therefore, this study follows a precedent set by multiple studies

which use focus groups to gather data from medical students with and without widening participation characteristics to gain insight into the experience of medical students.

The type of questions used within the focus group is important as open questions can enable participants to control the direction of the conversation and are more likely to stimulate an ongoing discussion than closed questions (Stalmeijer et al., 2014). Davidson et al. (2021) demonstrated the use of open questions to encourage participants to expand on or explore their contributions. Therefore, part of the planning process for focus groups is designing a selection of semi-structured or open questions. The semi-structured approach was taken as it enabled the focus group to adapt to and explore topics led by the focus group participants (Mann, 2016). Semi-structured interviews have more flexibility than structured interviews (which involve sticking rigidly to a script of questions), so there is room for an interviewer to follow the lead of the interviewee and explore topics further using prompt questions (Mann, 2016; Williamson, 2018). Semi-structured interviews are often situated within an interpretivist framework (Williamson, 2018), which is a useful approach for this study, as the aims are to explore how the students perceive and construct their experiences. Therefore, a semi-structured question guide using open questions is helpful as it enables students to speak freely and, to some extent, guide the conversation so that they can describe their experiences and perceptions.

Some aspects of setting up a focus group have been described, including being aware of the rationale, selecting group members and the type of questions to ask. Next, consideration will be given to running a group, how the researchers and roles and behaviour reflect the aims of the group and can work towards an environment designed to enable group members to feel confident to contribute and discuss ideas. The first thing to consider here is that the focus group aims to generate data that captures discussions between the participants; in other words, it is important to promote interaction between participants rather than only focus on the interaction between the researcher and participants (Stalmeijer et al., 2014). The interaction between the participants is important because part of the data collection involves observation of interactions between participants and how they respond to each other, reflecting on expanding on other's contributions (Hennink, 2007). The interaction between the participants can also be seen as a process that can give insight into how culture, meanings and beliefs can shape how the participants experience or behave in the world (Stalmeijer et al., 2014). Therefore, the interaction between participants can give rise to a deeper

understanding of the topic being studied than might be available in one-to-one interviewing situations (Hennink, 2007; Stalmeijer et al., 2014). Therefore, the role of the researcher is to encourage and enable participants to discuss the topic with each other; this means taking a peripheral role in the conversation (Stalmeijer et al., 2014). The next section will link the previous sections that have described aspects of planning and enacting a focus group with participants' experience to illustrate how the processes underlying the preparation and enactment of focus groups shape participants' experience.

This section will describe the participant experience in greater detail and create links between focus group planning and the role of the researcher. Upon entering the focus group, participants will experience an introduction; this is the researcher's opportunity to try and put participants at ease and to set out expectations for the group, for example, that the researcher wants participants to hear a range of voices and that it is acceptable to disagree with what others say (Stalmeijer et al., 2014). Furthermore, this stage is an opportunity for the researcher to clearly explain the purpose of the research and how contributions can help improve understanding of the topic (Stalmeijer et al., 2014). After the introduction, participants will be asked open-ended questions, including prompt questions designed to encourage participants to expand on their contributions (Stalmeijer et al., 2014). Participants may notice different behaviours in the researcher, for example, interrupting more dominant group members to ask for the views of other group members; this is an example of group moderation designed to get a range of voices within the data (Hennink, 2007; Stalmeijer et al., 2014). Underlying all these experiences are the stages of planning listed above; this means that what may appear spontaneous and conversational is carefully planned (Hennink, 2007; Stalmeijer et al., 2014). A focus group ideally is experienced as relaxed and conversational but involves skilled facilitation from the researcher and essential planning to enable this to happen.

Therefore, focus groups were used within this research topic due to compatibility with the philosophical approach of the topic, the aims of the research and the population being studied. The focus group methodology is compatible with the critical realist philosophy that underlies this research project. Focus groups tap into group processes that can enable the exploration of how cultural and social factors shape students' experience in medical school (Hennink, 2007; Stalmeijer et al., 2014). Furthermore, there is an established literature which uses focus groups to study the experience of medical students; for example, Davidson et al.,

2021 and Woolf et al. (2008) show that focus groups can successfully explore medical student experience. In conclusion, this study will use focus groups to address the research topic, please see ***table 3*** for list of questions used.

Questions

Questions
1. **Please tell me about your financial situation as a student?**
2. **If your financial situation is difficult, what strategies do you use to manage things? What are ways of coping?**
3. **How does your student loan impact your financial experience?**
4. **Please tell me about your wellbeing, what wellbeing means to you?**
5. **As a student following a professional course – how does your financial experience compare with students on a non-professional course?**

6. **Have you noticed differences in the financial experiences between students on your course?**

7. **Can you tell me about specific factors on the course that could impact your financial experience?**

Table 3
List of questions used within the focus group

Participants were sent a Zoom link, participant information sheet / debrief sheet (Appendix O), consent form (Appendix P) and demographic questionnaire (appendix N) (both via Google forms) before attending the focus group.

Participants were admitted to the Zoom room via a waiting room. The waiting room function acted as a layer of security to enable privacy and to prevent further people from joining. Once three people arrived, the group started. The researcher checked if anyone had questions, read an introductory script (see Appendix Q), and ensured everyone was happy with the audio-video-recorded focus group. The researcher started the questions after checking that everyone was happy to proceed. The focus group lasted approximately 1 hour; at the end of the focus group, the researcher checked if anyone had any questions and if they were still happy to participate.

Data analysis

Focus group data was transcribed automatically by the Zoom platform and checked by hand by the researcher to produce a verbatim text. The data was analysed using Braun and Clarke's reflexive thematic analysis (Braun & Clarke, 2013; Braun & Clarke, 2022). The data was de-identified and anonymised to maintain participant confidentiality, which meant names were exchanged for pseudonyms; any other information in the data that could identify an individual was changed or redacted. Therefore, names were changed or redacted; place names were redacted – for example, names of hospitals or workplaces and any other information that could identify an individual was also redacted.

The rationale for thematic analysis

The approach by Braun and Clarke (2006) was used because it offers an analysis method with a clear set of steps accessible to researchers from an early stage in their career (Braun & Clarke, 2022; Nowell et al., 2017). Secondly, reflexive thematic analysis offers a theoretically flexible approach, which means that the analysis approach can be modified to suit the context of the study (Braun & Clarke, 2022; Nowell et al., 2017).

Thirdly, thematic analysis offers a method of finding patterns across data to generate unanticipated insight into a phenomenon of interest (Braun & Clarke, 2022; Nowell et al., 2017). The use of thematic analysis means that the study can be approached from an explorative and inductive approach, which could enable novel insights to be gained about the experience of the participant students.

Process of analysis

The Braun and Clarke (2022) thematic analysis methodology contains six stages. These stages are familiarisation with the data, coding, generating initial themes, reviewing themes before defining and naming themes, and finally, writing up. These stages will be outlined next, but first, it needs to be emphasised that Braun et al. (2022) suggest that this method does not replace the need for the researcher to creatively engage with the data so that this method will be followed in spirit rather than to the letter. Also, in line with Braun and Clarke, the data analysis was approached iteratively; this means going back and forwards between the stages of analysis (see Table 4 adapted from Braun & Clarke, 2022).

Phase Definition	Phase Description

Phase 1: Familiarisation: a process of becoming immersed in the data- read and re-read the transcribed data until a feeling of familiarity is reached.	During this stage the aim was followed to develop a sense of familiarity with the data. This involved engaging with the data on a level beyond the surface, using context, empathy, to explore the meaning. This also involved exploring my own reaction to the data, reflecting on my responses and how this might impact how I read and understood the data.
Phase 2: Coding: systematically working through the data line by line to identify segments of text that could be relevant to answering the research question.	This stage occurred several times, receiving feedback on the codes from my supervision team enabled me to reflect and challenge myself to go beyond description. Here it was helpful to consider context and apply some interpretation or analysis to develop codes that captured meaning from the data. To ensure that the final themes reflected both focus groups two coding cycles were completed, the first went through the focus groups in order, the second cycle started with the second focus group.
Phase 3: Generating initial themes: identifying groups of codes that share meaning or a central concept and may be relevant to the research question.	During this phase the codes were printed out and cut out so that they could be rearranged in creative ways. Different colour systems were used to reflect the first and second focus group. This way it could be ensured that developed codes included voices from both focus groups. Furthermore, the line number of the transcript was recorded with each code so that the codes can be checked back in the data (See appendix R for sample of coding approaches and sample from transcript). Tables were constructed with experimental code groupings using colour coding to ensure that both focus groups were considered.

Phase 4: Developing and reviewing themes: reviewing candidate themes, checking each code contains a "central organising concept" (Braun and Clarke, 2002, p35). Themes should be checked against the data and codes, to make sure there is evidence to support them. During this phase themes may be kept, discarded, or adapted.	During this phase I checked that there was some data within the focus group interview that could be used to support the theme. During this phase several "candidate" themes were abandoned as they did not tell a clear story or there was not enough in the data to support them. One example was noticing how students talked about peers who were from different socioeconomic background, at first the examples of students referring to peers from higher socioeconomic status and lower socioeconomic status were considered separately. However, on reflection these codes worked together to reflect the story of how students perceived socioeconomic difference, with responses including expressions of curiosity, lack of knowledge and discomfort – so these codes combined to form a code that told the story of interacting with peers from different socioeconomic backgrounds.
Phase 5: Refining, defining, and naming themes: This phase is fine-tuning the theme, writing a synopsis, naming it and making sure that the theme tells a useful story in relation to the study question.	This stage occurred iteratively with the writing up phase. Writing a summary of the theme, alongside the supporting data extracts helped me to really check that the themes were able to tell separate and coherent stories that contributed towards answering the study question. During this stage the themes were made more concise and names were constructed and changed to enable more effective communication about the nature and purpose of the theme. An example is the theme that addressed students interacting with peers with higher or lower socioeconomic status, this was originally called interacting with inequality, however, the

	alternative name of “interacting with difference” was more descriptive and less judgemental.
Phase 6: Writing up: use the themes and data to construct a story that provides answers to the research question.	This was the final stage, but not the end of the analysis as the challenge of writing the themes enabled me to gain a better understanding of them and hopefully present them in a better way.

Table 4

Stages of thematic analysis adapted from Braun and Clarke (2022)

Theme construction was an active process that involved generating theories based on the codes, testing theories by viewing them in the context of the rest of the data and feedback from supervisors (Braun and Clarke, 2022). The approach to reading the data evolved during this process, from a surface reading to asking deeper questions about the context of the data linked with the student's financial experiences, considering what the students were aiming for on the course and how finances impact student interactions. These questions guided the patterns constructed within the codes; for example, considering what the students wanted to achieve and strategies for getting through the journey helped to construct the theme of becoming a doctor.

Results

Themes

This section will introduce the themes supported with selected quotes from the dataset. Three themes were developed from the codes: Student as a consumer, Interacting with a difference, and Becoming a doctor (see Thematic Map in figure 2 below). The first theme was "student as a consumer"; this theme describes how the student finance system made students responsible for purchasing their education. The theme also considered inequality, showing how people with different levels of resources appeared to be able to "purchase" different experiences on the course. The second theme is "interacting with difference." a theme that explores the student perception of socioeconomic difference within the course and how this appears to impact social relationships. The final theme, becoming a doctor, introduces the context of what the students are trying to achieve, factors that are seen

as rewarding and motivational (status and secure career) and what skills they need to develop on their journey students (resilience and actively caring for wellbeing).

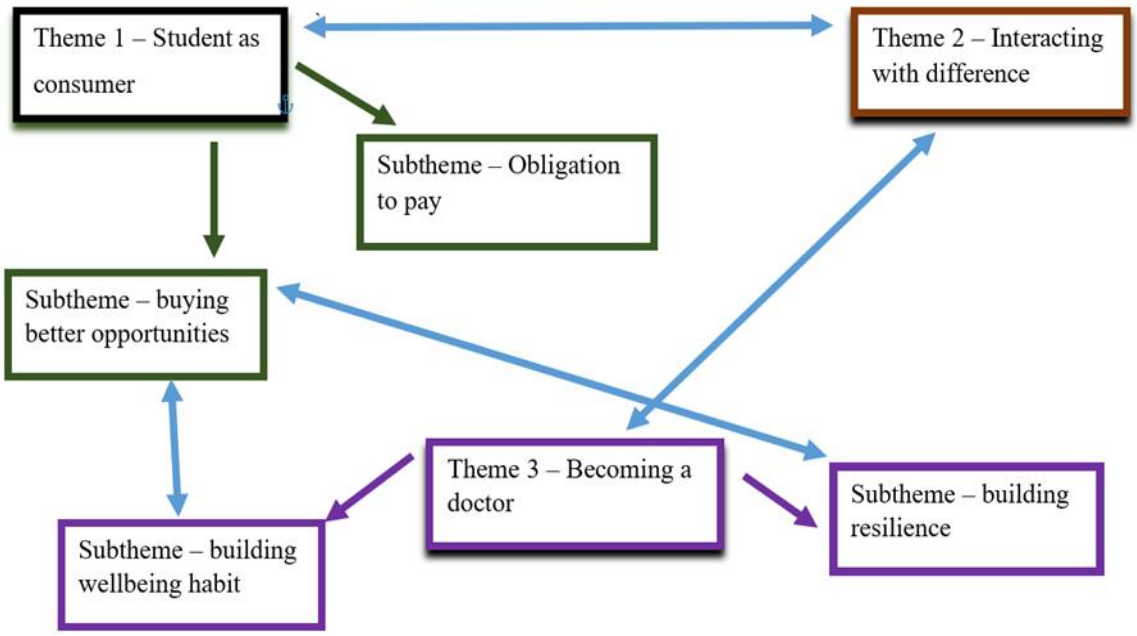

Figure 2

Thematic map showing themes and sub-themes – double-headed arrows showing links between themes.

Theme 1 – Student as a Consumer

This theme is about the impact of the student loan and tuition fee system, which makes students responsible for paying for their education—the responsibility to pay places students into the role of consumer. Another concept within this theme is the inequality of purchasing power, which meant that those with money could effectively "upgrade" and purchase a better version of the course, giving themselves potential advantages in terms of academic and career attainment. In contrast, those without purchasing power were left with a harder version of the course, in which they had to use their free time working rather than studying or resting, thus potentially decreasing their academic and career attainment.

Subtheme - Obligation to pay. The medical course was described as a product students had to pay for through tuition fees. Students talked about paying large amounts of money in tuition fees or rent and how being unable to pay essential costs like rent might be a barrier to accessing the course. An example of this is during the first focus group, the students discuss funding limitations and what might happen if they did not have enough money to pay rent. "so that's the difference between being able to afford accommodation and not being able to yeah which impacts, whether we can stay and studying things like that" Claire, FG2. It is seen as the student's responsibility to find the money to pay for the course; for some, this is through parental support. For others, this is through student finance. If these options are not present, the responsibility falls onto the student. The students in the focus group described the experience of postgraduate students. Postgraduate students already have an undergraduate degree; this is important as, under student finance rules, students cannot get funding to study for a second undergraduate degree. Some universities offer a postgraduate route to medicine, and postgraduate students studying through this route can get postgraduate funding. As the university where the study was conducted exclusively offers medicine as an undergraduate degree, students who already have a degree must follow an undergraduate route, meaning they must fund their education. Therefore, if postgraduate students lack financial backing, such as parental support, they are ultimately responsible for meeting the course costs.

> *"with regards to students that have already done an undergraduate work and now coming to do medicine, which is a very long degree. So, it's the student finance will not fund it for all these years; you have to find other means to pay" Colin, FG1*

One student offered an alternative to this education model; they had older siblings who went to university when tuition fees were lower and maintenance grants still existed. Their knowledge of how education used to be funded gave a context to compare the current financial model, suggesting that different ways of funding place students under less financial strain. The knowledge of different funding systems for education suggests an awareness that the current model, which places students as a consumer, is not inevitable. The knowledge of alternative systems also suggests that students can have various experiences depending on the funding model utilised within the higher education system. Below, Donna describes her sibling's university experience, highlighting the pressure the current system puts on students compared to systems that provide more financial support.

"Sometimes I like, I remember them being university and getting like maintenance grants and things. I think they're like financial pressure was a bit different.: And I definitely spoken to them about it, since I think yeah, I think the position, even though we have the same household income their, their financial experience of university was very different just because of the way the system works now" Donna, FG2

Subtheme - Buying better opportunities. Consumers can make choices, and consumers with more money can buy better products. In the same way, students with more money could shape their course experience and potentially gain better long-term outcomes. One example of a factor that can shape the student experience is intercalation. Intercalation involves medical students taking a year off their medical training to do additional studies, for example, a master's degree. Intercalation means a student takes longer to graduate and must pay an extra year's fees and living costs. One student describes intercalation as being advantageous to career prospects.

However, paying for an extra year of university is only an option for those with financial backing and not for those with financial limitations or worries.

- "*that I don't think I am would have wanted to intercalate anyway, but that's something that would have stopped me, so what if I didn't want to pay for another year sort of thing" Betty, FG2*

Students need resources to study and the basic costs of rent and tuition fees.

As with any consumer situation, students with more money can buy extra or better-quality resources. Below, Betty describes her perception that medical students are targeted to purchase resources and the financially unequal nature of the student population in which some can buy the resources that she perceives as advantageous. In this extract, she talks about inequality and how marketing places students as consumers of educational resources and opportunities for companies to make money. The consequences are also described, as the financial resources are used to gain academic advantage.

"I think one thing that I always think about is like extra resources and stuff, but some people have the money to get. Every online course every online revision resource, all

the textbooks they need, without even thinking about it, I think that's one thing, especially with medical students were so many there is constantly advertisements buy this resource buy this resource, I think, knowing that there's some people out there who can buy it at the drop of a hat, it can help them do better I think that's something financial that plays on my mind actually like I can't just afford to do that, and I think there are people who can afford to do that makes me worried that they're going to do better than me just because they can afford to do this course sort of thing" Betty, FG2

In contrast, those with lower financial resources were described as on a much tougher journey. Students described two groups that appeared to have extra challenges: students who already had a degree, meaning they did not qualify for the same level of student financial support as those doing a degree for the first time and students who had to work while they studied. When students talked about postgraduate students, it was emphasised how much less choice they had in spending their time and how much harder it was for them, with terms like "graft" conjuring images of tough, tiring physical labour.

"I'll just say, like (name) said, there's a big difference between students that have done an undergraduate degree beforehand and are now studying an undergraduate medical degree; I think that's the big difference I tend to notice in terms of financial stability because they really do have to graft like a lot harder." Colin, FG1

As well as the harder work, the students described the sacrifices made by students with less financial resources. , Donna describes a student who works nights before going onto a clinical placement, meaning they have to go without the basics of rest and sleep to afford to study. Donna's description illustrates that students with less financial resources and who need to work will risk missing out on time to study, rest, and sleep, which could mean they have less opportunity to reach their potential on the degree. *"And like they wanted to be completely financially independent, so they worked as an HCA same time used to do nights and then come into placement," Donna, FG2*. The "student as consumer" theme shows how students are viewed as consumers and responsible for paying for their education. However, this has created a market-type situation, and those with different levels of resources have different experiences on the course. When applied to WP students, there is a potential division between students in terms of financial resources, with those with more resources being more likely to "upgrade" their course by intercalating or buying resources. The

differential opportunity associated with finances means that students from a low socioeconomic background will be less likely to access the same "upgrades" as students from a high socioeconomic background – which could affect different attainment both on the course and in future careers. One example of this is intercalation, something which is seen as advantageous to future career development, and something which the BMA has called attention to and the need to offer funding to those for whom finances may be a barrier to accessing the intercalated course (BMA, 2021). Therefore, the medical degree can be seen as more than one course, with lower resources tending to lead students down paths that are considered tougher and that can reduce a student's level of opportunity to excel and reach their academic potential.

Theme 2 – Interacting with difference

This theme explores student perception of socioeconomic differences and the impact of socioeconomic differences. Through the data, students seemed very aware of a socioeconomic hierarchy within the medical course, describing their position concerning others with greater or lower resources. There appeared to be a moralistic approach to this difference, with students expressing gratitude for their position concerning those who had less and acknowledging the choices their resources enabled them to make regarding how they spend their time. Students appeared to pity and admire students perceived as having less resources, noting how those in paid employment had to work especially hard. The students did take a reflective approach to socioeconomic inequality, some imagining what it might be like for other students or appearing to ask questions or consider new perspectives.

Throughout the data, students appeared very aware of the financial inequality in their course, with one student commenting, "*It's not an equal playing field*". Students talked about their resources, appearing aware that not everyone was in the same position and openly describing having different experiences. One example of this was parental support, which is the experience of receiving financial support from parents or siblings. The student experience of receiving this support ranged from seeing it as natural to a new experience that incurred a sense of responsibility to pay it back by doing well. However, either way, the students all appeared grateful for the support, especially when they considered others who might not have families to support them financially. Below, Donna and Claire are talking about their

experience of receiving financial support from their family, expressing gratitude and recognising that not everyone gets that kind of support.

> *"Like my parents are very supportive or, and I know I'm really lucky to have that, because there are people that don't, and I think we already have quite a lot of stress just from a million other things, and if we have that on top, I would find it really difficult to kind of thing like it, I do" Donna, FG2.*

> *"Not knowing you got something you can fall back on, yeah" Claire, FG2*

The students acknowledged having more resources than others and it appeared important for them to express gratitude . Money and privilege were seen in moralistic terms as something to be valued and not wasted, and the opportunities gained from it to be recognised. Below, Donna demonstrates her gratitude that her financial situation means she can join a gym, demonstrating how it was a careful decision that took time and careful consideration.

> *"So, I decided to join a gym. I did feel really guilty; I had to work out finance like can I afford that? Is it the right thing to do? On my wasting money on this. But, actually, like, I was in a financially privileged position to be able to go, this will help me with my wellbeing", Donna, FG 2*

Below, Claire and Donna describe students they see as financially different, students who are perceived as wealthy. The moral tone of this description contrasts with the grateful description of careful consideration of funding, and the words "drop" and "flaunt" suggest a level of carelessness and negative moral judgment. Students' approach to money suggests there are morally correct and less correct ways of dealing with money that can influence student-peer relationships. This change of tone and the statement "*we're very, very in a very different position*" suggests this is not just a moral distance but also a social distance, suggesting that socioeconomic status can create social barriers within the peer group.

> *"more willing to like flaunt and drop their money on certain things, I think I just noticed it more like you said, like medical subscriptions to like questions and resources like that. I know some people subscribe to everything, or they have, like, all*

of the equipment of stuff. Because we obviously have to do a lot of clinical skills, and they own all of the top-notch of everything. So that they can practice them all at home when. Like other people are less willing to drop it on something like that; oh" Claire, FG 2.

"yeah, there's definitely differences, like parents who are doctors and all of their fees were paid, and you think like. Oh wow, okay, like we're very, very in a very different position," Donna, FG2.

This barrier could also be a discomfort with the idea of being in a less well-off financial position than others. This discomfort was expressed in other areas of the data as anxiety about looking poor compared to others. When one student admitted to working term and holiday time, they preceded the admission with the phrase "*this might sound sad but*", which suggested a form of apology or, at the very least, expect that others might perceive the revelation as sad.

Students took a reflective approach to the differences they observed, showing an awareness of different student experiences. One example of a student considering difference is consideration of the impact of not resting on mental health. One student reported that the conversation had made him consider new perspectives, so it is possible that talking about socioeconomic differences gave the students time and cause to reflect. Below, Dawn describes how the conversation made her reflect on the impact and repercussions of social inequality.

"Yes, I think that personally, I'm quite lucky, and my financial situation is quite stable, so that's not something I have to worry about. I think through this sort of talking about it, it's quite clear that it can have a very big impact on your wellbeing and even like have repercussions later on." Dawn, FG1

Furthermore, students were reflective about the boundaries and limits of their knowledge but did show curiosity, especially about the impact of having to take paid employment. Below, Bob reflects on the link between paid employment and financial inequality, concluding with a question about the long-term impact on attainment.

> *"there's always kind of a variation on people's financial situations, so some people having to work, some people not having to work. It's something you can experience see, and it would be interesting to see if it has an effect on performance later on down the line… it's not an equal playing field." Bob, FG1*

Below, Alex reflects on how some students might be unable to rest during the holidays due to having to take paid employment, admitting that not having a break is outside his experience but being curious about the impact on mental health. *"I wouldn't be able to comment on, on the other, one which is a continuously working without having a proper break how that affects you, but I would assume the big impact on your mental health" Alex, FG1*. The quotes show students expressing a level of curiosity or interest related to the impact of inequality; this suggests that conversations may enable students to explore and gain insight into the concept of inequality. However, just as there is evidence of people perceiving themselves as having a worse financial status than other students, there is also evidence of discomfort when dealing with students who are perceived as financially struggling. Below, Donna expresses uncertainty about the correct way to talk about postgraduate students who must work to pay their tuition fees, suggesting that highlighting the lack of money is unacceptable. Thus, Donna suggests that the lack of money is a social taboo that makes her uncomfortable discussing it.

> *"but I almost don't single them out as having to have a job so much as they did a degree, like, for example, there's people who did degrees in nursing and things. And there are qualified nurses, and they're working as a nurse alongside, but obviously, maybe that's not exactly the case, obviously only financial struggles. I don't single them out, but not that I would single someone out for having less money, but I don't put them in "I can't afford to do this in a box", so not just like has the opportunity to also work. I don't know if that's the right mentality, but I don't see it." Donna, FG2*

Another participant showed awareness of inequality but drew attention to the sense of injustice that people must work during the highly demanding medical degree. Dawn's contribution hinted towards a sense of compassion. Her discomfort came from the unfairness of the situation, which is emphasised by suggesting that it adds worry that "*that doesn't have to be there*" and "*it doesn't have to be necessary*".

"Definitely, as a bit more of a source of stress. People that I've talked to that have to work in order to, to supplement that degree, it's, it's just like one more thing that they have to think about, and it doesn't have to be a necessary thing in a way, you know, especially like you've got you already got a lot on their plate what with studying and everything the sense that I get is that is added worry that doesn't have to be there" Dawn FG1

In conclusion, this theme illustrates the importance of socioeconomic differences in shaping peer perceptions; students seem very aware of socioeconomic differences. They are curious about the potential impact, for example, differences in opportunities for rest and academic achievement. There was a sense of social division along socioeconomic lines, with some students expressing a level of discomfort around socioeconomic differences (both higher and lower) and others speculating on the impact of differences, for example, having a negative impact on mental health. Further, during both focus groups, students spoke about friends and friendships; however, this term was never used in relation to someone perceived as being socioeconomically different, suggesting a social separation. In conclusion, this theme suggests that students are aware of socioeconomic differences, are sometimes uncomfortable, and have a sense of social division along socioeconomic lines.

Theme 3 – Becoming a doctor

This theme places the participants in the context of their academic journey: they are working to become doctors. Furthermore, this theme concerns what becoming a doctor means to the participants regarding motivating or rewarding factors and the need to build resilience and other well-being-related skills. The main theme of motivating or rewarding factors is described first before proceeding to the subthemes of building resilience and other skills related to building and maintaining wellbeing. It was clear in the data that the participants were aware of the purpose and goal of their journey through medical school, which was to become doctors. This journey was expressed in terms of expectations of a secure future, an increasing sense of status from others, and their growing sense of identity as a doctor.

Participants described the start of their journey towards their career as a doctor, with the MBBS entrance interview being described as their job interview because once they were on the course, they had a pathway to an identified career with many job opportunities available. One participant described the job security she could look forward to, which could

only be threatened if she failed the course. The sense of future career security motivated students as a reward for the tough course.

> *"as much as you have to stress about interviews and things like that for getting into the course, which I think is probably different than when you have A-levels, you have to stress. I've never once worried what I don't get a job because that would just mean I probably failed the year; that's like the only situation that really happens in" - Claire, FG2*

To illustrate the security, some students compared the medicine course with non-professional courses. One participant talked about the course structure and how the placements are built into the course, whereas non-professional students had to find their work placement opportunities independently. Another difference described is that the work on the professional course is perceived as harder than non-professional courses; however, the medical course steers students and gives them opportunities that non-professional students do not have, which results in more certain and secure career paths and opportunities.

> *"... there's a high chance that you're going to be employed, and you can have a job at the end of university; it does give you a sense of security, yeah, whereas like people who I know that are doing other courses don't have, don't have that stability and they are constantly thinking about what they have to do. In like a year's time and sort of, their plans are just a lot more short-term in a way, whereas a lot of people on this course are discussing things that will impact them in like two, three-years-time, and it's a lot more sort of long-term future planning-" Dawn, FG1.*

The career path offered by the medical degree means that students work towards a specific and identified end goal that they (if they pass the course) are confident they can obtain. Students described the status they achieved through the course and the security of getting a job in the future. Participants talked about the status from different angles, from the status gained by how hard they work to attributes of the medical student and the status gained from the knowledge obtained on the degree. The admiration that students received was reported as an experience that they enjoyed. Understandably, students might experience admiration as a positive, motivating force that makes them feel good about the course and the work they are doing. Most of the status appeared from external sources, from other people

communicating admiration, but there was some evidence of students internalising the status. An example of this is Donna resolving her dilemma about joining a gym by suggesting she could "*prescribe*". In this way, Donna is taking on the persona and status of a doctor to permit herself to join the gym.

Several participants compared their course and non-professional courses to illustrate perceived differences between the medical degree and non-professional courses. Differences described included medicine having longer hours, being more competitive and harder work. These comparisons suggest that medicine has elite status, linked to the idea that medical students work harder than non-professional students. Much of the status comes from outside sources, so below, Colin describes other students being impressed by the hard work that medical students do.

> *"I would say that also, students on professional courses typically spend an awful lot more time revising in place on placements working just in general, we have more contact hours, and then they, if you ever tell someone that you study a lot on a course it's usually like wow or something like that usually just because they know the amount of time that you have to put in " Colin, FG1*

Participants also described the knowledge and expertise as a source of admiration from others, which boosted their ego and contributed to their sense of growing professional identity. The quote below illustrates Claire's interaction with her parents, which appears to reassure her about the progress she has made on the course.

> *"biggest ego boost. Sometimes you just need to talk to, like my parents aren't medical, and sometimes I speak to them; they often just asked me a question about some random lump in their hand or something, and I go, "It's probably this", and then it's like. (does mind-blown action) like Woah – "How did you know that?" It's like quite refreshing to be like, okay, I've actually come a long way. I have no idea what anything was, and I was literally like my parents carbon copied in, and so like it's better to be up see how far you've actually come." Claire, FG2*

As well as coming from external sources, there was evidence of people internalising the status of being a doctor and using this within their decision-making process. Below,

Donna uses medicalised language to permit herself to join a gym. She uses the status related to her internalised growing identity as a developing doctor to override her guilt and start an activity to help her wellbeing. These two examples suggest that the status associated with becoming a doctor can integrate into a person's inner world and start to drive a person's behaviour or decision-making.

> *"so, I decided to join a gym. I did feel really guilty; I had to work out finance like can I afford that? Is it the right thing to do? Am I wasting money on this? But actually, like I was in a financially privileged position to be able to go, this will help me with my wellbeing, so I'm going to prescribe that amount of money*." Donna, FG2

Becoming a doctor illustrates changes in identity; however, participants illustrated non-academic skills they needed to develop in the journey towards being a doctor, which is building resilience and wellbeing habits.

Subtheme - Building resilience. Both focus groups talked about the wellbeing challenges of the course, for example, the high workload and pressure from the competitive nature of the course. Participants discussed how these pressures could lead to high stress levels or burnout. In order to prevent this stress or burnout, participants talked about the characteristics students have or need to develop, for example, being naturally competitive or used to working hard.

Alex describes his observation of students working whilst studying and broadens this to talk about the shock of starting a new course and how people can adjust over time and learn to balance demands. Alex's description of adjusting over time presents an image of resilience as a skill students can develop.

> *"but I think as time goes on, as well, some people find ways of balancing the two a bit better than when they first come because when you first come to a new institution doing a course like medicine, for example, you hit with a bit of a shock, but it just takes time to adjust." Alex, FG1*

Betty expressed anxiety concerning resilience and the need to develop resilience. Betty describes how she gets ill when she returns home after a busy term, suggesting she sees resilience as a skill she must develop to prevent burnout.

> *"I always find as soon as I go home, at the end of every term, even just for a week, I get ill, my mum gets obviously very worried because every time he sees me, um, but yeah, like I go the whole time I think just on kind of a high, and then, as soon as I get home, and I know if I don't relax I become ill. And so obviously, that's not like you need to keep that in mind with your check checking well the end of like I need to not burn out I need to keep the, to keep this going long term needs to be sustainable." Betty, FG2*

Thus, the students describe how resilience can be gained whilst on the medical degree. Anxiety was expressed about resilience, with one student worrying about becoming ill during holidays. The medical degree and future medical career are described as tough, and the students described the need to develop the resilience to endure it. The next theme discusses building wellbeing habits to help build resilience or endurance.

Subtheme - Building wellbeing habits. Participants talked about the importance of wellbeing activities to cope with the stresses of the course. Different types of wellbeing activities were described, mostly involving exercise, friends, or family. Students appeared to value sports, talking to friends and taking a break to help maintain their wellbeing. Below, Anne describes an interaction with her family that appears to act as a "reset", reducing her stress levels by reminding her about life outside the university course.

> *"like my favourite thing is face timing my parents at the end of the day, and it reminds you like, I'll be stressed, or something and then my all you just hide from the day. And then you face time them and, like my mum, she's in the garden. And then you just remember like over like everyone's like buzzing around, and you realise actually there's a life outside of your degree, and I think that's my favourite thing." Anne, FG2*

One participant described wellbeing functioning in different areas of life as part of a strategy to avoid burning out. Therefore, this student reports that pursuing wellbeing activities is an important way of supporting a student to build resilience. The student below does not just describe wellbeing in terms of mental health but moves towards a positive definition of wellbeing – as in thriving. It also seems that wellbeing is an active decision involving social and physical wellbeing.

> *"I think, like, the ideal wellbeing me would be thriving it to be able to be not burdened by things and, you know, kind of keep that level of functioning where you're able to be functioning socially, as well as working on exercising all those things… I think it's easy to burn yourself out to the point that you are crashed out by the end of the year, and it's only in like the last year I thought, you know, I can't do that for five years and had to refocus it and go I've got a pace it better." Donna, FG2*

Student wellbeing was often placed within a social context. Both groups described how family and friends provided a much-needed escape from the stresses and strains of life on the medical degree, for example, venting to friends or calling family to remind themselves about life outside the course. For many students, the connection with family was particularly important as family played a key role in student's wellbeing in many areas, including emotional and financial. The family was so important that the student houses were described in terms that would compare them with families, setting themselves up in a comfortable and familiar social context.

> *"at the House be, like we cooked together, we eat together most evenings, and I find that really, really nice, I think like, my favourite social interactions like. We like, cook quite nice things that we like, take the time to cook and I mean I sit down and chat and it's like being at home, you know that like family meal you know I'd be like." Emma, FG1*

Students talked about the pressure to work long hours and how it felt difficult to make time for wellbeing, which was seen as sacrificing opportunities to study. The pressure to work long hours meant that students carefully considered and made choices around participating in wellbeing activities, which involved balancing risks and benefits. This dilemma was even worse during the exam season when the pressure to study increased.

Below, one participant describes an internal debate, weighing the costs and benefits of taking time off to rest to care for her wellbeing, considering the potential risk of pushing herself too hard and making herself ill.

> *"For me, wellbeing is important is it's harder now, so exam season, like just like a few nights goes off like you're so tired from the day, and I'm like, oh actually should go through a few things on my to-do list, but also I'm really tired, and I actually chose not to do anything, because I was like, then, because then it will impact me the next day or the day after that or I get really ill" Anne, FG2.*

This theme relates to non-academic components of the student's journey to becoming a doctor that motivates a student on the course and enables a student to continue the course and avoid burnout. The non-academic motivators were the promise of a secure and well-defined career path. However, to get there, the students go through a course that pushes them to the limit of potential burnout. Students talk about how tough the course is, about gaining resilience and actively managing their wellbeing to make it sustainable. This theme could relate to WP via the other two themes, as the different experiences of WP students may influence their perception of their status and opportunities for them to manage their wellbeing actively.

Chapter 4 Focus Group Discussion

This study aimed to gain insight into the experiences (including financial experiences) of students studying medicine on the MBBS course at a university in the east of England, focusing on how financial experiences may shape the journey of students who can be identified as "widening participation". Within this chapter, there will be a discussion of the findings, placing them within the context of previous literature. Then, the strengths and limitations of the study will be considered before identifying potential future directions for research.

Discussion

The study found three themes that captured the focus group discussions centred around financial experiences and how financial experiences shaped the journey through medical school. The three themes each took a different perspective on the student journey, exploring social and socioeconomic factors. "Becoming a Doctor" focuses on aspects that encourage or sustain the tough journey through medical school, describing the rewards of status and a secure job and the process of building resilience and wellbeing habits. "Student as a consumer" focuses on a student's financial relationship with their learning, that students are placed into the position of a consumer by purchasing the course through tuition fees. The idea of being a consumer was extended as students described how students with more or less economic resources could purchase different course experiences with more or less time or opportunity to study. The third theme, "Interacting with difference", focuses on students' awareness and response to peers perceived as having more or less resources than them. This theme gave a social perspective on socioeconomic differences and how students responded to this difference in their peer group.

Linking themes together

Individually, the themes give insight into different aspects of the student experience; however, creating links between the themes will enable discussion into how different perspectives can combine to give further insight into the students' experience.

"Becoming a Doctor" and "Student as Consumer" – Money Shaping Student Journey

When the themes of "becoming a doctor" and "student as a consumer" are considered together, this can give insight into how financial experiences shape the journey through medical school. The first idea that links consumerism with becoming a doctor is the idea of "return on investment", that students invest into the course in terms of finance and effort and are rewarded with a career that gives them status and financial return.

The second idea is that finances can shape choices available to the students about investing time in activities that help a student care for their wellbeing. Higher levels of financial resources can translate into more time available for activities that help towards the journey of being a doctor, including social and wellbeing activities that help a student cope with stress and build resilience, such as resting or exercising. In contrast, students with fewer financial resources might have fewer opportunities for engaging in activities that promote wellbeing due to lack of money or lack of time due to taking on paid employment.

However, the first task is to show that the idea of students as consumers is supported beyond the focus group and can be found within UK higher education policy.

Student's role in the HE marketplace

The focus group findings conceptualised students as consumers who had to pay for their education via the student finance system and student loans. The idea of a student as a consumer emerged due to tuition fees, which meant that higher education is now largely funded through students paying for courses rather than through the state (Brooks, 2018; Slaughter & Leslie, 1997). Students currently pay tuition fees in higher education of up to £9,250, and evidence in the literature links this payment system to the concept of consumerism (Government Digital Service, 2023). An early example of students being positioned as consumers is in the 1997 Dearing report, which positions students as customers within a "learning community" who benefit from the higher employment rates and higher salaries associated with gaining a degree (Dearing, 1997, paragraph 4.59). Alongside the benefits, this report also describes responsibilities and introduces the idea that students should be responsible for paying towards their education through tuition fees. More recently, the

Office for Students (OfS) released a document which emphasised the importance of students' consumer rights. The document suggested that student consumer rights were important because, as Susan Lapworth (the chief executive of the OfS) said "*A degree is one of the biggest financial investments a student will make in their lifetime."* Therefore, this suggests that students gain consumer rights by paying their tuition fees. The idea that students can be seen as consumers is supported by a study by Bunce et al. (2017). Bunce et al. (2017) conducted an exploratory study involving 608 students, finding a significant positive association between fee responsibility and consumer orientation ($p<.05$). Therefore, there is evidence that supports the conceptualisation of students as consumers in higher education. Furthermore, evidence links consumerism with students' responsibility to fund their education via tuition fees.

One important aspect of consumer culture is the opportunity of the consumer to make choices between consumption options (Roubal, 2022). This section will consider the impact of socioeconomic status on the consumption of higher education and argue that opportunities and outcomes related to the consumption of higher education reflect social and economic inequality (Belfield et al., 2018). Consumer choice has been applied to higher education via policy, for example, the UK Coalition Government reforms intended to empower students by enabling choice (Brown, 2012). An example of a mechanism to improve student choice was providing information about the performance of higher education institutions, for example, the outcomes of students following graduation (Brown, 2012). Therefore, students have been given responsibility for their consumption choices in terms of which higher education institution and course they attend (Callender & Dougherty, 2018). Evidence suggests that decisions around higher education influence outcomes; for example, graduates from the more prestigious Russell Group universities tend to have higher lifetime earnings than graduates from the less prestigious pre- or post-1992 institutions (Belfield et al., 2018). The idea of a student as a consumer suggests that students might get the returns they deserve because decisions around university can be based on information, so a student consumer might decide to go to a university with higher or lower returns. Brown (2012) questions the fairness of placing consumer responsibility on young people and further suggests that presenting HE as a marketplace serves to mask and reproduce privilege and inequality. Todman (2021) conducted a study exploring factors that influenced the decision of working-class female students to apply to a London-based Russell Group university. Findings from this study suggested that the choice to go to university was impacted by available support from school,

level of resources and levels of self-belief (Todman, 2021). The authors suggest that different students have different journeys into higher education, challenging the idea that students consume higher education from an equal playing field (Todman, 2021). Further, there are different entry patterns into the more lucrative universities shaped by socioeconomic status, with only 10% of students from the lowest socioeconomic group gaining a place in a Russell Group university (Britton et al., 2021). In contrast, more than 50% of privately educated students attend a Russell Group university (Britton et al., 2021). Therefore, within the marketplace of higher education, students can be seen as responsible for their consumer choices. However, these consumer choices are shaped by the opportunities associated with different socioeconomic resources, which means there is inequality in consumer choice.

A secure career as a return on investment

One important aspect of being a consumer is having a return on investment. Findings within this study suggest that the expectation of a secure career motivates students to get through the degree. The expectation of a secure career represents financial reward. This expectation may be partially shaped by the consumerist perspective, which places students in a transactional role and measures student outcomes by financial reward. Participants appeared to place a high value on career certainty, which could be seen as a "return on investment" for the effort of studying and money paid towards tuition fees. The idea that students value "return on investment" is supported by Wilkinson and Wilkinson (2023). Wilkinson and Wilkinson (2023) interviewed eight students and eight staff members at a Northern university in the UK between 2017 and 2019 to explore the concept of value for money, a concept they relate to students being placed as educational consumers. The students reported that the system of fees meant that they were purchasing their course; this was evidenced by quotes in which students described "the amount of money we have to pay" (Wilkinson and Wilkinson, 2023, p413) and "if we are paying £9,000" (Wilkinson and Wilkinson, 2023, p414). Further, a study by Tomlinson (2017) utilised data from focus groups and interviews with 68 undergraduate students who entered university as the tuition fee level rose from £3,500 to £9,000 in 2012. The study noted that students viewed themselves as 'paying customers' and that students had an expectation of 'value for money', which included the concept of 'return on investment', which meant that students expected to gain rewards from employment in return for the investment of the student fees (Tomlinson, 2017).

The idea that education needs to return a return on investment is reflected within UK educational policy. Brooks and Abrahams (2020) reviewed 16 policy documents, which included key speeches and strategy publications, between 2011 and 2016 and found a narrative that placed students as consumers through the emphasis on 'value for money' and the concept of education as an investment. The idea of studying for financial reward goes beyond student perceptions; one large-scale report explores the differential labour market return by degree and student characteristic, describing the importance of value for money and investment (Belfield et al., 2018). The report places a value on the degree courses by estimating the "labour market return" calculated by comparing the earnings and employment situation of different subjects five years after graduation and comparing these results with the average degree. This report suggested that medicine had a good economic return, with medical graduates earning an average of 30% more than average graduate earnings (Belfield et al., 2018).

Further to this, the idea of "investment" and "value for money" for students and the taxpayer is also echoed by a 2022 Government report written by the Department for Education, which emphasises the Government's focus on ensuring that taxpayers and students get value for money in higher education (Belfield et al., 2018; DfE, 2022). The narrative of economic return can also be applied to the WP discourse. With respect to medical students, the report found that students from a low socioeconomic background (individuals from the bottom two SES quintiles) had higher rates of labour market return than students from higher socioeconomic backgrounds (individuals who went to private school or from top SES quintile) (32.9%, 20.4% respectively (Belfield et al., 2018). The higher return for students from a low socioeconomic background means that the students who appear to have (comparatively) the most to gain from studying medicine also appear to be part of a group that continues to be underrepresented in medicine (BMA, 2023), meaning that WP schemes that attract this student group to medicine could have significant benefits for individuals' economic futures. In summary, there appears to be a discourse through education, reflected in literature and policy, that mirrors the data, showing that students have been placed as consumers with the value of higher education being perceived through economic rewards.

Consumerism in higher education beyond tuition fees

The focus group findings extend the idea of consumerism in higher education beyond tuition fees and return on investment. In the focus groups, students described how students with more resources had more choices and opportunities to participate in wellbeing or career-enhancing activities such as paying for extra resources or intercalating.

In contrast, students with less financial resources had to spend more time in paid employment, which meant less time to rest or study. In this way, financial resources and socioeconomic status relate to different choices available to a student regarding extracurricular activities and time available for study and rest; this is important because there is evidence that engaging in paid employment and extracurricular activities have implications for academic attainment and wellbeing.

Buying better opportunities

The student's resources shape the journey through the medical degree and influence the time available for study and extracurricular activities. A study by Stuart et al. (2011) links engagement in extracurricular activities and WP in a survey involving 631 undergraduate students from 4 UK universities. The findings showed that students from a low socioeconomic background tended to spend significantly more time in paid employment and have less time to study ($p<0.05$), spend less time in extracurricular activities such as clubs/societies ($p<0.05$), voluntary work ($p<0.07$) and hobbies ($p<0.05$)(Stuart et al., 2011). Further to this, students from a low socioeconomic were significantly more likely to report that their work had a negative impact on their academic attainment ($p<0.05$)(Stuart et al., 2011). Therefore, students with lower socioeconomic status have less time for extracurricular activities due to spending time in paid employment, which negatively impacts attainment. This finding echoes the focus group findings and suggests that financial resources can shape access to extracurricular activities and necessitate more time spent in paid employment. Thus, students with greater economic resources may also have more opportunities to build their wellbeing and boost their academic attainment.

Stuart et al. (2011) suggested that low socioeconomic students were more likely to work longer hours in paid employment; other research explored the impact of paid employment on students. Firstly, there is evidence that paid employment can have a negative

impact on attainment. Callender (2008) examined the impact of paid employment on 1000 students from six UK universities, finding that term time paid employment had a negative impact on attainment, leading to grades and lower degree results. Hall (2010) examined the relationship between paid employment, hours of study and extracurricular activities in 50 full-time students in Australian universities, finding an inverse relationship between hours of paid employment and hours studying and engaging in extracurricular activities. Manthei and Gilmore (2005) included 83 undergraduates, exploring how term-time employment impacted students' lives. The study found that financial necessity led students to work, reducing the time available for study and extracurricular activities (Manthei & Gilmore, 2005). These studies suggest that engaging in paid employment, especially term-time employment, might be detrimental to student wellbeing and attainment. However, one limitation is that these studies focused on non-medical students, so the results might not apply to medical students, as medical degrees are subject to different pressures and course structures than non-professional courses.

The idea that medical students may struggle to find time for wellbeing is reflected in a study by Kligler et al. (2013), which used an interpretive description approach to analyse essays written by 173 third-year medical students from Yeshiva University in New York. The study focused on student's health and wellness behaviours, finding that some students reported that the workload associated with a medical degree constrains the time for activities to support wellbeing. Students within this study responded in different ways to this challenge, with some viewing lack of time as an insurmountable obstacle preventing them from taking part in wellbeing activities; in contrast, other students prioritised a healthy lifestyle as a way of managing feelings of being overwhelmed and being able to have a sense of control in their life (Kligler et al., 2013). The limited free time that medical students have means that the impact of work might be amplified, meaning that medical students who engage in paid employment might experience significant disadvantages in terms of wellbeing and academic attainment.

In the context of medical school, extracurricular activities are important as they have been found to relate to wellbeing and attainment (Lumley et al., 2015). One study examined the quality of life and academic success of 4478 students across 20 medical schools. The study concluded that students who helped with teaching or research scored higher in terms of

quality of life and academic achievement (Lumley et al., 2015). Bassett et al. (2019) used semi-structured interviews to explore the experiences of 20 first-in-family students in one medical school. Results showed that 40% of students reported long-standing financial difficulties (Bassett et al., 2019). The results also added to the idea that medical degrees create extra challenges to wellbeing, as suggested by Kligler et al. (2013), but suggesting that the length of the course, as well as the intensity, contributed to the experience of financial struggles (Bassett et al., 2019). The length and intensity of the course and placements were reported to make the paid employment that 65% of the students engaged in more challenging, with participants reporting sleep deprivation and reduced opportunity to study and engage in extracurricular activities (Bassett et al., 2019). Chew-Graham et al. (2003) conducted 22 semi-structured with medical students (years 3-5) from one UK university. There was a minimal amount of findings related to finances in this study. However, one student did report how financial worries had a negative impact on their ability to study Chew-Graham et al. (2003). There is limited evidence relating to medical students who engage in term-time employment, and there is some evidence that offering financial support is positive for WP students.

The potential benefit of financially supporting WP students is illustrated in a qualitative study (Claridge & Ussher, 2019). The qualitative interview study explored the experience of students who got bursaries, and participants reported how bursaries gave them more time for study and socialising rather than having to take on paid employment (Claridge & Ussher, 2019). Therefore, paid employment for medical students can have a negative impact on wellbeing and study, which may have a negative impact on attainment. However, it would be wrong to assume that the experience of paid employment is universally negative, as some evidence suggests that medical students can experience paid employment as a positive. Bassett et al. (2019) suggest that medical students can gain useful skills from paid employment, including time management and social skills, challenging the narrative that paid employment is always negative. A study by Davison and Lindqvist (2020) demonstrates how students can learn skills that contribute to developing professional skills. The study involved 119 first-year students who took part in a Health Care Assistant work placement project and then completed a questionnaire to assess empathy, confidence, how they perceived the role of the Health Care Assistant well as their perceptions of how the experience might shape future practice (Davison & Lindqvist, 2020). Findings suggested that the experience helped the students develop skills and attributes important to medical practice, including greater levels

of empathy, confidence and a better understanding and appreciation of the role of Health Care Assistant that could benefit future teamwork (Davison & Lindqvist, 2020). However, the work placement only lasted three days and may not be comparable to the experience of taking longer-term paid employment (Davison & Lindqvist, 2020). Although, within the focus group, paid employment was acknowledged as challenging but not universally negative, with one participant describing positive aspects such as transferable skills. Therefore, the experience of paid employment might be more complex than purely negative, but the lack of available research means this is an unanswerable question without further research.

Student as a consumer, why socioeconomic status may impact WP relationships

Findings from the focus group suggested that students are aware of socioeconomic differences in their peer group and that this differentiation can impact peer relationships, with students expressing discomfort when describing people, they perceive as having more or less money than them. The idea of peers comparing their financial situation is not new; a study explored experiences related to financial stress in 2,236 students based in the United States (Britt et al., 2016). One of the focuses of the study was the impact of the students making financial peer comparisons. Britt et al. (2016) found that when students compared themselves with students they perceived as being better off, they had increased levels of financial stress. In contrast, when students compared themselves with students they perceived as being less financially well off, they experienced lower levels of financial stress ($p =<.05$). The findings from the focus group are interesting as they give novel perspectives on the possible social experience of WP students. Firstly, it can be argued that socioeconomic differences are important in the context of the medical degree partially because of how students have been positioned as "consumers". Secondly, this study hears the social experiences of students who are not identified as widening participation; this means that insight can be gained into how non-WP students may shape the social experiences of WP students.

Why socioeconomic status is important among students

Findings from the focus group suggested that students were acutely aware of socioeconomic differences in peers. Students also expressed discomfort when describing the

differences, thus suggesting that socioeconomic status could set students apart from each other. The expressed discomfort and literature could raise questions about one of the findings in the Krstić et al. (2021) review that describes WP social relationships in the medical course. The social experiences of WP students have been reported in the literature, including a review by Krstić et al. (2021) describing how WP medical students form social connections with students from similar backgrounds whilst feeling a sense of separation from students with different backgrounds. This sense of social separation resonates with the focus group finding of expressed social discomfort concerning peers from different socioeconomic backgrounds.

There is not enough evidence in the focus group data to suggest how this apparent "discomfort" may impact actual relationships; however, it does raise an important possibility: studies around WP student experience could focus on the experience of peers to gain a more holistic understanding of student peer group interaction. The review by Krstić et al. (2021) highlighted how WP students might feel socially separated from their peers with a medical degree (see Bassett et al. (2018). The idea of a WP / non-WP social divide was also suggested by a finding within this study, in which students expressed discomfort with students who were from socioeconomically different backgrounds. Therefore, this study builds upon previous work, such as Krstić et al. (2021), by considering the experience of non-WP peers within the social experience of WP students and providing a wider social context in which the potential social separation of WP students takes place. In this way, it could be argued that when exploring the experiences of WP students, it is important to consider the wider cultural context, for example, how other students experience studying alongside students with WP characteristics or backgrounds. Here, we suggest that interventions targeting WP students to support their sense of belonging should consider the peers they study alongside. Interventions that consider peers and WP experience acknowledge that the "problem" or "challenge" that WP students face may be located in culture or interaction rather than with the WP students. Therefore, one approach to supporting WP students may be to target medical school culture and how this culture shapes the interaction between WP students and their peers. It should be highlighted that suggesting interventions is beyond the scope of this study.

Some of the discomfort expressed by the students in the focus group resonates with the findings of Roberts et al. (2008), who used seven focus groups held across two

universities to study medical students' understanding of cultural awareness. The 49 2nd-year medical students (40% of whom identified from ethnic minority groups) discussed the following terms: "race", "ethnicity", "culture", and "cultural diversity". Two relevant findings were "White fears" and "Minority group discomfort". “White fears” described the anxiety white students might express about seeming ignorant about cultures or unintentionally causing offence. “Minority group” discomfort describes ethnic minority students expressing discomfort due to their perceived differences. Both "White fears" and "Minority group discomfort" can be found within the theme of "interacting with difference". As mentioned above, the discomfort could be applied to socioeconomic status, class, and ethnicity. There were hints of this within the focus group, with participants appearing to express discomfort around their own or others perceived socioeconomic differences, which extended to those with higher or lower financial resources. Other literature also hints at WP characteristics being associated with negative social experiences. Claridge et al. (2018) and (Woolf et al., 2008) conducted interviews with students from different ethnic backgrounds and staff in UK medical schools, finding evidence that students and staff held negative ethnic stereotypes. Both studies suggested that negative stereotypes adversely impact the learning of ethnic minority students and, therefore, may partially explain the differential attainment gap between white and ethnic minority students (Claridge et al., 2018; Woolf et al., 2008).

One study suggests similar possibilities for WP students from a low socioeconomic background. Cleland and Fahey Palma (2018) conducted 26 telephone interviews with staff from 24 UK medical schools to explore how language may socially exclude students from lower socioeconomic groups. The study findings describe staff holding stereotypical views of WP students that created a social division and suggested a lack of integration between WP and non-WP students. Cleland and Fahey Palma's (2018) findings suggest that stereotypes and social division could similarly impact low SES students to the (Claridge et al., 2018; Woolf et al., 2008) studies that showed stereotypes impacting students from ethnic minority backgrounds. The evidence of stereotyping and potential social division provided by Cleland and Fahey Palma (2018) included staff members but not students. The findings of the focus group study suggest that socioeconomic differences impact peer relationships in a way that can be compared with research on ethnicity and peer relationships. As no qualitative research was found that gave insights into peer relationships and socioeconomic differences, this may represent novel findings and a new addition to the evidence base around WP in medical school.

Interacting with differences as an opportunity for improving medical care

Students from different socioeconomic backgrounds working with each other may also have important implications for professional development and patient care. Considering socioeconomic difference is particularly important for medical students as it can relate to patient care because socioeconomic status is known to impact health outcomes, with people from low socioeconomic status having worse outcomes, including a 19-year gap in healthy life expectancy (Office for Health Improvement and Disparities, 2022a). There is evidence that the discomfort found around socioeconomic groups might extend from the peer group and into professional lives. Woo et al. (2004) studied the effect of perceived patient socioeconomic status on 205 first- and second-year medical students from a Canadian university. The students watched a video of a doctor interacting with a patient who appeared to be from a high or low socioeconomic background. Results indicated a more positive perception of the higher socioeconomic status patient than the low socioeconomic status patient. The low socioeconomic status was judged to be less compliant with treatment ($p<0.001$) than the high socioeconomic status patient ($p<0.001$). Further analysis considered the role of the student's socioeconomic status and found that students from a lower socioeconomic group were more likely to agree with the statement, "This person is the kind of patient I would like to have in my practice" (Woo et al. 2004 p1915). Therefore, perceived socioeconomic status appeared to impact how the medical students perceived patients, with lower socioeconomic status patients generally being perceived less positively. The Woo et al., 2004 study supports a greater diversity of socioeconomic status within the medical profession as students from a low socioeconomic background were more likely to be positive about treating patients from a low socioeconomic background. This study is from 2004, which means the findings may be dated; however, there is no evidence to suggest that attitudes have changed; this is an opportunity for further research.

A more recent study by Pettit et al. (2017) explored how medical students treated patients with higher and lower socioeconomic status to see if there were any differences in approach. The study involved 116 medical students divided into 58 teams and participated in an emergency medicine simulation with either a patient who was presented as a high socioeconomic status executive or a low socioeconomic homeless man (Pettit et al., 2017).

Results showed that the higher and lower socioeconomic patients were treated differently, as a low socioeconomic patient was less likely to be asked about pain (p=0.04) and more likely to be touched (p=0.01) than the high socioeconomic patient (Pettit et al., 2017). Pettit et al. (2017) speculated on the implication of the different levels of touching, arguing that it could relate to compassion or expressions of power, so it is difficult to say if this represents a positive or negative difference. However, the findings on pain care are reflected in another study involving nurses' perception of pain in high and low-socioeconomic patients (Brandão et al., 2019). Brandão et al. (2019) assessed 128 Portuguese nurses' perception of pain in a patient in response to reading a short vignette with a picture relating to a high or low-socioeconomic-status patient and then watching a video in which the same patient performed a pain-inducing movement. Mirroring the findings of Pettit et al. (2017), the nurses perceived lower pain levels in the lower socioeconomic status patients and showed an increased tendency to attribute the pain in lower socioeconomic patients to psychological factors. Therefore, socioeconomic status influences a medical professional's perception of pain in patients, so socioeconomic status can impact how a medical professional perceives a patient.

It is also important because peer relationships represent an opportunity to learn cultural sensitivity skills that enable them to work more effectively with people from different backgrounds (Saha et al., 2008). *Cultural awareness* is an idea that could also be applied to working with others from different socioeconomic backgrounds (Kahlenberg, 1996). However, the data shows that social barriers are associated with being from a different socioeconomic background. However, it is unknown how much this impacts daily interaction on the course and what impact this may have on their knowledge and understanding of the lives of people from different socioeconomic backgrounds. Saha et al. (2008) analysed the results of a web-based survey completed by 24,657 medical students from different US medical schools. The survey explored the relationships between ethnic diversity on a course and how this may relate to students' attitudes to diversity issues, including how prepared they feel to work with patients from diverse ethnic backgrounds (Saha et al., 2008). Findings showed that students who studied with the most diverse peer group had higher perceived preparedness to work with diverse communities than students from the least diverse peer groups (61.1% vs. 53.9%, respectively; P.001) (Saha et al., 2008). The increased preparedness reported by students suggests that studying with a diverse peer group could positively impact working with ethnically diverse patient groups. A search for a similar study

focused on socioeconomic differences did not yield any results; however, socioeconomic diversity within a medical school peer group could have similar advantages to those displayed in the study by Saha et al. (2008).

Using non-WP students to gain insight into the social context of WP

The findings from this study include consideration of the social experiences of WP students from the perspective of non-WP students. Therefore, one of the contributions of this study includes how the perception and attitudes of non-WP students could influence the social experiences of WP students. The social experiences of WP students have been reported in the literature, including a review by Krstić et al. (2021), which describes how WP medical students form social connections with students from similar backgrounds whilst feeling a sense of separation from students with different backgrounds. The findings of Krstić et al. (2021) suggest that WP students may experience a lack of social integration, which is potentially echoed by the students' expression of discomfort with socioeconomic differences in the focus group.

Medisauskaite et al. (2023a) conducted research which suggested that a sense of belonging may be associated with better mental health in a longitudinal study that included 407 medical students from nine different medical schools. The two questionnaires were completed approximately three months apart. They revealed better levels of mental health in schools with the following reported characteristics – higher levels of support that focused on the needs of the student, that enabled students to feel like they belong and held a non-stigmatising approach to mental health (Medisauskaite et al., 2023a). The authors conclude that the environment of the medical school shapes whether or not students seek help for mental health needs, with environments that do not enable belonging also being environments that discourage students from seeking help, thus contributing to worse mental health symptoms (Medisauskaite et al., 2023a). Further research applied this to WP students; Olaniyan (2021) interviewed 48 medical students from ethnic minority backgrounds, finding that students reported feeling excluded or singled out; this was associated with a lack of

confidence in mental health support and worse mental health due to a reluctance to access support services (Olaniyan, 2021). Therefore, relationships in medical school can shape the student's journey through medical school, but this only offers one perspective.

Insight into social relationships may also be important for academic purposes; for example, Woolf et al. (2012) conducted a study with 215 2nd year students, finding an association between friendship groups and grades. The association between friendship groups and grades is important because Woolf et al. (2012) observed that students tended to form friendship groups of a similar gender and ethnic group. Woolf et al. (2012) suggest this is important because the relationship between friendship groups and attainment may help explain differential levels of attainment observed in different groups. This study adds to this picture by suggesting that socioeconomic status may impact friendship groups, something the Woolf et al. (2012) study did not explore. However, further research would be needed to ascertain if socioeconomic status does impact the friendship groups on the medical degree, and if so, relates to attainment in a way that reflects the findings of Woolf et al. (2012). A report by Hubble et al. (2021) suggests that there is clear evidence of a socioeconomic status attainment gap, with students from lower SES backgrounds being less likely to gain top marks in their degrees than less deprived peers. A socioeconomic version of the 2012 Woolf et al study (described above) could enable exploration into potential interaction between socioeconomic status, relationships, and attainment. The focus group found that students felt uncomfortable with socioeconomic difference, this could suggest a type of socioeconomic separation, comparable with the ethnic separation noted in some instances in the Woolf et al (2012) study.

The focus group study adds a different perspective to understanding social context. For example, the students in the focus group appeared to express a discomfort around socioeconomic differences. Papers found in the literature review from Chapter 2 further illustrate this point, with research that included evidence of WP students being stereotyped by peers. Claridge et al. (2018) went beyond an exclusively WP-focused participant group by including 27 third-year medical students and 25 clinical teachers in interviews, including the different voices; they revealed the presence of ethnic stereotypes. Woolf et al. (2008) included 26 clinical teachers and 15 students from different ethnic backgrounds in focus groups. This study found stereotypes associated with Asian students, including "poor at

communicating with patients" and "unmotivated owing to being pushed into medicine by ambitious parents" (Woolf et al., 2008, p611). Cleland and Fahey Palma's (2018) study found evidence of negative stereotyping based on socioeconomic status, which involved conducting 26 interviews with medical school staff. Thus, including staff members and peers without identifiable WP characteristics can show another perspective on an interaction that could lead to WP students experiencing a lack of belonging.

Strengths and limitations of the study

One way of ensuring methodological rigour is to report the process of designing and planning a study; this includes reporting any guidelines produced (Tang & Davis, 1995). After reflection on this study, several opportunities can be identified to improve the analysis for future studies. Reflexivity is a skill developed through research. A lack of understanding and skill in reflexivity impacted the early stages of this research project. Developing reflexivity and better understanding and logging the analysis process would enable better-quality research. The rigour and transparency of the data analysis could have been improved by keeping a more effective reflective log; this would have enabled a clearer reporting of the process from coding to theme. Therefore, the author identifies opportunities to improve rigour and transparency in future research.

One important design feature of this study was the rationale behind choosing the focus group method and the sample size (Tang & Davis, 1995). This study contained a small sample size, with five participants in the first focus group and four in the second of two focus groups. A small sample size can be seen as a limitation within the group, but consideration needs to be given to how a sample size for a focus group is chosen. Various authors have used an article by Carlsen and Glenton (2011) to justify the sample size in focus group studies (Glenton & Carlsen, 2019). Lid and Malterud (2012) conducted research using focus groups, citing "Carlsen and Glenton (2011)", when referring to decisions around the number of focus groups to use, in this case describing how recommendations suggest between two and five groups (Glenton & Carlsen, 2019). In contrast, Cedeño et al. (2020) used "Carlsen and Glenton (2011)" but for different reasons, describing how there is a lack of guidelines to suggest the correct number of focus groups in a study. This apparent contradiction is resolved

by a second article written by the same authors in 2019, highlighting that their 2011 article was meant to describe the decision-making process in the literature rather than give advice or recommendations (Glenton & Carlsen, 2019). Glenton and Carlsen assessed 205 articles referencing their 2011 study, finding that many misquoted the study and used it to justify decisions around focus group sample size (Glenton & Carlsen, 2019). Therefore, there is no clear guidance on the correct focus group size. Another approach to justify sample size in focus groups is the concept of saturation. A qualitative study is said to reach saturation when successive data collection stops producing new findings Strauss and Corbin (1990) cited in (Carlsen and Glenton (2011)). This study has not used the concept of saturation because Braun and Clarke (2021) suggest that the concept of saturation is related to a realist ontology (Sim et al., 2018). This study is guided by critical realism, so the concept of saturation would not fit with the philosophical assumptions that guide this study.

Focus groups or interviews

This study utilised focus groups to collect data. Focus groups are a good method when a researcher wants to understand how people view or understand their world and how their social context shapes their experience (Smith, 2015). The focus group described in this chapter aimed to explore how the financial experience of students impacts their journey through medical school, aims that can be achieved with a focus group. Following data analysis and some reflection, some elements of the focus group arose that suggest that individual interviews would have been a better choice. The data from the focus group enabled insight into some of the social dynamics within the medical student peer group. Firstly, the medical course is described in the focus group data as very competitive, with comments suggesting discomfort with disclosing any vulnerability, such as mental health challenges within the group. The idea that medical students might dislike exposing vulnerability to peers is backed by Winter et al. (2017a) suggest that students fear "fitness to practice" issues being raised (which risk career and reputational damage) if they disclose mental health challenges.

Further, there is a possibility that the group dynamics encourage a form of "impression management". Impression management has been noted in medical students; for example, a study which involved interviewing 13 medical students found that power relationships existed with both supervisors and colleagues (Vanstone & Grierson, 2019). One noted instance of "impression management" in the second focus group started his description

of his term-time work with the phrase "*this might sound sad but*" before describing all the positives and suggesting that work was not a massive detriment to his wellbeing. A similar dilemma was reported by Woolf et al. (2008), as it was observed that participants in the focus group were uncomfortable talking about race. In response to this discomfort, Woolf et al. (2008) changed the study design from mixed to ethnically homogeneous groups. An alternative option would be to move to individual interviews. Individual interviews offer an advantage over focus groups for medical students as they enable participants to talk openly without the influence of maintaining their academic or professional reputation in a highly competitive group. This insight into medical student group dynamics means that future research of this type should consider the social pressures noted within a medical degree peer group and the potential impact on students of appearing vulnerable to colleagues. One implication of this finding relates to the sample size. This study's sample size is small, so the findings are based on a small amount of data, which has implications for quality. Furthermore, due to the small sample size, it was not to have a small number of voices dominated the analysis (Smithson, 2000). However, the other issue is ethics; Woolf et al. (2008) adapted the study design when they noticed discomfort in the participants; the same ethical standards should be applied within this study. Therefore, after acknowledging the small sample size, it should also be acknowledged that the design needed to adapt after the potential for student discomfort was spotted, so continuing with the same design that exposed students to vulnerability in their peer group could be described as unethical. Therefore, although not advantageous for research purposes, the small sample size may reflect the need to stop for ethical reasons.

Focus groups over Zoom

The study was conducted in May 2021, during the COVID-19 pandemic, so the research method had to adapt to the legal restrictions designed to slow the spread of the COVID-19 virus. The restrictions meant in-person focus groups were not considered safe or possible. Therefore, this focus group needed to be held via an online platform. Online focus groups have been made possible thanks to increased broadband speed and the availability of programs like Zoom and Microsoft Teams (Halliday et al., 2021; O'Sullivan et al., 2020). There are several potential challenges related to conducting a focus group on Zoom; this needs to be considered because it places the focus group in the context of the conditions necessitated by the pandemic. The focus group being held over Zoom impacts the participant experience and various aspects of communication. One advantage of using Zoom was taking

audio-visual recordings, which enhanced transcription accuracy (Lobe & Morgan, 2021). The online focus group may impact the participant's experience as online communication is often experienced as tiring. Online communication experience is tiring due to the additional energy required to pay attention and the challenges of processing non-verbal cues (Sander & Bauman, 2020). Also, feeling separate in the body but connected in the mind can create an uncomfortable experience of dissonance, which can be exhausting (Sander & Bauman, 2020). Therefore, tiredness and a sense of disconnect mean there are drawbacks to using online platforms for conducting focus groups; however, it should be noted that with the legal restrictions that limited in-person contact during the COVID-19 pandemic, the alternative would be interviewing over the phone. In contrast to other remote conversational contexts, such as phone calls or real-time texting, video conferencing retains important nonverbal cues for cueing turn-taking (Boland et al., 2022; Holler & Levinson, 2019).

Facial expression and body posture are largely retained over video conferencing systems; even gestures may be visible on screen, depending on the distance between a speaker and the webcam (Boland et al., 2022). In contrast, eye contact is difficult to establish over Zoom, and small movements, such as blinks, may be less noticeable. Videoconferencing is much more like face-to-face conversation than phone calls or texting, so those involved may expect these nonverbal cues to be available. The cues may be missing or misaligned due to the temporal lags people experience during online interaction, which is thought to contribute to slower turn-initiation times (Boland et al., 2022). The issues above mean that holding a focus group over Zoom will have implications for the experience of the participants as well as an impact on communication; however, given the restrictions around the pandemic, online platforms were the best option. However, despite these challenges, several studies have concluded that online focus groups are a feasible way to generate useful data (Halliday et al., 2021; Morrison et al., 2020; Williams et al., 2021). Furthermore, online focus groups have potential strengths, including being convenient for participants as they do not have to travel in order to participate (Stewart & Shamdasani, 2017) and the potential for participants to augment the discussion with typed comments, thus enabling participants to react and respond to the discussion without speaking over another participant.

Relating the sample to WP

There were problems related to how WP was conceptualised and linked to the participants within this focus group study. The demographic questions covered gender, age, disability, ethnicity, receiving a university bursary, and whether they were the first in the family to attend university. There were problems with some of the categories; for example, the question about age was designed to identify mature students. Mature students tend to be defined by the Office for Students (OfS) as students aged 21 or over at the start of their degree (OfS, 2020b). The demographic question did not ask the students their age at the start of the course, which meant it was impossible to judge if the participants counted as mature students as set out by the OfS. This study took students' demographic information but did not link the demographic data to the individual students. Linking the data would have enabled the WP status of the participants to be identified; as the demographic data was not linked to the individual students, it was impossible to identify which students in the focus group could be identified as widening participation.

Due to the issues above, the operationalisation of WP within this study was problematic because of the weak definition and inability to identify students as WP or non-WP reliably. However, these weaknesses provided an opportunity to reflect and consider broader conceptual issues related to WP. As this study needed to focus on WP and the experience of WP students to overcome the issues within the original definition, a proxy understanding of WP was developed. The proxy definition focused on students struggling financially and so needed to take on paid employment. The proxy understanding relating to financial struggles was linked to the aim of the thesis, which was considering the financial experience of students; therefore, the most important WP category to consider was low income or low socioeconomic status. However, this is not a perfect proxy, as not all students who take on paid employment might be considered WP within higher education, as there are criteria beyond just experiencing financial struggles. In order to receive a bursary, students need to meet certain conditions, for example, having a low household income, although what is meant by a low household income can vary between universities, being as low as £16,000 or as high as £60,000 (UCAS, 2023).

The imperfections with the proxy understanding of WP raised important questions about how WP is conceptualised and operationalised within HE and research. The possibility was noted above that not all students facing financial struggle may be considered WP within

higher education. This relates to one of the aims of the study which was exploring if socioeconomic status when used within a WP context effectively described the financial experience of students. This finding would question how well the WP category of socioeconomic status always relates to financially struggling, which raises questions about the utility of WP for addressing the needs of students who are struggling financially. However, within this research, this is a supposition; further exploration would be needed to give a more definitive answer. However, this raises the possibility that students facing similar financial situations may receive different levels of support based on their WP status or non-WP status, and this, in turn, raises questions about how WP is defined and what function it performs within higher education. Therefore, the next chapter will critically analyse widening participation, considering how WP evolved and what this means for the enactment of WP in higher education.

What this study adds

This study is the first to consider the financial experiences of WP medical school students using a focus group method, which includes both WP and non-WP students. The study design enabled an examination of the social factors that may shape the experiences of WP students from the perspective of both WP and non-WP students. Thus, the study design enabled novel insights into how socioeconomic status may shape peer relationships among medical students, for example, by observing expressed discomfort around socioeconomic differences and why this might have important implications for patient care. The study also considers broader socioeconomic themes, for example, how the student funding system places students in the role of "consumer" and how this, in turn, could increase socioeconomic status's impact on peer relationships. Therefore, this study looks beyond students' WP and actions to how social and socioeconomic factors shape their experience.

Opportunities for further research

This study has highlighted several potential opportunities for further research. Firstly, there appears to be a lack of research exploring socioeconomic status's impact on relationships within medical education, meaning the impact of having peers from higher or lower socioeconomic backgrounds. Understanding more about relationships between students of different socioeconomic backgrounds is important as this could also have implications for patient care. Furthermore, the study findings highlighted the importance of paid employment and how the intensity of the course in medical school makes engaging in paid employment

particularly challenging. There is a lack of research considering the impact of paid employment, so this might represent an opportunity for further research. Another potential area is questions raised about WP and financial challenges, as it was unclear in the focus group if the label WP related to students experiencing financial challenges. Therefore, a study could explore if students who experience serious financial struggles are included in widening participation.

Conclusion

This chapter presented the method and findings of a focus group study that included nine students from a medical school in the East of England. The review was analysed using thematic analysis, which enabled the construction of three themes that explored different aspects of the experience of medical school students. The first theme was Student As Consumer; this theme explored how students are positioned as consumers who have an obligation to pay for their course through fees, but different levels of resources mean that students are unequal in their opportunities to purchase different aspects of the course experience. The second theme is Interacting With Difference; this theme describes students' awareness of socioeconomic differences and expressed discomfort around socioeconomic differences, which appears to lead to social separation. The third theme was Becoming A Doctor, which describes the rewards and incentives of finances and status that motivate students and how they develop wellbeing habits and build resilience to help them through the journey.

Chapter 5: Critical Analysis of WP

This thesis has explored the experiences of WP students in the context of medical school with a particular focus on how financial experiences shape the journey. Throughout the thesis, questions were raised about WP, which revealed tensions in how the conceptualisation of WP applies to different groups of students, including disabled students and low-income students on a five or six-year medical degree. Further, descriptions of WP found in the introduction and literature review have multiple ways of defining success, focusing on different parts of the student lifecycle and aspects of the student experience, from access to successful employment following graduation. The different ways of measuring outcomes reveal tensions in WP related to the priority of outcome and student experience; this tension raises questions about the conceptualisation and enactment of WP that will be addressed in this chapter.

One finding from the literature review illustrated how male and female students could be considered as WP depending on the rationale behind using the WP label; this raised questions about how WP groups are constructed. Furthermore, the idea of "hidden" WP was raised during the review following an observation that students may not disclose disability due to fear of negative consequences (Winter et al., 2017a). Chapters three and four presented a focus group study in which nine medical students expressed their perceptions and experiences of medical school and how this related to financial circumstances. The participants suggested that paid employment and engaging in paid employment were related to the experience of financial struggles. However, it was unclear if the financially struggling students were identifiable as widening participation. Therefore, questions were raised following the focus group on whether WP included all students with financial difficulties.

Within the thesis, questions have been raised about how WP is defined and operationalised. In response to these questions and tensions, this chapter presents a critical analysis of the WP literature and policy divided into three sections. The first section explores WP as multiple constructs held within one label, showing different conceptualisations of WP and the variation across functions and aims. Following this, the rhetoric of WP is considered with examples of policy or enactment of WP that contain internal inconsistencies. Finally, an examination of some of the tensions in WP policy and how these tensions impact WP experience and enactment is presented. Throughout the chapter, a reflexive approach will be

taken, as it is important to acknowledge how the author's background, experiences and positionality shape the WP critical analysis.

Recognising the complexity of WP

Chapters one and two explored the conceptualisation of WP, finding that there are different aims and ways of measuring outcomes and defining success. Differences can be observed within policy and research; the Office for Students and Access publishes data focusing on different parts of the student lifecycle, for example, access, continuation and attainment (OfS, 2023a). A range of outcomes measuring the success of WP interventions is found in the literature, including attainment (Woolf et al., 2008) and access (Rees et al., 2022). However, the literature explores outcomes related to other aspects of the student experience, which relate to a sense of belonging and mental health (Olaniyan, 2021). Therefore, this chapter will argue that WP is a complex concept with many different conceptualisations and outcome measures. As a researcher trying to define WP, the complexity makes WP hard to define, so the first step in critically analysing WP is to examine where the concept started and trace the evolutionary journey to gain insight into how WP evolved into the construct applied in contemporary HE.

The evolution of WP

The concept of WP began in 1963, with university expansion and the Robbins Report (1963) that did not directly mention widening participation but expressed a desire to increase the numbers of students from identified underrepresented groups in higher education. WP started as a way of increasing the number of underrepresented students entering, HE, so the initial aim was to get more students from disadvantaged groups into higher education (Dearing, 1997; Robbins, 1963). Therefore, for WP to be considered successful, student numbers from disadvantaged groups needed to increase (Dearing, 1997). Over time, WP evolved, with new characteristics targeted for WP policy and new outcome measures added. Changes included adding disabled students, care leavers, and estranged and mature students, leading to a wider range of characteristics becoming the focus of widening participation policy and enactment (OfS, 2023a; UEA, 2019). Further, the consideration of student attainment and success was added to the list of outcome measures, which meant that success began to be defined as not just getting students through the door but also enabling them to succeed and progress onto either more education or graduate level employment (OfS, 2023a). Therefore, WP has increased in complexity since the Robbins (1963) and Dearing (1997)

report, with increasingly diversified characteristics and outcomes being targeted, with more student groups and outcome measures attached to developing new policies and considerations. At this point, a critical realist view of WP has utility, as this enables the different truths of different WP practitioners to be recognised as practitioners who work in different areas of WP could have different narrative stories about what WP is based on their department aims, for example, outreach to school's vs careers advisors that support WP students with employability. Therefore, critical realism gives freedom to explore and accept different conceptualisations of WP.

Different Conceptualisations of WP

Next, it will argue that WP's various focuses can affect students' experiences differently. Different conceptualisations of WP will be presented before discussing their application in medical education; this recognises that different conceptualisations of WP can co-exist and addresses the sense of confusion experienced by the author. The three conceptualisations have different aims of increasing the representation of certain groups in higher education, meeting the needs of the economy and employers and finally, transforming higher education and focusing on student needs.

Increasing representation from targeted groups.

The first to be described is the approach which focuses on increasing the number of students from targeted groups in higher education. One conceptualisation of WP focuses on enabling intellectually gifted and able students to access higher education (Jones & Thomas, 2005; Sheeran et al., 2007). Oxford University runs a WP scheme that illustrates the idea of WP to enable bright students to access university (University of Oxford, 2023). The website of the University of Oxford describes the institutional commitment to inspire "the brightest students from every background" to apply and how the university particularly sees applications from "underrepresented or marginalised backgrounds". Furthermore, research demonstrates how attracting the brightest and best is found within the narrative of medical school recruitment. Alexander et al. (2017) examined webpages from 25 medical schools, finding that the websites described an approach to WP that was looking for the 'best' students or a desire to avoid missing talented students.

Meeting the needs of the economy

A second conceptualisation of WP focuses on the needs of the economy and the needs of employers; therefore, success at university means gaining employment (Jones & Thomas, 2005; Sheeran et al., 2007). A Government research briefing describes the need for disadvantaged students to gain skills employers value, including networking, working across academic disciplines, and communication skills (Bolton & Lewis, 2023; Gaskell & Lingwood, 2019). A recent consultation by the Office for Students into the regulation of student outcomes included the consideration of social mobility and employment (OfS, 2022) containing guidance issued by the Secretary of State suggesting that courses which equip students with skills that are valuable to employers contribute to social mobility by enabling students with WP backgrounds to gain graduate employment (OfS, 2022). The medical degree is an example of a course that equips students with skills valuable to employers; further, there is evidence that WP is important to the health sector. Medical employers and professional bodies, such as the National Health Service (NHS) and the British Medical Association, suggest that WP can improve patient care by making the workforce more representative of the population it serves (BMA, 2023; NHS, 2014). Further, research demonstrates how the employability narrative relates to WP in medicine. Alexander et al. (2017) reviewed university medical school websites and found evidence to support the perception of WP as a way of meeting the needs of medically related employers. Two of the twenty-five websites suggested that WP can bring diversity, which benefits the workforce and improves patient care (Alexander et al., 2017). Therefore, there is evidence that WP in medicine is perceived as something that meets the needs of employers and benefits patients.

Adapting HE to welcome WP students

The third conceptualisation of WP is the transformative model, which is focused on empowering and enabling a WP student and considers how the culture of higher education can be transformed to support students' wellbeing and attainment (Jones & Thomas, 2005; Sheeran et al., 2007). According to Thomas, Kift, and Shah (2021), this conceptualisation can mean transforming the curriculum to be more inclusive and enabling students to communicate issues of importance to them. One example of such an approach was a reverse mentoring scheme reported by Curtis et al. (2021). The mentoring involved medical students mentoring staff members, thus increasing their understanding of the experiences and perspectives of students from a WP background (Curtis et al., 2021). Another example involves a WP medical student who noticed that darker skin was not represented in medical

textbooks, making it harder to learn how to diagnose skin conditions on non-white skin (Kaundinya & Kundu, 2021). The student, Malone Mukwende, worked with staff at the medical school and created a website which showed skin conditions on different skin colours to help clinicians recognise and diagnose skin conditions on darker skin (Kaundinya & Kundu, 2021). Both examples show WP having their perspectives valued and creating changes in culture and practice, thus transforming the medical school to empower and support the needs of WP students.

Multiple models of widening participation

The three conceptualisations focus on different aspects of WP and student experiences: access, employability, and supporting students while on the course. A theoretical framework was developed around the WP, which names the different conceptualisations as academic/meritocratic (access for best and brightest student), utilitarian (employability), and transformative (supporting and empowering students) (Jones & Thomas, 2005; Sheeran et al., 2007). The theoretical framework is useful as it provides a language to critically analyse and compare the features of each model; therefore, the academic/meritocratic and transformative approach will be considered along with evidence from the literature. The utilitarian approach will not be considered separately from the transformative model because medicine is a professional degree and is largely designed to meet the needs of employers by training the students to be doctors to meet the needs of the patients. Furthermore, in medicine, WP does not stop at university as professional bodies such as the British Medical Association and employers like the NHS are interested in WP (NHS, 2014). One difference between the academic and utilitarian approaches is the consideration of institutional culture and the perception of where the challenge of WP can be found. The academic/meritocratic model locates the problem within the student, whereas the transformative model considers how institutional culture and aspects of the course might impact the student experience (Jones & Thomas, 2005; Sheeran et al., 2007). Therefore, rather than expecting the student to adapt to the institution (academic/meritocratic model), the institution values diversity as an opportunity to learn (transformative model); this key difference is reflected in research into WP in medicine (Jones & Thomas, 2005). The WP approach used by a medical school can influence school culture, and student perception influences a decision to apply and experience while in medical school. Rees et al. (2022) conducted semi-structured interviews with 35 applicants and 31 first-year medical students to explore what shapes application decisions. Fitting in was important for WP medical students, whose peers are from a comparable

socioeconomic and educational background (Rees et al., 2022). Furthermore, the medical school culture was important, with WP students expressing a preference for cultures that were friendly and supportive (transformative) rather than just focusing on high grades (academic/meritocratic) (Jones & Thomas, 2005; Rees et al., 2022; Sheeran et al., 2007). Therefore, the perception of a transformative culture may be a factor in encouraging WP students to apply to medical school. Furthermore, a study showed that medical school may be reflected in staff discourses on widening participation, with staff discourse reflecting an academic WP culture, thus creating challenges for WP students (Jones & Thomas, 2005; Rees et al., 2022; Sheeran et al., 2007). Cleland and Fahey Palma (2018) explored discourse on WP students by interviewing 24 medical school staff. Findings showed a deficit view of WP students, which characterised WP students as lacking aspiration, being less likely to succeed and being socially divided from traditional students (Cleland & Fahey Palma, 2018). Thus, not reflecting the friendly and supportive (transformational) culture that WP students sought might mean WP students may be socially disadvantaged (Rees et al. (2022).

WP students experience of school culture

Further, how students experience the school culture (academic/meritocratic or transformational) might influence student's mental wellbeing. Olaniyan (2021) explored the experience of mental health and mental health help-seeking by interviewing 48 racial and ethnic minority medical students. Students perceived diversity and inclusion as a "tick-box exercise" (p771) and WP as "tokenistic" (p777), resulting in feelings of not being genuinely included. Furthermore, students reported microaggressions, feeling excluded or singled out and having poor experience with mental health services (Olaniyan, 2021). Therefore, there is a lack of confidence in the university and a reluctance to access university support services (Olaniyan, 2021). Therefore, the experience of the students in Olaniyan (2021) reflects a negative experience of medical school culture in line with the medical school culture and attitude toward WP students as described by Cleland and Fahey Palma (2018) as both studies showed WP students being socially separated or stereotyped (Woolf et al., 2008). Using the WP conceptualisation theoretical lens, the Olaniyan (2021) study students experienced the WP enactment as closer to the academic/meritocratic approach, which they appeared to experience negatively. Therefore, Coyle et al. (2020) argued that a more transformative approach is needed to improve WP medical students' wellbeing. Ultimately, it is not enough to get WP students into medical school; it is important that they experience a transformative

culture in which they feel included and valued. The evidence here is somewhat limited; more research would be needed to explore how the culture in medical school impacts the enactment of WP and, more importantly, how WP students experience the enactment of widening participation. However, the findings of the studies described above should serve as a call for those who practice WP in medical schools not just to focus on what they do but to focus on how the students experience WP enactment and consider if cultural aspects within the school might be working against the sense of inclusion and equality which WP practitioners are aiming aspire to.

WP as a rhetorical device

Viewing WP through a critical realist lens opened the opportunity to appreciate different conceptualisations of WP and explore how the different conceptualisations shaped the student experience. The conceptualisations above related to WP as it was experienced and enacted within, HE institutions, but it should be recognised that WP as a construct exists beyond the walls of a university as the discourse around WP also occurs within policymakers and media. Therefore, the next section goes beyond university discourse and explores WP in the context of political and media narratives to gain a more complete understanding of WP. The exploration led to a curiosity into how the narrative about widening participation was formed and shaped arguments about introducing student loans or relationships between different groups within society. An argument will be presented to suggest that widening participation can be used as a rhetorical device to shape the political arguments in which the stated aim might differ from the underlying aim or impact. Next, it will be shown how WP was used as part of the argument to replace student grants with a system of loans and how the WP group "white working class" illustrates the use of language and comparator groups to shape the discourse around the problems and solutions to equality of opportunity.

Incongruence between stated and underlying aim of WP

WP can be used as a rhetorical device, with the stated aim different from the underlying aim or impact. One example can be taken from above with evidence from the literature suggesting that despite the aim of WP to give equal opportunity to students from a diverse range of backgrounds to study medicine (BMA, 2021, BMA, 2023). However, the above section presented an argument that the academic/meritocratic model may have a

negative impact on the WP experience as students report feeling unsupported and singled out (Jones & Thomas, 2005; Olaniyan, 2021; Rees et al., 2022; Sheeran et al., 2007). Therefore, the stated aim of equalising opportunities might be negatively impacted by a WP approach that leaves WP students feeling unsupported in a socially divided culture between students classified as WP and non-WP (Olaniyan, 2021). Therefore, WP can be described as a rhetorical device, with the inclusion of WP students being undermined by the narrative that socially separates WP and non-WP students (Cleland & Fahey Palma, 2018). Further arguments suggesting WP as a rhetorical device will be presented next, including the mismatch between social justice and meritocracy, WP being used to justify tuition fees and the problematic narrative of the white working-class as a WP group.

WP and the introduction of student loans

One of the goals of WP is to increase the number of students from low socioeconomic backgrounds who enter higher education, thus making higher education more socioeconomically diverse. The alignment of WP with diversity means that aligning a political argument with the aims of WP makes arguing against it potentially problematic and risks the voice of dissent being labelled as a voice that is against diversity and in favour of elitism (Archer, 2007; Chiavaroli et al., 2020; Jackson et al., 2022). Therefore, WP can be used as a rhetorical device in political discourse, for example, pairing the desire to increase socioeconomic diversity within higher education with the idea of introducing student loans.

WP (or widening access) was used as a rhetorical device to justify the introduction of student loans in a House of Lords debate on Student Top-Up Loans on 9th November 1988 (Parliament, 1988). In this debate, Lord Kilmarnock made the following argument in favour of top-up student loans,

The urgent need in higher education, as has been said by all speakers so far, is to widen access and to increase the age participation rate. Despite its relative generosity compared with other countries, the present grant system has not succeeded in encouraging participation by lower income families" (Parliament, 1988, paragraph 637.)

Lord Kilmarnock links the generosity of the funding system with a failure to encourage significant participation improvement by lower-income families, arguing that the funding system is failing with the argument that to achieve the assumed goal of widening access, student loans should be introduced. The example of the introduction of student loans is an example of the aim of WP being used as a rhetorical device, as arguing against student loans is framed as arguing against supporting WP in university and supporting a system which has failed lower-income families to gain access to university.

Almost ten years later, a paper by Wilson (1997) explores the history of student grants, loans, and tuition fees and how widening access to lower-income students was used as part of the supporting argument for introducing student loans. Below is a quote from Baroness Blackstone (the Minister of State at the Department for Education and Employment in 1997); she is responding to an article in the Times Educational Supplement, which was concerned with the abolition of the maintenance grant and introduction of student loans. Baroness Blackstone is describing how the desire to widen access is behind the proposed changes to HE funding (Wilson, 1997).

This Government has faced up to the reality that, if access is to be expanded, the present system of funding HE needs to be reformed. Our proposals will raise the money needed to widen access and participation into the 21st century while exempting the less well-off from tuition fees, avoiding any increase in parental contributions and introducing an income-contingent loans repayment system. (Wilson, 1997, p39)

Wilson, (1997) also quotes Dr Howells, a former Labour politician, responding to the accusation that funding HE with loans rather than grants will deter lower-income students from entering HE. Within the quotes above, the discussion of student loans is justified with an expressed wish to encourage or enable students from lower-income backgrounds to access HE.

...students from poorer families will not have to pay fees. They will continue to receive free tuition. They will also have access to larger subsidised loans than students from better off families. The Government's proposals are designed to widen access to higher education and to encourage those from under-represented groups, such as lower-income families, to undertake higher education. (Wilson, 1997, p39)

The introduction of student loans and tuition fees has been intertwined with the policy of widening access to HE, focusing on low-income students. In this way, the speakers are positioning loans as something that contributes towards social justice or equality, something benevolent that can give opportunities to less well-off students. The framing of student loans as something to encourage diversity and equality of opportunity means that the counter-argument (against the introduction of student loans) can be framed as also being against equality of opportunity and being in favour of elitism, as illustrated below in a quote from 1994 in which the Further and Higher Education Minister Tim Boswell issued a statement responding to a National Union of Students demonstration against the erosion of the student grant.

Fact - student loans are enabling more young people to go to university than ever before. It is right for students to invest in their own future - after all, they get the most out of higher education. Students entering higher education from less well-off backgrounds have shifted from being the minority in 1988 to being in the majority now. The NUS wants to turn back the clock to a time when universities were for the lucky few. Those days have gone I am glad to say. It is time the NUS modernised itself. (Wilson, 1997, p24)

The above quotes support the idea that WP was used as a rhetorical device to construct a positive narrative around student loans that links with widening access and equality of opportunity. Further, the quote above illustrates how arguments against replacing grants with loans are constructed as elitist and stand in the way of widening access to students from less well-off backgrounds. In this way, as claimed by Archer (2007), Chiavaroli et al. (2020), and Jackson et al. (2022), aligning the case for student loans with WP makes it politically difficult to counter and risks dissenters being labelled as elitist.

White working class – constructing a narrative of a WP group

In policy, white working-class students have been identified as one WP group who experiences disadvantage in higher education. White working-class students will be used to illustrate how language and comparison can shape the debate around widening participation,

showing how WP can form different aspects of a political debate. The first argument will discuss using the term "working class" to illustrate how language can shape how a group is perceived and how narrative can be potentially misleading. Secondly, using comparator groups will be explored, showing how focusing on either ethnicity or socioeconomic status can shape the narrative around academic attainment and inequality. Therefore, this section will explore how WP aspects can shape rhetorical debates around privilege, disadvantage and inequality.

"Working Class" or "FSM" – choosing how to construct a WP group

There is evidence to show how and why the grouping *of the white working class* can be considered misleading; however, as it is a term used within Government reports, it is necessary to start by defining why this group is considered widening participation. Evidence to support the experience of the white working class was found in a Government report called *"The Forgotten: How White Working-class Pupils Have Been Let Down, and How to Change It"* (House of Commons Education Committee, 2021, p1)

The report by the House of Commons Education Committee suggests that white pupils face a disadvantage in the early years of education that persists through their educational career, leading to 84% of this group not entering higher education (House of Commons Education Committee, 2021). Other research has explored the educational experience of white working-class boys. Baars et al. (2016) conducted a literature review, finding over 50 items within the literature related to white working-class boys being underrepresented in higher education and how they performed compared to other ethnic groups. Students who took their GCSE in 2008, less than 10% of boys from the lowest SES quintile gained access to higher education; this compares to Black Caribbean, for whom over 20% participate in higher education (Baars et al., 2016). Therefore, there is evidence that white working-class boys are underrepresented in higher education, so it could be considered widening participation. However, evidence suggests that the label applied to this group is misleading, leading to a public misunderstanding of white disadvantage. Firstly, the cited Government report describing the situation of working-class boys describes the difficulties associated with using the phrase "working class", suggesting that the term working class is used interchangeably with the concept of FSM eligibility. The statistical evidence refers to white students who are eligible for FSM, so the proper term to describe this group is white children who are eligible for FSM (House of Commons Education Committee, 2021). The

proxy use of the working class to describe students on FSM is important because the working class and FSM represent different size groups. In 2022, 23.8% of pupils were eligible for FSM; this represents approximately 2 million out of the 9.1 million pupils who attend state and independent schools in the UK (Department for Education, 2023a). Evidence that eligibility for FSM and the working class represent different group sizes comes from figures from the Social Mobility Commission from 2021 that conducted research finding that within a sample of 4693, up to 54% of UK adults perceived themselves to be working class (Social Mobility Commission, 2021). Working class and FSM and are different populations in terms of numbers and characteristics. An earlier Government published report on underachievement in white working-class children gives further insight into the choice of label for working-class children. The 2014 report exploring underachievement in white working-class children notes that.

"The CRRE [Centre for Research in Race and Education] warned that projecting the educational performance of a small group of economically deprived pupils onto what could otherwise be understood to be a much larger proportion of the population had "damaging consequences" on public understanding of the issue" (Parliament, 2014, paragraph 9)

The above quote suggests that there is awareness of the misleading nature of the label and at least one of the potential implications in terms of how the public could understand the nature of disadvantage in white students. Furthermore, the government report refers to white privilege (House of Commons Education Committee, 2021) and this aspect was picked up by the media, leading to headlines reflecting articles that directly draw on the report and link the concept of "white privilege" with the neglect of white children for example,

"Terms such as 'white privilege may have contributed to the 'neglect' of disadvantaged white pupils, report by MPs finds" Sky News (Morris, 2021)

"Don't ask working-class boys to apologise for 'white privilege', experts warn" The Times (Morris, 2021)

"White privilege is just a MYTH to 1million white, working-class kids" The Sun (Halfon, 2021)

Therefore, the debate around white working-class children is framed as white children losing out due to the focus on non-white children an idea which is not new (Gillborn, 2012; Gillborn & Kirton, 2000). Furthermore, the use of the word "working-class" and the link with "white privilege" means that the WP group of "white working-class students" could represent a rhetorical use of WP as the mislabelling can be seen as exploiting language to give a misleading narrative about the nature of a disadvantaged group.

WP – choosing a comparator group, issues of ethnicity or class

To illustrate the disadvantages faced by white students on FSM, a choice was made to compare peers from different ethnic minority groups (House of Commons Education Committee, 2021). The choice of comparator group will likely represent another rhetorical device which shapes perception about the cause of the problem. The 2021 report by The House of Commons Education Committee outlines the proportions of free school-eligible students who access higher education by ethnic group, reporting 16% for White British students, 31% for Black Caribbean students and 59% for Black African students (House of Commons Education Committee, 2021). Thus, implying that responsibility for white failure on minority students and feeding a narrative that sets the interests of white working-class and ethnic minority students in opposition to each other (Adjogatse & Miedema, 2022; Gillborn, 2012). The impact of the comparison can be further highlighted by providing alternative comparison groups, which could change the focus from ethnicity to socioeconomic status. Recent statistics related to WP in higher education give comparative figures about entry into higher education. The information below in table 5, compares gender, FSM status and progression to higher education, enabling comparison between students who are and are not eligible for FSM (Explore education statistics, 2023).

Gender	FSM status	Progression rate to higher education	Number of students progressing	Total number in group
Female	FSM eligible	23.1%	4693	20314
Female	FSM not eligible	51.1%	81721	160042
Female	Total	47.9%	86414	180356
Male	FSM eligible	13.4%	2871	21427

Male	FSM not eligible	37.5%	62570	166888
Male	Total	34.8%	65441	188315
Total	FSM eligible	18.1%	7564	41714
Total	FSM not eligible	44.1%	144291	326930
Total	Total	41.2%	151855	368671

Table 5
Progression to HE by FSM status and gender (Explore education statistics, 2023).

Patterns show that female students eligible for FSM have higher progression rates to HE than male students who are eligible for FSM (23.1% and 13.4%, respectively) (Explore education statistics, 2023). FSM status appears to shape progression patterns into higher education, with students who are not on FSM having more than double the progression rate into higher education (44.1% and 18.1%, respectively) (Explore education statistics, 2023). Earlier, it was shown how the comparison between white and non-white students led to a narrative that positions white and non-white students in competition (Adjogatse & Miedema, 2022). The table above that compares continuation onto HE by gender and FSM status suggests that the narrative surrounding ethnicity is not inevitable and that different narratives are possible, for example, a narrative that explores the difference in university continuation between more and less privileged students. Adjogatse and Miedema (2022) explored the way that white underachievement is framed by using a critical frame analysis on four policy documents which focused on "white working-class" underachievement as well as stories in the media that responded to the policy documents. Findings from this study echo the findings of other researchers that position white working-class students as victims whose opportunities for success have been harmed by the threat of policies that enable diversity and the success of non-white students (Adjogatse & Miedema, 2022; Gillborn, 2000; Keddie, 2015)

Furthermore, Keddie, (2015) suggest that the issue of white working class is a political tool to obscure socioeconomic inequality. Adjogatse and Miedema (2022) and Keddie, (2015) suggest that the rhetoric in policy and the media suggests a need to redistribute resources towards white children so that white working-class children can be better supported. Adjogatse and Miedema (2022) highlight an inconsistency between

education policy and rhetoric, as policy in education does not seem to support greater social equality.

The original report on the experience of white working-class pupils considers funding a potential contributing factor to the attainment gap observed in white pupils (House of Commons Education Committee, 2021). Evidence from Dr. Alex Gibson (A senior research fellow from the School of Medicine University of Plymouth) and Professor Sheena Asthana (Director of the Plymouth Institute of Health and Care Research) provide evidence that funding might contribute to the attainment gap, noting a tendency towards lower funding in more deprived coastal areas and greater funding in comparatively less deprived large cities (House of Commons Education Committee, 2021). Furthermore, supplementary written evidence for the report provided by Dr Alex Gibson and Professor Sheena Asthana suggests that attainment and progress at key stage 4 can be partly explained by variations in local authority funding, with lower levels of attainment and progress noted in more deprived communities Gibson and Asthana (2021). The report expands on the issue of findings by quoting evidence from an Institute for Fiscal Studies report published in 2020, which describes falling school funding that has particularly impacted more deprived schools.

*Spending per pupil has fallen faster amongst more deprived schools … and the overall funding premium fell to about 25% by 2018–19. The report adds that this "*can be partly explained by the changing geography of deprivation, with faster falls in deprivation inside London and a school funding system that was slow to adjust to such changes*" It adds that "in the long run, the new National Funding Formula should allow the funding system to adjust to changes in the pattern of deprivation" although in the short term "the overall pattern actually looks set to continue under existing plans for the National Funding Formula, with lower increases in formula allocations for schools in poorer areas". We are also concerned about the imbalance of some schools having significant surpluses while others struggle with deficits. We would like to see the Department do more to ensure that funding is evenly distributed to reach the pupils that need it."* House of Commons Education Committee (2021) paragraph 118

Furthermore, it is important to understand how the selection of comparator groups creates a narrative that positions another WP student group as the cause of the challenges that

white students face and how alternative comparator groups are possible. The situation with white working-class students can be seen as an example of rhetoric, as there is an inconsistency between the message of supporting disadvantaged students and the policy which cuts resources for deprived schools and expands selective schooling (Adjogatse & Miedema, 2022). The evidence about funding cuts in deprived schools supports the contribution of Gibson and Asthana (2021) that there is an unequal distribution of resources to schools, with students from more deprived areas receiving reduced funding. More recent evidence from the Institute for Fiscal Studies suggests that the funding situation related to deprived schools has not improved, with figures that show a real term fall in funding between 2009-2010 and 2019-2020. Deprived schools were disproportionately impacted by the budget cuts, with deprived secondary schools seeing a 14% real term cut in budget compared to a 9% drop in the least deprived schools (IFS, 2023). It has also been suggested that funding patterns in schools contradict the governments expressed goal of levelling up deprived areas as between 2017-18 and 2022-2023, the most deprived schools got lower real terms funding increases than least deprived schools (5% and 9% respectively) (IFS, 2023). Therefore, an alternative narrative is presented to explain the attainment of "working-class white boys", which focuses on school funding rather than competition with ethnic minorities.

However, the attainment gap between white and non-white students is not only seen as evidence that white students are disadvantaged, but also as evidence that poverty cannot be blamed for the lower attainment of pupils on free school meals. Evidence for this comes from the comments of the chair of the House of Commons Education Committee (2021)

> *"Never again should we lazily put the gap down to poverty alone, given that we know free school meal eligible pupils from other ethnic groups consistently out perform their White British peers. In 2019, less than 18% of free school meal eligible White British pupils achieved a strong pass in English and Maths GCSEs, compared with 22.5% of all similarly disadvantaged pupils. This equates to nearly 39,000 White working-class children missing out." (House of Commons Education Committee, 2021, p1)*

Therefore, the achievement of the non-white students is seen as evidence that poverty is not to blame for the generally lower levels of attainment of children on free school meals.

Therefore, the problem of low attainment of white children is positioned as a competition between white and non-white students rather than suggesting that school funding or poverty are not issues needing to be addressed. The alternative consideration of funding as being related to lower achievement is dismissed as "lazy", suggesting that consideration of school funding or addressing household poverty is not an option being considered.

In terms of widening participation rhetoric, two examples have been presented: firstly, using widening participation as part of the argument to remove student grants and introduce student fees, and secondly, as an expression of concern about the lower attainment of white working-class students. Both examples could be seen as examples of widening participation being used as part of a narrative to restrict funding rather than improve the opportunities for disadvantaged students. Evidence for the suggestion of WP used as a narrative behind restricting funding concerning student grants comes from a continuation of a quote from above, which suggests that reform is needed because the alternative of investing more money into student grants would be too expensive. "To restore the eroded value of grants and expand higher education at the same time would be enormously expensive. We therefore accept that some reform is necessary." (Parliament, 1988, paragraph 637). The second example is the white working class, with the stated idea being that there is concern that white working-class students are being forgotten and left behind (House of Commons Education Committee, 2021). However, when considering solutions, the chair focuses on the higher achievement of non-white students. It describes solutions that focus on poverty as "lazy", thus negating tackling poverty as a solution to white working-class attainment (House of Commons Education Committee, 2021). Therefore, widening participation can be described as a rhetorical tool with the main focus not supporting educational equality.

Hidden, unrecognised and unsupported WP

WP is usually presented as a simple binary with non-WP. In this section, it was argued that a new alternative to the binary concept of WP is needed because some students have what can be referred to as ***hidden*** or ***unsupported*** WP characteristics, leading to categories of "hidden WP" and "unsupported WP". "Hidden WP" refers to students who have recognised WP characteristics. However, either issues around measurement or students not

declaring status means their WP status is not recognised, for example, students with undeclared mental health difficulties. Unrecognised WP represents groups of students who are not recognised as WP despite experiencing similar disadvantages to students with recognised WP characteristics, for example, students who identify as LGBTQ+. Finally, "unsupported WP" refers to groups of students who are recognised as WP but do not receive the support that other students with their characteristics enjoy, for example, students whose course length exceeds the four-year limitation applied to the provision of WP-related bursaries. Harris and Lane (2020), in their study around the experience of 46 potential medical school applicants being mentored as part of an outreach program to medical school, identified twenty-three of the participants as WP because they had one or more of the following criteria – coming from an area of low HE participation, young carer, the experience of living in local authority care, disabled, household income of less than £25,000, attending a school with at least 25% of students being eligible for pupil premium. Students were considered non-WP if they did not meet the criteria mentioned above; however, there was no consideration of other WP characteristics, including ethnicity or eligibility for FSM, which are key WP groups considered by the OfS (OfS, 2023a).

Therefore, the participants labelled as non-WP may have WP characteristics not considered within Harris and Lane (2020) and could be described as "hidden WP". This recognition of nuance emerged from data in the focus group, which highlighted the importance of paid employment. It was unclear whether the students who had to take on paid employment had WP status, so the idea emerged that the label of WP might not cover everyone who must take paid employment due to financial struggles. Therefore, it is possible that some students who take on paid employment due to financial struggles might not fit the category of widening participation; this means that the label WP may not fully capture genuine financial struggles, and so consideration of other areas of tension was considered, including LGBTQ+ students, disability, limitations of SES measurement and student funding.

Mental health as "hidden WP"

There is also evidence that disability may represent part of "hidden WP" within medical education; this idea was raised in the literature review. On a reflexive note, this topic is important to the author as it has been through recognition of disability-related needs and

appropriate support that academic attainment has been possible. Therefore, recognising students' disability-related needs is important to the author, and the idea of hidden disability needs recognises the risk of students not receiving needed support. The WP category of disability may represent hidden WP because medical students may fear declaring a disability due to a fear that their fitness to practice concerns may result in expulsion from the course. Winter et al. (2017a) conducted focus groups with 40 students across 5 UK medical schools exploring attitudes to mental health difficulties; students in the study reported that stigma and fear of fitness to practice may prevent a student from declaring a mental health condition and asking for help. A mixed-method study involving 31 students answering a questionnaire and six student interviews highlighted that students were anxious about disclosing their disability (Cook et al., 2012). However, all the students in this study had disclosed theirs (Cook et al., 2012). Tso (2018) also found that students were concerned about the impact of disclosing their disability in an interview study involving eight disabled graduate medical students. The limitations of these studies are that the participants represent students who have disclosed their disabilities; however, a further study by Chew-Graham et al. (2003) involved 22 medical students participating in semi-structured interviews to explore help-seeking behaviour for mental health in medical students. This study did not target disabled students and found that the reported fear of stigma and its impact on professional careers made students avoid seeking help for mental health challenges.

Furthermore, there is evidence that disability may be underreported in medical school; a PhD thesis by Shaw (2020) noted a disparity in percentages of medical students with dyslexia (1.7-7%) compared to the general population (10%). Statistics about health service employees suggest that 17% of the UK population have a disability; however, in the NHS, only 2.4% of staff have a declared disability (HEE, 2022). A study by Godfrey-Harris and Shaw (2023) adds to this picture; their study exploring the experiences of medical students with ADHD found similar findings to the studies mentioned above, with students reporting poor support, bullying and social isolation. However, the students in the Godfrey-Harris and Shaw (2023) gave further insight into disclosing their disability, with students being afraid of peers' response and one student not disclosing his condition due to fears that ADHD may be used to question his professional competence. Therefore, disability may represent a "hidden WP" category as students may avoid disclosing a diagnosis or experience to the medical school.

Socioeconomic status as a form of hidden or unsupported WP

Socioeconomic status is one of the longest-standing WP groups; as far back as 1963, the underrepresentation of students in HE from low social class was considered a problem that needed solving. Socioeconomic status was described in a range of ways in the introduction chapter and literature review, showing that low socioeconomic background encompasses a variety of different background or personal characteristics, including low income (Claridge & Ussher, 2019) type of school attended (Green, 2022), FSM eligibility and coming from a deprived area or an area of low HE participation (OfS, 2023a). Therefore, multiple ways exist to define and measure WP; however, the different methods have strengths and limitations. Next, the chapter will give a more complete description of different ways of measuring and conceptualising low socioeconomic groups before outlining some of the challenges of measuring socioeconomic status. It is important to highlight limitations in socioeconomic status measurement as this raises the possibility of hidden or unsupported WP, as students who are financially struggling may not be identified as WP due to flaws in measuring or conceptualising low socioeconomic status. The idea of imperfections in the conceptualisation of SES and the implications for WP were considered in the focus group findings related to the importance of paid employment in shaping the experiences of medical students.

The questioning of how well WP and socioeconomic status fit together was raised through the observation that taking paid employment appeared to be an expression of financial struggles. However, there was no evidence that financially struggling students were recognised as WP. This section will suggest that the ways that WP is defined as measured means that there are tensions in the conceptualisation of WP linked to socioeconomic status, meaning that not everyone who is financially struggling will be classified as WP. This notion reflects the potential disconnect between taking on paid employment and having WP status. Thus, this raises the possibility that students with needs otherwise identifiable as WP might not be recognised, which may represent hidden or unrecognised WP.

How low socioeconomic status or economically deprived is measured.

One key group often identified within WP is students from a "deprived" or low socioeconomic background. Like 'working-class', 'low socioeconomic background' can present challenges for measurement and definition because there are many ways to define and measure socioeconomic background, all of which present limitations. There are different

ways of defining groups who might be considered as low socioeconomic or low income; some measurements use indicators that work on an individual level, and others use indicators that operate on an area level (Boliver et al., 2022). Individual-level consideration includes eligibility for FSM; this includes families who are on a low income and receive certain qualifying benefits (Boliver et al., 2022; DfE, 2023). Another individual-level indicator is household income, which the Government defines as having less than 60% of the national median income (Boliver et al., 2022; Crown., 2022). Finally, deprivation can be linked to social class background, which typically involves categorisation by parental occupation (Boliver et al., 2022). Area-level indicators involve looking at postcodes to give information about the area a student lives in. One example is POLAR, which stands for Participation in Local Areas; this system establishes if a student is from an area of higher or lower participation in higher education, with students from areas of lower participation being considered as being from a disadvantaged background (Boliver et al., 2022; OfS, 2023b). The Index of multiple deprivation (IMD) assesses deprivation in a postcode area over different domains, including income, employment, education, health, housing, crime and access to local services (Bath-University, 2019; Boliver et al., 2022). Therefore, there are different ways of conceptualising WP status based on socioeconomic information.

Challenges with measuring SES status

Several methods of measuring deprivation and SES rely on self-reported information, for example, reports on parental income; in contrast, some can be 'objectively measured', such as postcode measurements, but not simply linked to individual circumstances. The difference between objective and subjective information is important, as specific details such as parental income might be based on estimates depending on who is asked for this information (Rubin et al., 2014). In a study including 74 A-level students, parental income had to be abandoned as a measure of SES because 51% of students could not report their parental income (Jetten et al., 2008). Therefore, objectively collected data may be more reliable and easily accessible than self-reported data but is more difficult to link to individual circumstances as individuals living in the same postcode may have very diverse family cultures and educational experiences. In addition, measurements of social class have changed over time; the Robbins (1963) report classifies social class via fathers' occupation containing five categories ranging from higher professional (I) and classifying the lowest class as Semi- and unskilled (IV and V) (Robbins, 1963). The Office For National Statistics (2023) refers to different methods that contain different structures with varying numbers of categories,

ranging from five (similar to the Robbins report) to 8 levels that reflect a greater level of complexity and account for students and people who have never worked (ONS, 2023). Such difficulties with measuring deprivation or SES are the potential for inaccurately identifying whether people are from a socially deprived background (Boliver et al., 2022). The inaccuracy can take two forms, either too broad and generating false positives, so identify deprivation where there are none, or false negatives, which means not identifying deprivation where it is present.

Different ways of measuring socioeconomic status and socioeconomic advantage of disadvantage are vulnerable to errors in accuracy that could lead to students being incorrectly identified as disadvantaged or not having their socioeconomic disadvantage recognised (Boliver et al., 2022). The type of school attended is one way that is sometimes used to differentiate students according to social class, with students who go to private schools being perceived as privileged and students who attend state schools being viewed as comparatively disadvantaged ((BMA, 2021). However, it is argued that attending a state school does not always indicate social disadvantage, so using state vs. private schools to classify socioeconomic status can falsely identify students as socioeconomically disadvantaged (Boliver et al., 2022). FSM eligibility is a measure of socioeconomic deprivation noted to be vulnerable to type II errors, meaning it may not identify a student from an economically deprived household. The inaccuracy could be the result of an eligible family not applying or could be due to having an income marginally over the threshold; both these situations mean that a family may be experiencing similar circumstances to a family who does qualify but, as a result, may not be recognised as socioeconomically deprived for the purposes of WP (Gorard et al., 2019). Another example of a false negative or type II error is the IMD, which has been criticised for missing some types of poverty, as it can miss geographically dispersed poverty, for example, rural poverty (Shucksmith et al., 2023). One study examined entry into medical school by socioeconomic status using the different levels of measurement, using parental occupation to assess family socioeconomic status at the individual level, IMD for area-level indication and school type (Steven et al., 2016). Steven et al. found limitations related to the classification methods, suggesting that IMD may generate false positives, as many applicants who might appear to be low SES still have a parent who was in the highest social class bracket as measured by occupation (Steven et al., 2016). However, the authors conclude that regardless of the method employed, there is still evidence that students from a higher SES background are more likely to apply to and be accepted at medical school,

leaving lower SES groups largely underrepresented (Steven et al., 2016). However, as the evidence in this section shows, the false negatives and positives suggest that the measurements may falsely include a student as WP or mistakenly not include a student as WP despite the student being from an economically deprived household.

Mismatch between student finance and length of medical degree

This section will explore the WP provision gap related to the design of the student finance system and explain why this may cause difficulties, especially for medical students from a WP background. Medical students are funded through the student finance system for the first four years and by the NHS after four years (see ***table 6*** for figures). It can be noted in the table below that the amount received via the NHS bursary is reduced. A survey of 1,119 medical students undertaken by the BMA found that students receiving the NHS bursary struggled financially as it only covered 30% of their living costs (BMA, 2022b). Therefore, the change in financial support and a related drop in income lead to medical students struggling financially.

Source of funding	Years 1-4	Year 5 onwards
Student finance loan	£9,706	£1,975
NHS Bursary non-means tested		£1,000
NHS Bursary means-tested		£2,643
NHS Bursary Extra Weeks Allowance (for courses over 30 weeks)		£840
Total	£9,706	£6,458

Table 6

Medical Student from England living away from home outside London (maximum award) (source (Boyd, 2022)

Impact on WP students

The limited number of years of funding from student finance and the drop in income potentially impact WP students in several ways. Firstly, some students classed as WP receive a bursary through their university which they receive alongside their student loan (for example of amounts and characteristics, see table 7). The WP bursary is subject to the same limitations as the loan from student finance, which means it is payable for a maximum of four years (University-of-Warwick, 2023). The limitation means that a qualifying student will only receive the financial support of the WP bursary for four years, so in their fifth year, when their income reduces due to the change from student finance to NHS bursary, they also experience a loss in income because they no longer receive the WP bursary (University-of-Warick, 2023).

Recipient	Amount
Amount Household income £16,000 or less	£1,300
Household income £16,001 – £20,000 and from POLAR4 Q1 postcode	£800
Care leavers and estranged students	£2,500

Table 7

Bursaries for new entrants 2020/21 to 2024/25 (Source UEA (2019)

Secondly, there are two entry routes into medicine: standard entry and the Gateway route. The Gateway route takes six years, a year longer than the standard route, and the four-year funding rule still applies in the gateway route, which means that the students experience a drop in funding in their final two years rather than the one year that the standard entry students experience. Therefore, students who take the Gateway route experience two years with reduced income. The issue of reduced income is relevant to WP because, according to Dueñas (2021), the Gateway to Medicine route was initially created to enable students from

WP backgrounds to access medical degrees. Therefore, many students on Gateway courses will be classifiable as widening participation, with some courses running the Gateway course exclusively for students with WP backgrounds or characteristics (HYMS, 2023; University of Southampton, 2023). Students from a WP background are likely to be impacted by the drop in income due to loss of bursary and having two years with reduced income. Therefore, there is a mismatch between the design of student financial support, WP, and length of the medical degree.

This section, which explored ways of defining and measuring socioeconomic status, follows a question raised within the focus group related to students taking paid employment due to experiencing financial struggles. There was no evidence within the focus group that students who took on paid employment were classifiable as WP, which led to questions as to whether WP necessarily encapsulates the experience of all financially struggling students. Evidence from above shows tensions with the methods for defining and measuring WP, which means that students experiencing financial struggles might not be identified as WP. Therefore, the possibility raised within the focus group that some students experiencing financial struggles may not be identified and supported within WP policy and enactment is reflected in the literature that questions limitations in formal ways of measuring and conceptualising the WP category of low socioeconomic status. Furthermore, the unidentified WP needs in the students may represent examples of hidden or unrecognised WP.

LGBTQ+ students and WP

Earlier in this chapter, it was described how the concept of widening participation evolved and how the process of evolution included the gradual addition of different groups of students with different widening participation characteristics. Therefore, the inclusion of a group as widening participation is part of an evolving process, which means that the inclusion is flexible and can evolve further. One group that is not currently considered a key group within WP is LGBTQ+ students. Using the criteria of WP as outlined by the OfS, an argument will be put forward suggesting that LGBTQ+ students may be vulnerable to many of the risks to educational equality as experienced by other groups who are widely accepted and supported as widening participation. Therefore, three aspects will be considered in

relation to LGBTQ+, that is, continuation rates, attainment and the association with estrangement and mental health.

LGBTQ+ and rationale for WP recognition

The first issue will be continuation; it will be argued that LGBTQ+ students are at risk of higher rates of dropout, lower rates of continuation and lower rates of attainment (Callander, 2020; McAfee et al., 2023; Trimble, 2019). Therefore, LGBTQ+ students are less likely to complete their degree courses. "Continuation" refers to students who continue with their studies beyond the first year and into the second year or later (OfS, 2023b) and is one of the key measures used when collecting data about the situation of WP students (OfS, 2023a). Key WP groups are described as having comparatively lower continuation by the OfS; for example, in the year 2020-21, students who had been eligible for FSM had a continuation rate of 87.2% compared to a continuation rate of 92.6% for students who were not eligible for FSM (OfS, 2023a). There is limited research studying continuation rates in LGBTQ+ students; however, evidence from the US demonstrated low retention rates in LGBTQ+ college students (Trimble, 2019). Trimble followed the retention rates by sexuality, finding that none of the students who identified as Gay, Lesbian or Queer were still enrolled in year two; however, there were similar dropout rates with bisexual and straight students, with 17% and 16% being enrolled in year 2 (Trimble, 2019). The figures in this study suggest a dropout rate that was notably worse for Gay, Lesbian and Queer students, suggesting that sexuality is associated with a higher risk of non-continuation than straight students (Trimble, 2019). Another US study examined the intention of dropping out in sexual and gender minority students (McAfee et al., 2023). McAfee et al. found that Sexual and Gender Minority students were significantly more likely to express an intention to drop out of university ($p<.001$). In 2020, the Office for Students published figures on the attainment and continuation rates of students who identify as LGBTQ+ (Callander, 2020). Differences in attainment and continuation rates were analysed between students who identify as heterosexual, who identify as Lesbian, Gay, or Bisexual and students who identify as another sexuality apart from those aforementioned (Callander, 2020). It was found that students who identified as heterosexual had higher continuation rates than students who identified as Lesbian, Gay or Bisexual or any sexuality not covered by heterosexual or LGB (Callander, 2020). Attainment rates showed that students who identified as neither LGB nor heterosexual had poorer academic outcomes than heterosexual students (Callander, 2020). Therefore,

students who identify as LGBTQ+ or sexual minorities are at risk of higher dropout rates and lower attainment rates. As other groups are considered WP due to similar disadvantages, there is an argument that LGBTQ+ students should be considered under widening participation.

LGBTQ+ intersection with mental health and estrangement

As well as evidence to suggest that LGBTQ+ students have lower rates of continuation and lower rates of attainment in higher education, there is also evidence that LGBTQ+ students are disproportionately at risk of estrangement and mental health difficulties. As students with mental health difficulties who are estranged are considered under WP, this may add weight to the argument to include LGBTQ+ students in widening participation. Stonewall produced a report in which they listed some barriers LGBTQ+ students can face, including bullying, financial difficulties due to vulnerability to estrangement and a lack of inclusivity in the curriculum; they suggest that these barriers can lead to lower levels of attainment or even students dropping out of university (Stonewall, 2019). There is evidence that people who identify as lesbian, gay or bisexual are more vulnerable to mental health difficulties than individuals who identify as heterosexual (Semlyen, 2016). The evidence comes from an analysis of data on sexual identity and mental health from 94,818 participants who took part in various studies in Britain between 2008 and 2013 (Semlyen et al., 2016). This study was not conducted on students but did give evidence to support the idea that LGBTQ+ individuals have increased vulnerability to mental health difficulties and can be related to students as lesbian, gay and bisexual individuals under 35 showed statistically higher rates of mental health challenges than heterosexual adults of the same age (OR = 1.78, 95 % CI 1.40, 2.26) (Semlyen et al., 2016). The overlapping of LGBTQ+ identity with other widening participation, in this case, mental health issues and family estrangement, suggests that one way of viewing LGBTQ+ students is through an intersectional lens; this is because LGBTQ+ students may make an important subsection of the WP group who have mental health difficulties or are estranged from their families. This lens would enable the recognition of the "multiple marginalised identities" (Duran et al., 2020, p.532), and that recognition could inform the provision of support, including housing.

Evidence shows that students who identify as LGBTQ+ experience discrimination and harassment within educational institutions, including higher education and can experience educational environments as unsupportive or unsafe (Espelage et al., 2008;

Bower-Brown, 2023; Ellis, 2009). Feelings of safety from harassment or other negative consequences linked to sexuality or gender identity are important within higher education as this may represent a breach of responsibility to support equality under the 2010 Equality Act and environments that are experienced as unsupportive are associated with increased vulnerability to mental health challenges (EHRC, 2023).

There is limited evidence around the experience of LGBTQ+ students in UK education, but two studies highlight the experience of discrimination faced by LGBTQ+ students. Bower-Brown et al. (2023) reported the findings of an online survey in which 25 binary trans, 25 non-binary and 24 gender-questioning UK school students reported their experiences. The students reported experiences of discrimination, both within the school environment and from peers and teachers, all linked with their sexual identity; this experience made some fearful of being open about their sexual identity. The experiences of discrimination had negative consequences for wellbeing, including one student who was reluctant to seek help for mental health difficulties and self-harming (Bower-Brown et al., 2023). Ellis (2009) reported findings from 291 LGBTQ+ students from 42 different universities who responded to a questionnaire, with results suggesting that many had experienced harassment or discrimination or felt the need to conceal their sexual identity. The findings revealed that 23.4% of the sample had experienced homophobic harassment or discrimination at university, mostly derogatory remarks, although there were reports of threats of violence (Ellis, 2009). Furthermore, 18.2% of students did not feel comfortable being out on campus, and a higher number reported concealing their sexual orientation or gender identity due to safety fears (23.4%), to avoid intimidation (54.3%) or out of fear of other negative consequences (40.5%). There is evidence from research in high schools that how LGBTQ+ students experience their educational environment has important implications for mental health, not just because the lack of confidence to disclose might be associated with a lack of help-seeking as with the findings of Bower-Brown (2023) but also with the findings of Espelage et al. (2008). Espelage (2008) conducted a study involving 13,921 students from 18 different high schools in the Midwest of the United States and found that LGBTQ+ students who experienced the school climate as positive tended to have lower rates of depression and suicidal feelings than students who reported experiencing their school climate as negative (Espelage, 2008). Therefore, LGBTQ+ students represent a vulnerable group who experience harassment and discrimination and need and deserve a positive and supportive educational environment to support their wellbeing.

There is a difference between the potential protection afforded by the 2010 Equalities Act and being considered as part of widening participation because higher education institutions have a financial interest in issues of equality and diversity related to higher education. The financial interest is created due to a relationship between widening participation policy and initiatives with the right to charge higher rate fees, with the right to charge up to £9,250 (rather than the lower figure of (£6,000) for full-time students on condition that higher education institutions produce, monitor, and evaluate plans for how they will support students with identified widening participation characteristics (OfS, 2023c). As LGBTQ+ students are not currently identified as widening participation, LGBTQ+ students' interests are not intertwined with the right to charge higher rate fees. So, the interests of LGBTQ+ students may be regarded differently by groups whose interests are linked to the right to charge higher rate fees. According to the Equality and Human Rights Commission, a person experiencing harassment within an organisation may bring a claim against the organisation under the 2010 Equality Act unless the organisation can demonstrate that it took reasonable steps to prevent harassment from occurring (EHRC, 2023). Therefore, there are potential consequences for not considering the interests of LGBTQ+ students under the 2010 Equality Act. However, within the 2010 Equality Act, students must raise individual cases (Government Equalities Office, 2010). In contrast, in theory, groups considered as WP have their interests guarded via the OfS and have the power of financial penalties if HE institutions fail in WP duties (Government Equalities Office, 2010; OfS, 2023f). Therefore, the recognition of the needs of LGBTQ+ students have important implications for wellbeing, and the extension of WP status to LGBTQ+ students might improve recognition and protection of their needs in academic settings.

A report by the British Medical Association (2003) places LGBTQ+ equality and recognition of needs in relation to the medical profession (BMA, 2023). The report suggests that action needs to be taken in several areas, including better representation of LGBTQ+ people and health needs in the undergraduate curricula, awareness and action taken against discrimination and microaggression and increasing visibility of positive role models and inclusion in all levels of the medical community. Crucially, there is also a call for improvements in data collection to enable a better understanding of the experiences of LGBTQ+ medical students and medical professionals (BMA, 2023). WP in medical care has

implications for patient care; LGBTQ+ individuals experience health inequalities and discrimination in healthcare services that inhibit confidence and access (Russel, 2022a). Russel (2022a) suggests that one way to address the health inequalities faced by LGBTQIA service users would be to support LGBTQIA health professionals. It is argued that LGBTQ+ medics are in a position to improve service to LGBTQ+ service users because LGBTQ+ medics will be in a position to improve awareness and understanding among other professionals by sharing experiences and conducting LGBTQ+-related research (Russel, 2022a). Collecting data on LGBTQ+ representation in the workforce and the medical student population would help identify representation levels (Russel, 2022a). Therefore, there is an argument from the perspective of patient care and students' perspective to suggest why LGBTQ+ medical students should be recognised as WP and gain related support.

Reflexivity and Section 28

This section will present reflexivity around the inclusion of LGBTQ+ and present an argument that the legacy of Section 28 may damage conversations about LGBTQ+ inclusion, which may relate to this group not currently being considered as WP. The section on LGBTQ+ generated a complex mix of emotions whilst typing. Further, there was a sense that talking about such issues and suggesting that LGBTQ+ need and deserve to be recognised as WP was experienced as a daring act of rebellion, both exciting and saddening at the same time. With these feelings came an awareness that silence about LGBTQ+ issues in education felt like a natural state, which was an unsettling realisation for an author who does not identify as heterosexual. After reflecting on the experience of writing the section of LGBTQ+ inclusion as WP, there was a realisation that the author's period of high school education occurred through the time at which Section 28 was in force. Section 28 is a piece of legislation between 1988 and 2003 intended to inhibit the promotion of homosexuality in UK schools (Baker, 2022; The National Archives, 2011). The impact of Section 28 was that there was no discussion of sexuality apart from straight sex within a school (Baker, 2022). There is some research about the impact that Section 28 had on LGBTQ+ teaching staff. Lee (2019) reported the experiences of 44 LGBTQ+ teachers who taught in schools whilst Section 28 was in force, with some reporting nervousness about disclosing their sexuality or bringing their partners to school social events, even after the act was repealed in 2003. It has been suggested that despite being repealed approximately 20 years ago, the impact of Section 28 still resonates through education as it is argued in the literature there is fear linked to any open discussion of sexuality other than heterosexuality in schools (Ellis & High, 2004;

Malmedie, 2012; Sauntson & Borba, 2021). Baker (2022) describes how children would have been unaware of the lack of conversation about sexuality, as even talking about the law in school may have risked being perceived as "promoting homosexuality". Furthermore, Baker (2022) suggests that this may have been experienced as an "erasure" of LGBTQ+ identity, only allowing heterosexuality to exist.

The legacy of not talking about LGBTQ+ experiences or issues within education may have influenced the author's initial perception of why LGBTQ+ students are not included in WP policy, as there is a sense of familiarity or naturalness in silence around LGBTQ+. Therefore, questions could be raised about how the legacy of Section 28 could impact the experience of other individuals in higher education and if this might impact current WP policy and enactment. The author is not suggesting that this is conscious, as until careful reflection and reading, the author had not questioned how their experience of being educated during Section 28 might have shaped any attitudes towards voicing LGBTQ+ issues in education. The author does not propose any answers here but suggests that this may be an opportunity for further research, which may provide insight into the position of LGBTQ+ within WP policy and enactment.

Conclusion

This chapter has engaged in a critical exploration of the construct of WP, viewing WP through a critical realist lens and exploring different conceptualisations of WP and how students might experience them. Next, the chapter gave two examples of WP being used as a rhetorical tool, concluding that WP has been used as part of discourse to support reduced spending rather than the stated aim of promoting equality of opportunity. Finally, the chapter explored tensions within WP, suggesting that some groups of students may have needs that could be defined as WP, but these needs are not being met. Thus, the chapter proposes more nuanced ways of describing WP, including "hidden WP" in the case of students who do not disclose a disability, "unrecognised WP" as in the case of LGBTQ+ students who have similar needs to WP students but are not currently classified as WP students. Finally, there is "unsupported WP", which refers to students with recognised WP characteristics but do not receive support using the example of low-income medical students who stop receiving means-tested bursaries in the final years of their course due to a mismatch between Student

finance regulations and the length of the medical degree. Important questions are raised about the construct of WP, what WP means, the functions of WP and if there are tensions that mean that not all students receive the support they need. Furthermore, findings from this chapter make important contributions to the aims of this thesis in terms of gaining insight into the construct of WP and what it means to be a WP student.

Chapter 6: Conclusion Chapter

Main aims and findings summary

The main aim of this study was to gain insight into how financial experiences can shape the journey of students classified as 'widening participation' through medical school. There were also secondary aims of gaining insight into the experience of medical students and greater insight into what WP means and what it means to be a WP student. The secondary aims were important because the author was inexperienced in WP study or practice and had no experience of what it is like to be a medical student.

Several steps were taken within the thesis to address the aims, including a literature review, focus group study and critical analysis of the construct of widening participation. Next, there will be a description of the main findings and how each main finding contributes to the aims of the research study. This project generated four main findings from a literature review, a focus group study and a critical analysis of WP. Firstly, the literature review and focus group identified how including medical staff and peers with no identifiable WP characters in research can give insight into the cultural and social context of the experience of widening participation. Therefore, this finding demonstrated how participant groups can provide different insights into how WP is perceived and experienced by focusing on the WP experience only or bringing in relevant others to provide a broader social context. The second finding highlighted the importance of WP perceptions of the enactment of WP, drawing on the first finding to suggest that the WP experience might be shaped by the attitudes towards WP held by staff and peers. Therefore, this gave insight into how medical students might experience WP, thus addressing the aim of increased understanding of what it is like to be a medical student and what it is like to be a WP student.

Furthermore, understanding different conceptualisations of WP gives an increased understanding of the construct of WP. Thirdly, the importance of paid employment was highlighted as a behavioural expression of financial struggles. The example of paid employment provided insight into how financial struggle impacted the student journey, both in the literature review and focus group, with students linking paid employment to reduced

opportunity for well-being and study. Furthermore, within the focus group, the concept of paid employment raised potential tensions within the construct of WP. The tensions arose as there was no clear link between WP status and the experience of financially struggling, which means that the support associated with being WP may not be applied to some students facing socioeconomic difficulty. The observation of tensions within WP led to the final finding, which raised important issues related to the construction and enactment of WP. Finally, the ideas of "hidden WP", "unrecognised WP", and "unsupported WP" were presented in response to observed tensions in the current conceptualisation of WP. The idea of "hidden", "unrecognised", and "unsupported" WP addresses tensions within widening participation that suggest problematic aspects of the conceptualisation and enactment of WP. Identifying the tensions within WP conceptualisation and enactment enabled insight to be gained about different aspects of WP conceptualisation, contributing to the main aim by identifying some financial issues. For example, medical students are classified as unsupported WP due to a mismatch in the course length and number of years that student bursaries are payable. Within this chapter, the findings will be covered in greater detail before identifying future research opportunities and exploring the strengths and limitations of the study.

How participant background shapes insight into WP

The first finding is from the literature review and focus group and relates to including medical school staff members and peers without identified WP characteristics research. The finding shows that including those who work and study with WP students could give insights not possible from including only WP students. Cleland and Fahey Palma (2018) conducted a study which gave insight into how medical staff viewed WP students, revealing a tendency to hold negative stereotypes and "other" by interviewing 26 staff from 24 medical schools. Woolf et al. (2008) conducted interviews with third-year medical students and clinical teachers using purposive sampling for ethnicity and sex, which revealed stereotypes such as Asian students being seen as poor communicators held by both staff and students. Therefore, research that involved staff and students gave insight into the cultural perceptions of WP students. The desire to gain perspectives of students who did not have any WP characteristics was extended to the focus group study, as both students with and without recognised WP characteristics were among the nine students interviewed. Including students with and without identified WP characteristics in the focus group enabled the exploration of the social context of financial experience. The social context of financial experience was related to the

finding that described how students described those whom they perceived as socioeconomically different, with participants appearing to express discomfort around socioeconomic differences. Therefore, including participants who were not identifiable as WP enabled insight into aspects of social and cultural factors that might shape the experience of medical students, including students with identifiable WP characteristics.

Further to this, including staff and peers also provided insight into how financial experiences and socioeconomic status can shape the experience of WP students; this is because financial issues can shape how WP students are perceived by staff and peers. Examples of finances shaping relationships were found in the focus group in expressions of discomfort with socioeconomic differences, and Cleland and Fahey Palma (2018) showed staff stereotyping students by socioeconomic status. Including staff and peers gives insight into indirect ways that finances can shape the experiences of WP students. The focus group study showed that perceived levels of financial resources impacted how students were perceived and described, with higher and lower levels of resources being described in ways that inferred social separation. In this way, perceived financial situations appeared to shape how students viewed each other and potentially related to each other, which means that financial status could shape social interactions. Therefore, including perspectives beyond the WP student reveals social dynamics related to financial status, illustrated in the focus group in which students expressed discomfort around socioeconomic differences. In the literature, Cleland and Fahey Palma (2018) found evidence of staff members differentiating WP students from typical medical students by highlighting their lower socioeconomic status. Therefore, studying WP by including the voices of peers and staff can give important insight into cultural and social factors related to finance that might shape their journey through medical school.

In relation to the research question, this finding suggests that there is a choice to be made about participant groups depending on the aim of the research study. The focus group study aimed to gain insight into the experience of medical students, and the inclusion of students who were not identified as WP meant insight could be gained into the social environment in which the WP students are situated. Therefore, the findings around the choice of participant groups highlighted a choice in this research study about whom to include in the focus group study and an interest in how social context shapes the student experience. In relation to the aims of the project, this finding shows that the experiences on the medical

course are shaped by the social context, which is co-created through the perceptions and interactions of students and staff.

Social and cultural factors shaping WP student experience

A second finding considered different ways of enacting WP, describing the different approaches and considering the impact that different approaches might have on students' experience. The academic/meritocratic model focuses on getting bright students into University, expecting them to adapt to university life, and the transformational model seeks to engage with and learn from student needs and values of inclusion and diversity (Jones & Thomas, 2005; Sheeran et al., 2007). Some evidence suggests that WP students might experience medical school culture as more academic/meritocratic and less transformative (Olaniyan, 2021). WP students described experiencing WP interventions as "tokenistic" alongside experiences of microaggressions, feelings of being excluded and expressed reluctance to seek help for mental health challenges (Olaniyan, 2021, p77). Social experiences within a medical school are an important consideration, not just due to the negative impacts on wellbeing but also due to evidence that social experience relates to levels of academic attainment (Montasem et al., 2023; Olaniyan, 2021). Therefore, there is an argument that to support levels of attainment in groups facing disadvantage; it is important to consider their social experience within the medical school environment.

Other research gives a broader social and cultural context to this reported experience, with literature describing peer and staff attitudes to WP that express stereotypes or "othering" (Cleland & Fahey Palma, 2018; Woolf et al., 2008), which gives insight into why WP students might not experience WP culture as being supportive and inclusive. Thus, suggesting that attempts to create a transformative WP approach may be rendered ineffective due to barriers reflected in the social and cultural context of medical school. Therefore, if the aim of WP policy and enactment is to support attainment and wellbeing in disadvantaged groups, it is important to address the social and cultural aspects of medical education that impact wellbeing and attainment. Ultimately, a transformative approach is needed to enable diverse students to feel valued and included, and this needs to be present in the medical school culture. In conclusion, the academic approach of just getting WP students through the door is not enough; what is needed is a transformational approach which embraces and learns from diversity rather than stereotyping or "othering". In relation to the study's aims, this finding

contributes to understanding the WP student experience and how the medical school environment can impact wellbeing.

The importance of paid employment in WP research

Results from the focus group highlighted how the intense demands of the medical degree made taking paid employment challenging, and therefore, term-time employment was considered to have negative impacts on student wellbeing by taking away time that a student needs to study and rest. Participants took on paid employment because they needed to support themselves financially and pay their tuition fees, something that students with family support did not need to worry about as much.

Although the literature review found a scarcity of research exploring the experience of medical students who took on term time paid employment, some findings still supported the importance of paid work in shaping the student experience. Firstly, Stuart et al. (2011) found evidence that students from a low socioeconomic background were more likely to work longer hours in paid employment, suggesting that paid employment may be relevant to the experience of WP students. The focus group findings reflected this, with paid employment being described as a way of coping with financial struggles and lack of financial support. There is also evidence that paid work can be related to lower levels of wellbeing and attainment. Callender (2008) examined the impact of paid employment on 1000 students from six UK universities, finding that term time paid employment had a negative impact on attainment, leading to grades and lower degree results.

Further, a qualitative study which interviewed 20 first-in-family students found that exhaustion caused by paid employment harmed students' ability to study (Bassett et al., 2019). The finding by Bassett et al. (2019) reflects the perceptions of the students in the focus group that having to take on paid employment would reduce their available time to rest and study. Therefore, paid employment could be an indicator and response to financial struggles experienced by a student, which could significantly impact a student's journey through medical school, thus addressing the aim of exploring the concept of WP, experience of WP and the intersection of WP and socioeconomic status. However, the focus group findings also suggested a lack of evidence that there might not be a link between being WP and having to take on paid employment due to financial struggles, which means that WP might not correctly identify financial struggles. Thus, this finding raises questions about the intersection

between having low socioeconomic status and being classified as WP. Furthermore, this raised questions about the utility of the conceptualisation of the WP status of "low socioeconomic status", which is further developed in the next main finding related to "hidden", "unsupported", and "unrecognised" WP.

WP, "hidden WP", "unsupported WP", and "unrecognised" WP

The idea emerged due to tensions noted within the definition of WP and questions around how well it encapsulated the experience of disadvantage in medical students. An example of such tension is related to the finding related to paid employment as a behavioural expression of financial struggles. The tension in the focus group involved the observation that students engaged in paid employment due to financial struggles. However, not all students in this situation were recognised as widening participation, which raised the possibility that WP might not include students facing real financial struggles. The realisation that WP might exclude students who require support due to socioeconomic disadvantage led to considering other tensions within WP, a description of which will follow. The exploration of the tensions within WP presents an alternative to considering WP as a binary construct which only considers the presence or absence of WP characteristics. Alternatively, these findings suggest that WP can be considered in a more nuanced way as "hidden WP", "unrecognised", and "unsupported WP". "Hidden WP" refers to students who have recognised WP characteristics, but either issues around measurement or students not declaring status means their WP status is not recognised. Unrecognised WP represents groups of students who are not recognised as WP despite experiencing similar disadvantages to students with recognised WP characteristics. Finally, "unsupported WP" refers to groups of students who are recognised as WP but do not receive the support that other students with their characteristics enjoy.

Hidden WP the example of disability and socioeconomic status

The idea of "Hidden WP" refers to WP characteristics that are recognised as WP but for various reasons not declared; an example is disabled students who may not declare their disability due to fear of being stigmatised or that fitness to practice procedures might endanger their career (Chew-Graham et al., 2003, Winter et al., 2017a). The idea that disabled students might "hide" their WP status leads to the possibility that disability-related needs may go unrecognised and unsupported, negatively affecting wellbeing and attainment (Shaw, 2020). Therefore, medical school culture may need to be addressed to enable disabled

students to feel confident about declaring their needs and seeking support. Students from low socioeconomic backgrounds may represent unrecognised WP; this is linked to questions raised earlier as to whether financially struggling students are necessarily recognised as WP. Furthermore, tensions around the construct of WP and socioeconomic status are caused by the imperfect measures of socioeconomic status that can lead to students who face socioeconomic disadvantages not being recognised as WP (Steven, 2016). Therefore, students who are disadvantaged due to their financial status are not recognised as WP, either from having an income marginally over the threshold or not applying for benefits such as FSM (Boliver et al., 2022; Gorard et al., 2019; Steven et al., 2016).

LGBTQ+ as "unrecognised WP"

LGBTQ+ students represent a group who may be considered as "unrecognised WP". The claim that LGBTQ+ students are unrecognised WP is supported by evidence that highlights lower rates of continuation and attainment as well as experience of prejudice discrimination in higher education (Callander, 2020; Ellis, 2009; McAfee et al., 2023; Trimble, 2019). The example of LGBTQ+ challenges the idea that groups are included under WP due to being underrepresented, having lower levels of attainment, or having experiences of prejudice, as highlighted in the literature review (Tso, 2018; Woolf, 2008). LGBTQ+ students represent a group of students who are "unrecognised WP". There is evidence that LGBTQ+ students face similar disadvantages to other recognised WP groups in terms of lower rates of continuation and attainment (Callander, 2020; McAfee et al., 2023; Trimble, 2019). Furthermore, LGBTQ+ students may represent a group that deserves targeted support; this is because of the high levels of estrangement from family, mental health challenges, and discrimination (BMA, 2023; Pitman et al., 2022; Russel, 2022b; Stonewall, 2019). Therefore, LGBTQ+ form an important intersection of the WP groups of disabled and estranged students (Duran et al., 2020). It is unclear why, despite evidence of disadvantage, LGBTQ+ students are not considered within WP; however, questions were raised within the critical analysis chapter regarding "Section 28" and the historical notion of silence on the matter of LGBTQ+ issues within education (Baker, 2022; Department of Education and Science, 1988). Regarding the project aims, the example of LGBTQ+ raises questions about what it means to be WP and why particular groups are regarded as WP.

Unsupported WP

Finally, some students are recognised as WP, but due to the design of the funding system, they do not receive financial support, making them "unsupported WP". One example of students not receiving the support associated with their WP status is caused by a mismatch between the length of the medical degree and the student funding system. The financial support offered by student finance is limited to 4 years, including payment of any WP bursary. After the four-year period of support from student finance ends, medical students are funded by the NHS, which is important because the financial support offered by the NHS is significantly lower than the student loan. Therefore, the amount of money students have to live on decreases during the degree, leaving some students especially vulnerable to financial struggles. Furthermore, WP students who took the gateway route, which is six years rather than five, have two years of studying after payment of their WP bursary ends and face two years of significantly reduced income. Consequently, WP students who received a student bursary in the first four years of their degree can be considered "unsupported WP" because they are recognised as WP status, but the support does not last the length of the course (UEA, 2019).

The idea of hidden, unsupported, and unrecognised WP raises questions about the conceptualisation and potential experience of WP in medical school that contribute towards different aims of the project. The project aims include gaining insight into what WP is and what it is like to be a WP student; this suggests that not all students with potentially identifiable WP characteristics are getting support. Therefore, the experience or potential experience of being a WP student is shaped by how the construct is defined and measured. Furthermore, the financial aspects of being a WP student are shaped by the design and boundaries of student finance, such as the number of years bursaries are payable. Therefore, challenges can be made to the conceptualisation of WP, highlighting tensions which could shape the experience and impact whether students receive recognition and support as WP.

Implications of findings

The findings related to the inclusion of staff and peers without identified WP characteristics contribute a new perspective on WP research. Including participants with no identified WP characteristics in WP research provides a social and cultural context to experience that can give insight into the social experience of WP students; see Krstić et al.

(2021), in which WP students describe feeling as if they do not fit in. A finding suggests that WP students might benefit from intervention to help them improve their sense of belonging. However, the insights gained from studies that include peers and staff who work with WP students suggest that fitting in or not fitting could be related to social and cultural environments that stereotype WP students (e.g. Woolf, 2008) or in which there is discomfort around socioeconomic difference as found in the focus group study conducted for the thesis. Understanding the social and cultural factors that shape a WP student's social experience could suggest that it is not the WP student who needs to be targeted but rather the social and cultural environment, including attitudes that lead to stereotyping and lack of social inclusion. Furthermore, it is proposed that social and cultural factors may shape financial experiences. For example, being differentiated due to financial status, as seen in the focus group findings and research by Cleland and Fahey Palma (2018), in which students from low socioeconomic backgrounds were stereotyped and othered. This theme draws on literature but extends the idea of staff and peer comparison by considering the strategic benefits of understanding the WP student experience. Therefore, it is essential to include the perspective of peers and staff members who work and study with students who can be classified as WP to gain contextual insight into social and cultural factors that may shape WP experience and financial experiences.

The second finding focused on how students experience the enactment of WP in an institution, suggesting that a transformative approach is needed in which students genuinely perceive that they are included (Jones & Thomas, 2005; Olaniyan, 2021; Sheeran et al., 2007). Thus, it is important to do more than get students into University to perform widening participation; they must also feel genuinely supported and included. Therefore, the experience of WP needs to be considered within their social context, as relationships with staff and fellow students may shape the effectiveness of WP intervention. For example, a WP intervention's aim might enable students to gain a sense of belonging. In that case, it is important to be aware of social and cultural factors that may impact this, for example, negative attitudes from staff or students caused by a sense of "discomfort with difference" as noted in the focus group, or WP characteristics being negatively stereotyped as observed in Woolf et al., (2008) and Cleland and Fahey Palma, (2018). This finding contributes to the understanding of WP by creating a connection between student experience, enactment of WP and the social or cultural context of the medical school. Therefore, research could explore how social and cultural factors influence the enactment of WP within medical education. The

idea that staff and peers might shape the experience of WP students is not new in the literature; however, this extends the idea to considering that peers and staff might shape the experience of WP students by shaping how WP is enacted within the medical school. Therefore, future research could consider how staff and peers shape the enactment of WP and what this means for the WP experience within the medical school.

Further, research must explore how WP students experience WP enactment and how the WP student experience may or may not align with institutional perspectives. Identifying how students classified as WP experience interventions and aspects of the University's cultural or social environment that may impede the success of WP intervention is important because this allows the institution to improve WP intervention and create better opportunities to support student success. The third finding highlighted the importance of paid employment as a way financial experiences might shape the WP student journey. The focus group data showed that paid employment was perceived as having a significant impact on medical students' wellbeing and opportunity to study, meaning it could significantly impact wellbeing and attainment. There is minimal research relating to medical students taking on paid employment, but what there is mirrors the findings from the focus group data (for example, see Callender (2008) and Bassett et al. (2019)), suggesting that this is an important and significant research opportunity. However, this thesis adds to the conceptual understanding of the impact of paid employment by contributing to the varied perceptions of peers who interact with students who engage in paid employment, as presented in the focus group study. Therefore, social, and cultural factors may shape the experience of students who engage in paid employment, with the focus group reporting a range of responses, including sympathy, discomfort talking about it, and admiration. However, as this was based on a small data sample, further research exploring paid employment in medical students could give improved insight into the social and cultural context of paid employment in medical students.

This study suggests that paid employment can be seen as a behavioural expression of financial struggle and could be an objective way to identify students facing financial difficulties. Therefore, paid employment is an alternative way to identify students who are in financial difficulty as it is entirely based on the individual student context rather than on socioeconomic status measures, which are potentially problematic (Steven et al., 2016). Furthermore, this provides opportunities for study, as the experience and impact of paid

employment can be approached from multiple perspectives. Furthermore, the characteristics of students who take on paid employment could be researched to see if financially struggling students come from a WP background; this is important because it will test if WP as a construct fully covers the experience of financial struggles.

The final theme proposes new ways of conceptualising WP, instead of the binary, as "hidden WP", "unrecognised WP", and "unsupported WP", thus making an original contribution to the evidence base. The idea of hidden, unrecognised, and unsupported WP builds on existing literature that has considered educational attainment (BMA, 2023; Pitman et al., 2022; Russel, 2022b; Stonewall, 2019) and literature that highlights limitations in the measurement of socioeconomic status (Steven et al., 2016). This nuanced way of conceptualising WP represents an original contribution to WP theory, providing a way of considering tensions within the construction and operationalisation of WP. WP is recognised within this thesis as an evolving construct, so recognising the tensions within WP and ways that students can be included or excluded from support may help inform improvements and lead to WP evolving in a way that effectively supports students as intended.

Future research could build on the conceptualisations by exploring the experience of the groups described in more detail; for example, there is only a small amount of research on the attainment of LGBTQ+ students and even less on the experience of LGBTQ+ medical students. Furthermore, the extent of students not declaring disability or who are financially struggling but not counted by measures of socioeconomic status could be research opportunities; this will give insight into students who should be getting support but are not.

Is WP a useful construct?

Considering these themes all together raises an important question about WP and whether it is a useful construct. However, it will be acknowledged that despite the tensions and issues raised, WP as a term will still be necessary due to the requirement of the Access and Participation plan as set out by the Office for Students (OfS, 2023). Furthermore, WP will likely continue to be an evolving construct, as the landscape of HE and WP policy continues to develop. Two examples of changes that are likely to impact the conceptualisation and enactment of WP are the "Equality of Opportunity Risk Register" and the introduction of Medical doctor apprenticeships as a route to qualifying as an NHS doctor. The Equality of Opportunity Risk Register appears to acknowledge WP in a more nuanced

way and requires universities to examine multiple factors related to different stages of university life that could impede success (OfS, 2023e). The introduction of Medical Doctor Apprenticeships is also likely to have an impact on medical education, including WP policy and enactment. Apprenticeships provide an alternative to University, with a five-year training route at the end of which, if successful, the apprentice will be a qualified doctor (Morgan et al., 2023). The new apprenticeships are being promoted to increase diversity within medicine because, unlike the university route, apprentices will be paid a salary and not have to pay tuition fees, so it is viewed as a more financially accessible route to medical training (Morgan et al., 2023). However, despite the planned pilot programs starting as soon as 2024, important unknowns will impact the potential for these schemes to contribute to widening participation and diversity in medicine (Morgan et al, 2023). For example, no published data outlines how contextual data might be used in the admissions process, so how the scheme will support WP is unknown (Morgan et al., 2023). Therefore, changes to WP policy and training routes to becoming a doctor mean that the future of WP in medical training is uncertain and that WP as a concept will continue to evolve.

The first two findings focus on the social and cultural context rather than student characteristics and highlight social and cultural context aspects that could shape the WP student experience. The third finding focuses on the impact of paid employment as a behavioural response to financial struggles but questions if the experience of taking on paid employment is something exclusive to WP students. The fourth finding explored some of the tensions within widening participation, suggesting that there are groups of students whose needs are hidden, unrecognised, and unsupported due to how WP is conceptualised and enacted.

WP focus on participant characteristics or social context?

These points question whether student characteristics should be the focus or if the focus should be on the social and cultural factors that shape the WP experience. In other words, is the challenge related to WP within the WP students or the attitudes expressed by peers and staff that suggest "othering" and stereotyping (Cleland & Fahey Palma, 2018; Woolf et al., 2008). Further to this, there is the question as to how effectively the current construct of WP students includes all students who are facing disadvantage and evidence

from finding four suggests that not all disadvantaged students are included within the label of WP. A quote from Cook et al. (2012) illustrates an alternative approach.

"A final thought remains. It has been suggested that disabled students serve as 'canaries in a mine' in that their plight represents the difficulties faced by other students, but their issues present more quickly and more noticeably. Research with students with disabilities and health issues should give an improved understanding of the barriers to education that affect the whole cohort. Their needs should be seen as belonging to an overall continuum of requirement for student support, rather than as separate from it." (Cook et al., 2012, p573)

This quote suggests that structures put in place to help disabled students (a group included under the current categorisation of WP) can also benefit the whole medical cohort, so the focus should be on supporting students more globally (Cook et al., 2012). An example of this would be action to address factors that cause students to be reluctant to seek help for mental health needs (Chew-Graham et al., 2003; Winter et al., 2017a), with this quote suggesting that this could potentially enable the whole cohort to seek help in times of need. Therefore, there are challenges within the current conceptualisation of WP, which focuses on student characteristics and findings from this study suggest that alternative conceptualisations must be considered.

Limitations

One important part of research is to acknowledge limitations, so this section will describe the limitations of the literature review and focus group study. The literature review had several limitations; one example is having only one reviewer. Studies often have more than one reviewer, as this helps reduce bias associated with article selection and screening and the number of errors (University of Exeter, 2023). Further, it was a review conducted in a short time, so no grey literature was included; this means the review could be missing relevant data that might not have been published (Paez, 2017). Unpublished data could include university-produced research on WP that might not be commercially available. The focus group contained several limitations related to the sample selection and running a focus group online due to COVID-19 and general limitations associated with focus groups. Furthermore, the focus groups ran within this study were the author's first experience of planning, running, and analysing focus groups. A combination of reflection, the academic

literature and feedback from the project supervisory team has enabled an awareness of how the process can be improved. An example of a reflexive process will be given next. A reflexive approach is important because the analysis method used was thematic analysis as constructed by Braun and Clarke (2022), and this approach necessitates the researcher to take a reflexive and questioning approach not only to the data but to how the research approaches the whole research project. Furthermore, reflexivity allows a researcher to demonstrate transparency by demonstrating the research journey and how analysis challenges were worked out (Soedirgo & Glas, 2020; Tracy & Hinrichs, 2017). Reflexivity has been a useful tool within this project; this chapter will present an example of reflexivity around perceived insider and outsider status that enabled positive development in data analysis.

Reflexivity

Reflexivity is the process of researcher introspection to identify factors that may influence the research process, including experience, identity, and background (Bukamal, 2022). The first consideration is positionality, which refers to how the characteristics of the researcher and participants might place the researcher in an insider or outsider position (Braun & Clarke, 2013; Bukamal, 2022). The author is a politically left-wing white British female in her mid-forties studying for a higher research degree and has a rather insecure need to be liked. The author has characteristics that meet the description of WP due to having a specific learning disability, mental health challenges and caring responsibilities for disabled children. Furthermore, the author has experience studying for a health professional degree but not completing it due to difficulties related to disability. In comparison, the focus group participants were medical students: five were white, three were from non-white ethnic backgrounds, six females and three males were all aged under 25; a couple disclosed potential WP characteristics, including a disability and receiving a bursary from the University. Insider and outsider positions can be defined by considering the attributes or identities of the researcher and participant and considering the similarities and differences (Braun & Clarke, 2013; Bukamal, 2022). Therefore, a researcher who shares important attributes can be considered an insider, whereas a researcher who does not share important attributes would be considered an 'outsider' (Braun & Clarke, 2013; Bukamal, 2022). The initial position was the perception that the shared experience of being a student in the medical school might create insider status because it involved the perception of a shared identity as a student in the school of medicine. The perception of insider and outsider positions shifted

through the project, influencing the interpretation of the data. One interpretation of insider status, Merton (1972) (cited in Hellawell (2006)) describes insider status as someone who possesses "a priori intimate knowledge of the community and members" p484.

Therefore, having knowledge about medicine being a part of the medical school meant having insight or knowledge about the medical degree and what it was like to work in the school of medicine. However, further reflection raised questions about the assumption of insider status. Bukamal (2022) proposes that the participant's perception of the researcher's positionality might differ from the researcher's perception, so the assumption of insider status might not be shared by the participants. For example, the author is considerably older than the students and not a medical student, so they likely experienced the researcher from an outsider's perspective. Realising that the participants might perceive outsider status was important and impacted the data analysis. The presumption of insider was accompanied by a sense of 'overidentification' with the data; this reduced my ability to see beyond the description and analyse meaning and context. Therefore, the shift in positionality to a more outsider status helped create distance, enabling a deeper, more nuanced reading and an increasing ability to ask naive questions and acknowledge different perspectives (Marcoux Rouleau, 2023). The quote below, from the focus group transcript, illustrates how the shift in positionality created an altered understanding of the research data.

"I think that's one thing, especially with medical students were so many there is constantly advertisement buy this resource buy this resource, I think, knowing that there's some people out there who can buy it at the drop of a hat, it can help them do better I think that's something financial that plays on my mind actually like I can't just afford to do that, and I think there are people who can afford to do that makes me worried that they're going to do better than me just because they can afford to do this course sort of thing." Betty FG2

From an 'insider' perspective, this quote was read unquestioningly as a report of social inequality that felt quite unfair, a stance impacted by a bias towards left-wing politics. Furthermore, there was a need to acknowledge the experience of class-based anxiety. Furthermore, growing up in a family that envied and aspired to wealth and feared poverty shaped how the focus group data was perceived. For example, class-based bias led to overidentification with a student who expressed similar class-based attitudes. Reay (1996) notes that reflexivity related to class differences can be uncomfortable, so class-based envy and contempt are often avoided within the research process. It was not pleasant admitting the

experiences of bias due to class-based fears, but in blocking or denying the feelings, there was a consequential blocking or denying of data related to the sense of discomfort. After reflection and input from the project supervisory team, a more questioning approach began, which led to a shift towards an outsider perspective. Adopting an 'outsider' perspective enabled a refocusing on the study aims and a reading of the data in a more purposive way. This experience illustrates positive aspects of Braun and Clarke's (2022) thematic analysis approach as it is not a single journey through a series of steps but rather an iterative process that allows for multiple cycles through the interpretation of the data and conceptualises analysis as a learning process. Therefore, rather than being experienced as a 'mistake', the shifting assumption felt like engaging with the process and growing as a researcher.

The outsider status used in conjunction with the stages of Braun and Clarke's (2022) approach to thematic analysis enabled a more interrogative approach to the data and a curiosity about different perspectives. The analysis started to consider what Betty described in a way that explored her experience and the students she described. The previous approach had been influenced by a moralistic mindset of financial inequality being wrong rather than appreciating the experience in the context of medical school and especially the financial context of medical school. Therefore, the challenge was to explore the idea of being bombarded by offers of resources to buy and how students from different backgrounds and socioeconomic groups might experience this. Consequently, there was a process of mentally "zooming out" to try and appreciate the culture and the environment and maybe consider the medical school as a sort of marketplace which gave people the chance to make money. Thus, the interpretation of the quote developed from the idea of the participant talking about unfairness to the participant describing students as part of a financial system; this led to an ability to reread other sections of data and consider the student's relationship and responsibilities with money, for example, "purchasing their course" through tuition fees. Ultimately, embracing the outsider position enabled a more nuanced reading of the data, a different perspective on data about student relationship with money and the development of the theme "student as consumer".

The focus group was held in May 2021 and had to be held online to adapt to the legal restrictions designed to slow the spread of the COVID-19 virus. Online focus groups are thought to impact group communication as participants can experience online communication

as tiring, and the delay associated with audio-visual transmission can disrupt turn-taking, making aspects of communication more challenging (Boland et al., 2022). Therefore, a potential limitation was that the focus group was conducted online rather than face-to-face. Furthermore, the group size was a potential limitation; the literature suggests that there is no correct size for focus groups (Carlsen & Glenton, 2011; Glenton & Carlsen, 2019). However, the sample size involved two focus groups, one with four and one with five, so a total of nine, and the discussion was dominated by a few voices (Smithson, 2000), which is reflected in the data analysis. There was an attempt to bring out as many different voices as possible to achieve multivocality; however, it was difficult to bring out the different voices evenly, so there were limits regarding multivocality (Tracy & Hinrichs, 2017). Therefore, a larger sample size would have enabled a larger variety of voices to be heard, which may have shaped the data and analysis differently. Another limitation is that the study focused on only one medical school in one higher education institution. Therefore, the findings might reflect the culture of the University studied and not be transferable to another university setting. Furthermore, the participant demographic information was not matched with the data; this means it is impossible to identify who in the focus group has identifiable WP characteristics. The focus group study took place during the Covid-19 pandemic, and the experiences of the pandemic may have shaped the student's responses.

Reflection on Methodology

The choice of method, in this case, focus groups, analysed using thematic analysis, was informed by the epistemological lens of critical realism, which was informed by the study aims. The decision process will be explained next. The study aimed to gain insight and understanding into how students experience the world of medical school, which is likely to be complex and influenced by multiple internal and external factors, for example, the student's family situation or personal characteristics (Al-Ababneh, 2020; Braun & Clarke, 2022). Therefore, the data will collect a participant's interpretation of their experience rather than an objective reality; this means the project will not claim to find an objective reality that can be measured objectively (Al-Ababneh, 2020). Therefore, this project does not sit under a positivist approach, as the positivist approach is about objectively measuring data that is seen to exist within an objective reality (Park et al., 2020). Therefore, an alternative approach to positivism is required. The selection of critical realism was guided by how medical school was viewed from an ontological and epistemological perspective.

Philosophical background

Within this project, the medical school will be regarded as ontologically real because the impacts of attending medical school exist outside the mind of the students being studied, and the existence of medical school has a real impact on the students' lives, for example having to study and pass exams (Buch-Hansen & Nielsen, 2020; Pilgrim, 2019; Tomlinson, 2023). Epistemological stances relate to how knowledge is generated, so under a relativist epistemological stance, medical school experience is filtered through an individual's unique experience and interpretation (Fletcher, 2017). Therefore, from a critical realist perspective, medical school will be regarded as a construct that exists, but the nature of which is shaped by the experiences of individual students.

Reflection on understanding of WP

Throughout the project, the author's understanding and perception of WP have evolved from a simple concrete truth to something confusing and messy, with many interpretations and a pragmatic approach. At the start of the project, WP was understood as an objective fact, something binary and easily measurable. Patterns of inconsistency started to emerge, such as discussions around whether first-in-family students were widening participation (Boliver et al., 2022). The criteria for considering a group to be WP might be inconsistently applied within HE, for example, LGBTQ+ students. The criteria for being considered under WP are membership of a group that experiences one or more of the following: lower attainment rates, being underrepresented in HE or experiencing prejudice and discrimination (NHS, 2014; OfS, 2023a). There is evidence that LBGTQ+ students experience higher rates of dropout, lower rates of continuation and lower rates of attainment (Callander, 2020; McAfee et al., 2023; Trimble, 2019). However, despite fitting the criteria, LBGTQ+ students are not considered under the main WP policy. At first, these inconsistencies and others not discussed here led to feelings of confusion, then a decision was made to embrace WP as a messy concept, and there was a move away from a positivist realist stance to a more critical realist stance in which many understandings and definitions of WP became possible.

The next major shift in the perception of WP was pragmatic. It was important to communicate definitions of WP through the thesis – however, as the conclusion was reached that there was no one perfect definition of WP, giving a simple definition became challenging. In response to the challenge of defining WP, a pragmatic approach was taken; for example, the definition of WP in the literature review chapter was shaped by the search terms in Krstić et al. (2021) and a desire to have a broad definition that could pick up on any available and relevant literature. Using the construct of WP in this way and reflecting on the experience brought a new dimension to an understanding of WP as a tool that can be constructed to achieve a goal – in this case, performing a broad literature search. In this way, the author's understanding of WP has evolved and changed; it has been a sometimes-difficult experience as moving from concrete truth to embracing the mess meant dealing with uncertainty. However, the journey was worth it and enabled an appreciation of WP's complex and sometimes contradictory construction.

Methodological selection

The focus group within this study was analysed using thematic analysis. Some of the limitations of focus groups have been outlined above, so this section will consider what focus groups and thematic analysis contributed to the study. The project aimed to gain insight into how the financial experiences of WP students shape the journey of students through medical school. The focus group aimed to give insight into the experience of being a medical student, focusing on financial and social experiences. The students in the study served as a panel of "experts" who engaged in a group discussion so that data could be collected about their experiences and perceptions of life as medical students (Acocella, 2012; Office for Health Improvement and Disparities, 2020; Kitzinger, 1995). The focus group method gave insights into the student experience in a way that single interviews may not have; this is because the topic was developed via students responding to each other's contributions, sometimes agreeing, sometimes building on and sometimes disagreeing, thus demonstrating how focus groups can engage group processes to obtain data (Acocella, 2012; Kitzinger, 1995).

The data analysis method chosen for the focus group was Braun and Clarke's (2022) reflexive thematic analysis. Reflexive thematic analysis was used because the step-by-step guidelines made it accessible and suitable for a researcher in the early stages of a research career (Braun & Clarke, 2022; Nowell et al., 2017). Another aspect of Braun and Clarke's thematic analysis method is that it supports the learning process. The thematic analysis process supports the learning process as mistakes and improvement appear to be built into the method; this is because their method is considered an iterative process, which means that a researcher can build, test and reject themes or codes that do not work, so it is assumed a researcher develops their understanding over time and will not get it right the first time (Braun & Clarke, 2022). Furthermore, reflexive thematic analysis offers a theoretically flexible approach, which means that the analysis approach can be modified to suit the context of the study (Braun & Clarke, 2006; Nowell et al., 2017). Finally, thematic analysis offers a method of finding patterns across data that can generate unanticipated results, as was demonstrated by the unexpected finding related to paid employment (Braun & Clarke, 2022).

The use of focus groups and thematic analysis can be compared to an open system of enquiry rather than a closed system of enquiry, which is related to the type of enquiry used in critical realism (Buch-Hansen & Nielsen, 2020). A closed system of enquiry utilises a limited range of pre-set variables and, therefore, is suitable for studies which seek to test "causal" relationships, for example, testing the impact of gravity by measuring how quickly objects fall from a precise height onto the ground (Bhaskar, 2002 cited in Buch-Hansen and Nielsen (2020)). In contrast, an open enquiry system recognises that experience can be impacted by many observable and unobservable factors (Buch-Hansen & Nielsen, 2020). As one of the characteristics of both the focus group and thematic analysis is that they are open to unexpected findings as they both recognise that different internal and external influences shape human behaviour, these approaches can be said to fit well with a critical realist perspective (Braun & Clarke, 2022; Breen, 2006)

Conclusion

Students who are 'identified' as WP appear to face disadvantages in medical education, with certain groups being underrepresented, facing discrimination and lower levels of attainment (Mathers & Parry, 2009; Montasem et al., 2023; Woolf et al., 2008). There is a drive to address the disadvantages that WP students face in medical education and to help a more diverse range of students succeed and become doctors (BMA, 2015; BMA, 2023; OfS,

2023d). Further, there is an interest in WP research within higher education as the organisation that oversees higher education requires institutions to produce evidence-based plans to support WP students (OfS, 2023c). Therefore, there is interest in research that contributes to the somewhat sparse literature which explores the experience of medical students from a WP background. This study makes two main contributions: firstly, the consideration of paid employment as a behavioural expression of financial struggle that can significantly shape the journey of WP students through medical school. Secondly, this project would like to suggest a "widening" of WP research in response to findings that highlighted tensions in the enactment and conceptualisation of WP. Widening the research process would involve considering WP students' experience of WP enactment and how the attitudes of staff and peers might impact this. Exploring the role of staff and peers in the WP experience means focusing research on the voices of WP students as well as the staff and students who work and study with them. This project also presents a "widening" of the construct of widening participation, considering three categories of WP students, including "hidden WP", "unrecognised WP", and "unsupported WP". Therefore, this project has made important contributions to the literature relating to WP and made several suggestions for research that could further expand understanding.

Finally, returning to the aims of the thesis, findings give insight into the financial aspects of the student journey and raised questions about the relationship between WP and socioeconomic status. Examples of findings that raised questions were the importance of paid work found in the literature review and focus group; and the sense of discomfort that focus group participants expressed around socioeconomic differences; and factors related to the conceptualisation of WP in higher education, namely how socioeconomic status is measured and defined. These findings raise questions about the conceptualisation of WP, who it includes and supports, and how low socioeconomic status and WP status might not intersect. Other findings questioned the usefulness of the construct of WP, suggesting that tensions within the construct may mean that students who might qualify for WP support are not getting it. In conclusion, the thesis utilised a shift of focus, moving the focus away from the characteristics of WP students and towards examining the social context in which WP status is constructed.

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Appendices

Appendix A – Inclusion and exclusion for literature search

Inclusion	Exclusion	Justification
Post-2000	Pre-2000	Following criteria of (Krstić et al., 2021b)
Journal articles with primary research	Literature that was not journal articles with primary research	Needed it to be a research study to address questions and gain insight
Articles written in English language	Articles written in languages other than English	No translation so could not extract meaningful data.
Article must explore the experience of medical students (mixed discipline participants must be 50% or more who have experienced a medical degree) or staff describing perceptions of medical students.	Articles which do not consider medical student experience and include medical staff or 50% of students who have experienced a medical degree in the participant group.	The article must focus on medical school students' experiences to address the review's aims.
Article includes consideration of medical student experience	Article does not include consideration of medical student experience	Focus of thesis is on medical student experience
Article includes consideration of students who can be identified as WP via background, characteristics or experience as per OfS (2023)	Articles not related to WP	The thesis focuses on students who can be identified as WP via background, characteristics or experience.
Article reporting intervention not universally practised (e.g. bursaries for low-income students) unless pre-intervention qualitative information is provided	Article only reporting impact of intervention	The thesis aim is to explore the broad experience of medical students to gain background understanding rather than looking at the impact of an intervention.
Articles with a purely qualitative approach	Articles with a quantitative or mixed method approach	This review focuses on the experience of WP students

		disclosed through qualitative accounts.
Article includes consideration or description of factors that may shape the experience of WP students through medical education.	Articles that explore factors unrelated to a student's journey through medical school, for example, only exploring recruitment into medical school.	This review looks explicitly for evidence of student experience while they are in medical school, not experience prior to or experience after the degree.

Appendix B - Included search terms

Included Subject terms	Search field
‘medical school’ or ‘medical student*’ or ‘medical education’ or ‘student doctor*’ or medicine or medical or student or students	Title
experience or "academic performance" or gender or "educational climate" or dyslexia or discrimination or "differential attainment" or mature* or Social class or socioeconomic factors or socioeconomic* or ‘socio-economic*’ ‘Ethnic minority*’ or ‘Index of multiple deprivation’ or ‘POLAR3’ or ‘POLAR4’ or ‘care leaver*’ or ‘low participation’ or ‘disability*’ or disabled or traveller* or refugee* or ‘multiple equity measure’ or ‘state school’ or deprivation or ‘first in family’ or ‘free school meals’ or ‘young carer’ or BME or ‘social class’ or underrepresented or ‘ethnic origin’ or ‘first-in-family’ or sociodemographic* or ‘state education’ or ‘widening access’ or ‘under-represented’ or ‘under-resourced’ or ‘widening participation’ or finance or financial or debt or money or “working-class or “working class” or ethnic or ethnicity	Title
qualitative research or qualitative study or qualitative methods or interview	
UK or United Kingdom or Britain or England or Wales or Scotland or Northern Ireland or British or Welsh or English or Scottish or Irish	

Appendix C – list of excluded articles and why

Citation	Reason for exclusion
(Babaria et al., 2012)	This was a study based in the US not the UK
(Cleland et al., 2015)	This was only about the selection process and not about the experience of medical students during the medical degree
(Hawick, Cleland and Kitto, 2018)	This was not about WP students
(McHarg, Mattick and Knight, 2007)	This was about applying to university and not the experience during medical school
(Murdoch-Eaton and Sargeant, 2012)	This is a mixed methods study – so needs to be excluded
(Patel et al., 2015)	This is not really about WP
(Mathers and Parry, 2010)	This is about entry not experience on course

(Nicholson and Cleland, 2017)	This is an amalgamation of two studies focused on applying to university (Cleland and Nicholson, 2013) and (Cleland and Medhi, 2015) – Nicholson, (2013) is a thesis so not included.
(Rees et al., 2022)	This paper was more than 50% non-medical students (35 applicants and 31 first year medical students)

Appendix D – List of included articles

Paper	Included studies	Title
1	(Alagha and Jones, 2021)	Listening to student voice-understanding student and faculty experience at two UK graduate entry programmes
2	(Bassett et al., 2019)	The experiences of medical students from First-in-Family (FiF) university backgrounds: a Bourdieusian perspective from one English medical school
3	(Bassett et al., 2018)	Transitional journeys into, and through medical education for First-in-Family (FiF) students: a qualitative interview study.
4	(Brown et al., 2020)	'Too male, too pale, too stale': a qualitative exploration of student experiences of gender bias within medical education
5	(Chew-Graham et al., 2003)	'I wouldn't want it on my CV or their records': medical students' experiences of help-seeking for mental health problems.

6	(Claridge et al., 2018)	The ethnicity attainment gap among medical and biomedical science students: a qualitative study.
7	(Claridge and Ussher, 2019)	Does financial support for medical students from low income families make a difference? A qualitative evaluation.
8	(Cleland and Fahey Palma, 2018)	"Aspirations of people who come from state education are different": how language reflects social exclusion in medical education.
9	(Curtis et al., 2021)	Challenging the deficit discourse in medical schools through reverse mentoring—using discourse analysis to explore staff perceptions of under-represented medical students.
10	(Ibrahim and Riley, 2023)	Female Medical Students' Experiences of Sexism during Clinical Placements: A Qualitative Study. *Healthcare*
11	(Drinkwater et al., 2008)	The effect of gender on medical students' aspirations: A qualitative study

12	(Jasmin and Binnie, 2020)	The lived experience of stress in British South-Asian medical students and junior doctors
13	(Lempp and Seale, 2006)	Medical students' perceptions in relation to ethnicity and gender: a qualitative study
14	(Mathers and Parry, 2009)	Why are there so few working-class applicants to medical schools? Learning from the success stories.
15	(Morrison et al., 2019)	Student perspectives on barriers to performance for black and minority ethnic graduate-entry medical students: a qualitative study in a West Midlands medical school
16	(Nicholson, 2002)	'So you row, do you? You don't look like a rower.' An account of medical students' experience of sexism.
17	(Rapport et al., 2009)	What influences student experience of Graduate Entry Medicine? Qualitative findings from Swansea School of Medicine

18	(Roberts et al., 2008)	Students' perceptions of race, ethnicity and culture at two UK medical schools: a qualitative study
19	(Samuriwo et al., 2020)	'Man up': Medical students' perceptions of gender and learning in clinical practice: A qualitative study.
20	(Seabrook, 2004)	Clinical students' initial reports of the educational climate in a single medical school. *Medical Education,*
21	(Shaw and Anderson, 2018)	The experiences of medical students with dyslexia: An interpretive phenomenological study
22	(Tso, 2018)	Disabled graduate-entry medical student experience.
23	(Winter et al., 2017b)	A Qualitative Exploration of the Help-Seeking Behaviors of Students Who Experience Psychological Distress Around Assessment at Medical School

24	(Woolf et al., 2008)	Ethnic stereotypes and the underachievement of UK medical students from ethnic minorities: qualitative study.

Appendix E – primary data extraction table

Reference	WP characteristics	WP Participant characteristics	Study approach	main findings	Participant characteristics - WP, WP peer, staff	Financially related findings?
(Alagha and Jones, 2021)	Mature student (underrepresented)	Mixture of staff and students - 15 students and 3 medical school staff	Triangulated approach with case studies and semi-structured interviews - grounded theory - includes reflexivity	Need to adapt graduate course to meet needs of graduate learners - Strengths that mature students have need to be acknowledged (self-regulation, and self-direct learning) - Recognition of geographical, social and emotional dimensions of learning environment	WP only (this study does include staff, however the results from staff interviews do not cover factors that shape student experience - so only the student interviews are being considered)	Yes

(Bassett et al., 2019)	First in family (underrepresented)	20 first in family medical students	interviews thematically analysed through lens of Bourdieu's forms of capital	Medical school was financial challenge – paid work had negative impact on learning and health - Social division based on educational background	WP only	Yes
(Bassett et al., 2018)	First in family (underrepresented)	20 first in family medical students	interviews - analysed using interpretivist epistemological perspective - thematic analysis	The issue of fitting in - Status going up from studying for an elite degree - Some sacrifices to own health	WP only	Yes
(Brown et al., 2020)	Gender (lower attainment)	41 mixed gender and ethnicity – also 9 faculty members (but staff results not about student experience)	interviews - constructivist thematic analysis	Gender bias during medical education impacts career aspirations	staff, WP students and students with no identifiable WP characteristics	Yes

(Chew-Graham et al., 2003)	Disability (lower attainment)	– students not targeted for WP characteristics; 22 students participated	Semi-structured interview with medical students - analysis constant comparison	Students reported perceptions of stigma in relation to mental health Help seeking may be impacted by view that experiencing mental health a form of weakness	mixed WP and WP peers without identifiable WP characteristics	Yes
(Claridge et al., 2018)	Ethnicity (lower attainment)	41 students and 8 staff members (both BAME and white participants	focus groups - thematic analysis - Braun and Clarke	Stereotyping including in course content, behaviour from others ranging from insensitivity to prejudice	staff, WP students and students with no identifiable WP characteristics	Yes
(Claridge and Ussher, 2019)	Low income (lower attainment)	Interviewed 8 students who were in receipt of a bursary	interviews - braun and clarke thematic analysis	Relevant finding - providing a financial buffer and enabling them to focus on their studies and extracurricular activities rather than seek paid employmen	WP only	Yes

				t during term time.		
(Cleland and Fahey Palma, 2018)	non-specific description (underrepresented); ethnic minority (underrepresented); low SES (bias or discrimination)	Interviewed admissions deans and staff from 24 medical schools - 26 interviews	interviews - critical discourse analysis using "othering lens"	Language served to reinforce pre-existing stereotypes and a significant ‘us’ and ‘them’ rhetoric exists in medical education.	Staff	Yes
(Curtis, et al., 2021)	non-specific description (underrepresented); low SES groups (underrepresented); low SES (bias or discrimination)	5 of the 8 staff completed post as well as pre intervention narrative	WP staff write narrative depicting WP student jounrey through medical school before and after reverse mentoring scheme delivered by WP student - discourse analysis	Initial texts revealed a superficial understanding of the student journey that focused on individual deficit but had fairy tale endings depicting the medical school as benevolent.	staff	Yes
(Ibrahim and Riley, 2023)	Gender (bias or discrimination)	17 female medical students	Semi-structured interview with medical students - inductive	Experiences of sexism (physical, verbal harassment and micro aggression),	WP only	no

			thematic analysis	negative impact on learning and development, barriers to reporting		
(Drinkwater et al., 2008)	Gender (lower attainment)	Interviewing medical students – male and female - 6 male and 6 female	interviews - analysis constant comparison	Students impacted by gender stereotypes of women's social and professional roles – and lack of female professional role models	mixed WP and WP peers without identifiable WP characteristics	Yes
(Jasmin and Binnie, 2020)	Ethnicity and mental health (stigma / self-stigma)	five south Asian medical student - semi structured interview	Semi-structured interview with medical students - interpretive phenomenological analysis	Stress and vulnerability due to internal stressors e.g. perfectionism, and external stressors e.g. comparison – coping strategies to minimise stress varied from self-harm to visualisation	WP only	Yes

(Lempp and Seale, 2006)	Ethnicity (lower attainment) Gender (lower attainment)	36 undergraduate students - semi structured interview - stratified by sex and ethnicity	Semi-structured interview with medical students - content and discourse analysis	Limitations to career prospects – expressed gender stereotypes e.g. roles that require more caring and roles that require more physical strength	mixed WP and WP peers without identifiable WP characteristics	no
(Mathers and Parry, 2009)	Working class (underrepresented)	12 low socioeconomic status mature students from 3 English medical schools	narrative style in-depth interviews - thematic analysis	Understanding WP in socio-cultural context – disjuncture between working class and perceived culture of medicine	WP only	no
(Morrison et al., 2019)	Ethnicity (lower attainment)	24 Graduate-entry MBChB students volunteer and snowball sampling; students identified as BME background	semi-structured focus groups - Braun and Clarke thematic analysis	Difficulties that impeded their learning and performance -Lack of BME representation with staff and clinicians - Lack of cultural understandi	WP only	no

				ng in university staff impacted experience- Lack of trust in institutions ability to support BME - Masking identity to fit in -Overt racism rare (from peers and patients)- Reported feelings of isolation, reduced self-confidence and low self-esteem		
(Nicholson, 2002)	Gender (lower attainment)	12 in depth interviews – year 5 medical students – male and female - Six male and six female	12 in depth interviews - thematic analysis	Gender shaped learning opportunities – experiences of sexism and feeling excluded – both male and female	mixed WP and WP peers without identifiable WP characteristics	no
(Rapport et al., 2009)	Mature student (underrepresented); Mature students (describes	Mature Medical students on the Graduate entry programme	focus group - descriptive thematic analysis	Strengths related to previous life experience and communicat	WP only	Yes

	via strengths)	(44) – focus group study		ion skills - Struggle related to finances, time for family and friends – difficult getting work-life balance		
(Roberts et al., 2008)	Ethnicity (prejudice or bias)	Participants comprised 49 Year 2 medical students (mean age 20.8 years), 40% of whom came from ethnic minority groups. Seven focus groups were held across the 2 universities to explore students	focus groups - grounded theory	Fears discussing race related issues- Ethnic minority discomfort at being viewed as different- Difficulties in related to professional boundaries- Barriers talking about race beyond legitimate disease-related discourse	mixed WP and WP peers without identifiable WP characteristics	no
(Samuriwo et al., 2020)	Gender (lower attainment)	Interviewed male and female medical students from a Russell group university 8	individual interviews and case reports - thematic analysis - Braun and Clarke	Gender influenced learning experience – how they were taught – learning opportunities (gender of patient they were caring	mixed WP and WP peers without identifiable WP characteristics	no

		male , 15 female		for) – referred to as a "gendered apprentices hip"		
(Seabrook, 2004)	Ethnicity (prejudice or bias)	19 students from different ethnic groups interviewed	longitudinal study over 5-year period between 1995-2000 ethnographic methods - including participant observation, focus groups and written documentation - grounded theory used for analysis	Female, ethnic minority and more reserved st udents felt that they would be at a disadvantage in their future careers- Gender and Ethnicity impacted teaching and learning experience	mixed WP and WP peers without identifiable WP characteristics	no
(Shaw and Anderson, 2018)	Disability (lower attainment)	Interviewed 8 junior doctors who have dyslexia about experience in medical school	individual interviews - collaborative autoethnography. thematic analysis	Reported feelings of helplessness and hopelessness - Fear of being stigmatised - Personal feelings of inadequacy - Incidents of bullying and belittling from other students-	WP only	no

				Fear of a lack of understanding- Lack of pastoral support		
(Tso, 2018)	Disabled students (underrepresented); Disability (lower attainment)	8 disabled mature students	semi structured interviews - thematic analysis Braun and Clarke	Decision about disclosure – concerns about confidentiality, not perceiving disability had an impact, concerns about fitness to practice and employability, abuse and difficulties organising reasonable adjustments	WP only	no
(Winter et al., 2017b)	Disability (mental health) – prejudice or bias (self-stigma)	57 students who failed high stakes assessments – interviews – 20 participants who described a deterioration in their mental health – but unknown	semi-structured interview - analysed using thematic analysis - Braun and Clarke	"Barriers to seeking help in these instances included: normalization of symptoms or situation; failure to recognize a problem existed; fear of stigmatisati	mixed WP and WP peers without identifiable WP characteristics	no

		whether they are WP		on; overt symptoms of mental distress; and misconceptions about the true nature of the medical school, for example beliefs about a punitive response from the school if they failed. Drivers for seeking help appropriately included: building trust with someone in order to confide in them later on, and self awareness about the need to maintain good mental health" p477		

(Woolf et al., 2008)	Ethnicity (lower attainment) Ethnicity (prejudice or bias)	Focus groups (but discomfort talking about ethnicity so changed to interviews) year 3 medical students and clinical teachers - 26 clinical teachers (10 women, 15 men – 20 white, 5 ethnic minority - 15 students mixed gender and ethnicity	focus groups - discomfort talking about ethnicity in mixed groups so switched to non-mixed groups - constant comparison - using stereotype threat	"Students and teachers had concordant and well-developed perceptions of the "typical" Asian clinical medical student who was considered over-reliant on books, poor at communicating with patients, too quiet during clinical teaching sessions, and unmotivated owing to being pushed into studying medicine by ambitious parents. - Stereotypes of the "typical" white student were less well developed: autonomous, confident, and outgoing team player. Direct	staff, WP students and students with no identifiable WP characteristics	no

				discrimination was not reported." p611		

Appendix F – studies that only include participants with WP characteristics

Reference	WP characteristics	WP Participant characteristics	Study approach	main findings
(Alagha and Jones, 2021)	Mature student (underrepresented)	Mixture of staff and students - 15 students and 3 medical school staff (although results from staff are not related to student experience)	Triangulated approach with case studies and semi-structured interviews - grounded theory - includes reflexivity	Need to adapt graduate course to meet needs of graduate learners - Strengths that mature students have need to be acknowledged (self-regulation, and self-direct learning) - Recognition of geographical, social and emotional dimensions of learning environment
(Bassett et al., 2019)	First in family (underrepresented)	20 first in family medical students	interviews thematically analysed through lens of Bourdieu's forms of capital	Medical school was financial challenge – paid work had negative impact on learning and health - Social division based on educational background
(Bassett et al., 2018)	First in family (underrepresented)	20 first in family medical students	interviews - analysed using interpretivist epistemological perspective	The issue of fitting in - Status going up from studying for an elite degree - Some

				sacrifices to own health
(Claridge and Ussher, 2019)	Low income (lower attainment)	Interviewed 8 students who were in receipt of a bursary	interviews	Relevant finding - providing a financial buffer and enabling them to focus on their studies and extracurricular activities rather than seek paid employment during term time.
(Ibrahim and Riley, 2023)	Gender (bias or discrimination)	17 female medical students	Semi-structured interview with medical students	Experiences of sexism (physical, verbal harassment and micro aggression), negative impact on learning and development, barriers to reporting
(Jasmin and Binnie, 2020)	Ethnicity and mental health (stigma / self stigma)	five south Asian medical student - semi structured interview	Semi-structured interview with medical students	Stress and vulnerability due to internal stressors e.g. perfectionism, and external stressors e.g. comparison – coping strategies to minimise stress varied from self-harm to visualisation

(Mathers and Parry, 2009)	Working class (underrepresented)	12 low socioecnomic status mature students from 3 English medical schools	narrative style in-depth interviews	Understanding WP in socio-cultural context – disjuncture between working class and perceived culture of medicine
(Morrison et al., 2019)	Ethnicity (lower attainment)	24 Graduate-entry MBChB students volunteer and snowball sampling; students identified as BME background	semi-structured focus groups	Difficulties that impeded their learning and performance - Lack of BME representation with staff and clinicians - Lack of cultural understanding in university staff impacted experience- Lack of trust in institutions ability to support BME - Masking identity to fit in -Overt racism rare (from peers and patients)- Reported feelings of isolation, reduced self-confidence and low self-esteem

(Rapport et al., 2009)	Mature student (underrepresented); Mature students (describes via strengths)	Mature Medical students on the Graduate entry programme (44) – focus group study	focus group - descriptive thematic analysis	Strengths related to previous life experience and communication skills - Struggle related to finances, time for family and friends – difficult getting work-life balance
(Shaw and Anderson, 2018)	Disability (lower attainment)	Interviewed 8 junior doctors who have dyslexia about experience in medical school	individual interviews -	Reported feelings of helplessness and hopelessness - Fear of being stigmatised - Personal feelings of inadequacy - Incidents of bullying and belittling from other students- Fear of a lack of understanding- Lack of pastoral support
(Tso, 2018)	Disabled students (underrepresented); Disability (lower attainment)	8 disabled mature students	semi structured interviews	Decision about disclosure – concerns about confidentiality, not perceiving disability had an impact, concerns about fitness to practice and employability, abuse and difficulties organising

				reasonable adjustments

Appendix G – Studies which include students with no identifiable WP characteristics

Reference	WP characteristics	WP Participant characteristics	Study approach	main findings
(Brown et al., 2020)	Gender (lower attainment)	41 mixed gender and ethnicity – also 9 faculty members (but staff results not about student experience)	interviews	Gender bias during medical education impacts career aspirations
(Chew-Graham et al., 2003)	Disability (lower attainment)	– students not targeted for WP characteristics; 22 students participated	Semi-structured interview with medical students	Students reported perceptions of stigma in relation to mental health Help seeking may be impacted by view that experiencing mental health a form of weakness
(Claridge et al., 2018)	Ethnicity (lower attainment)	41 students and 8 staff members (both BAME and white participants	focus groups	Stereotyping including in course content, behaviour from others ranging from insensitivity to prejudice
(Drinkwater et al., 2008)	Gender (lower attainment)	Interviewing medical students – male and female - 6 male and 6 female	interviews	Students impacted by gender stereotypes of women's social and professional roles – and lack of female professional role models

(Lempp and Seale, 2006)	Ethnicity (lower attainment) Gender (lower attainment)	36 undergraduate students - semi structured interview - stratified by sex and ethnicity	Semi-structured interview with medical students	Limitations to career prospects – expressed gender stereotypes e.g. roles that require more caring and roles that require more physical strength
(Nicholson, 2002)	Gender (lower attainment)	12 in depth interviews – year 5 medical students – male and female - Six male and six female	12 in depth interviews	Gender shaped learning opportunities – experiences of sexism and feeling excluded – both male and female
(Roberts et al., 2008)	Ethnicity (prejudice or bias)	Participants comprised 49 Year 2 medical students (mean age 20.8 years), 40% of whom came from ethnic minority groups. Seven focus groups were held across the 2 universities to explore students	focus groups	Fears discussing race related issues- Ethnic minority discomfort at being viewed as different- Difficulties in related to professional boundaries- Barriers talking about race beyond legitimate disease-related discourse
(Samuriwo et al., 2020)	Gender (lower attainment)	Interviewed male and female medical students from a Russell group university 8 male , 15 female	individual interviews	Gender influenced learning experience – how they were taught – learning opportunities (gender of patient they were caring for) – referred to as a “gendered apprenticeship”

(Seabrook, 2004)	Ethnicity (prejudice or bias)	19 students from different ethnic groups interviewed	longitudinal study over 5 year period between 1995-2000 ethnographic methods - including participant observation, focus groups and written documentation - grounded theory used for analysis	Female, ethnic minority and more reserved students felt that they would be at a disadvantage in their future careers- Gender and Ethnicity impacted teaching and learning experience
(Winter et al., 2017b)	Disability (mental health) – prejudice or bias (self stigma)	57 students who failed high stakes assessments – interviews – 20 participants who described a deterioration in their mental health – but unknown whether they are WP	semi-structured interview - analysed using thematic analysis	"Barriers to seeking help in these instances included: normalization of symptoms or situation; failure to recognize a problem existed; fear of stigmatisation; overt symptoms of mental distress; and misconceptions about the true nature of the medical school, for example beliefs about a punitive response from the school if they failed. Drivers for seeking help appropriately included: building trust with someone in order to confide in them later on, and self-awareness about the need to maintain good

				mental health" p477
(Woolf et al., 2008)	Ethnicity (lower attainment) Ethnicity (prejudice or bias)	Focus groups (but discomfort talking about ethnicity so changed to interviews) year 3 medical students and clinical teachers - 26 clinical teachers (10 women, 15 men – 20 white, 5 ethnic minority - 15 students mixed gender and ethnicity	focus groups - discomfort talking about ethnicity in mixed groups so switched to non-mixed groups	"Students and teachers had concordant and well-developed perceptions of the "typical" Asian clinical medical student who was considered over-reliant on books, poor at communicating with patients, too quiet during clinical teaching sessions, and unmotivated owing to being pushed into studying medicine by ambitious parents. - Stereotypes of the "typical" white student were less well developed:

				autonomous, confident, and outgoing team player. Direct discrimination was not reported." p611

(Winter et al., 2017b)	Disability (mental health) – prejudice or bias (self-stigma)	57 students who failed high stakes assessments – interviews – 20 participants who described a deterioration in their mental health – but unknown whether they are WP	semi-structured interview - analysed using thematic analysis	"Barriers to seeking help in these instances included: normalization of symptoms or situation; failure to recognize a problem existed; fear of stigmatisation; overt symptoms of mental distress; and misconceptions about the true nature of the medical school, for example beliefs about a punitive response from the school if they failed. Drivers for seeking help appropriately included: building trust with someone in order to confide in them later on, and self-awareness about the need to maintain good mental health" p477

Appendix H – Studies that include staff members

Reference	WP characteristics	WP Participant characteristics	Study approach	main findings
(Brown et al., 2020)	Gender (lower attainment)	41 mixed gender and ethnicity – also 9 faculty members (but staff results not about student experience)	interviews	Gender bias during medical education impacts career aspirations
(Claridge et al., 2018)	Ethnicity (lower attainment)	41 students and 8 staff members (both BAME and white participants	focus groups	Stereotyping including in course content, behaviour from others ranging from insensitivity to prejudice
(Cleland and Fahey Palma, 2018)	non-specific description (underrepresented); ethnic minority (underrepresented); low SES (bias or discrimination)	Interviewed admissions deans and staff from 24 medical schools - 26 interviews	interviews	Language served to reinforce pre-existing stereotypes and a significant 'us' and 'them' rhetoric exists in medical education.
(Curtis et al., 2021)	non-specific description (underrepresented); low SES groups (underrepresented); low SES (bias or discrimination)	5 of the 8 staff completed post as well as pre intervention narrative	WP staff write narrative depicting WP student journey through medical school before and after reverse mentoring scheme delivered by WP student -	Initial texts revealed a superficial understanding of the student journey that focused on individual deficit but had fairy tale endings depicting the medical school as benevolent.

(Woolf et al., 2008)	Ethnicity (lower attainment) Ethnicity (prejudice or bias)	Focus groups (but discomfort talking about ethnicity so changed to interviews) year 3 medical students and clinical teachers - 26 clinical teachers (10 women, 15 men – 20 white, 5 ethnic minority - 15 students mixed gender and ethnicity	focus groups - discomfort talking about ethnicity in mixed groups so switched to non-mixed groups	"Students and teachers had concordant and well-developed perceptions of the "typical" Asian clinical medical student who was considered over-reliant on books, poor at communicating with patients, too quiet during clinical teaching sessions, and unmotivated owing to being pushed into studying medicine by ambitious parents. - Stereotypes of the "typical" white student were less well developed: autonomous, confident, and outgoing team player. Direct discrimination was not reported." p611

Appendix I – financially related findings – financial rewards and incentives

Reference	WP characteristics	Participant characteristics - WP, WP peer, staff	finance - reward / incentive (Blue)
(Bassett et al., 2018)	First in family (underrepresented)	WP only	Another reason was the perceived financial and job security (n = 5) of a career in medicine – p5 For many participants (n = 12), a future career in medicine was a vocation or 'calling', which would provide intrinsic reward and value. In this context, job satisfaction would result from the beneficial effects on the lives of patients, rather than just the financial opportunities of a medical career p8
(Brown et al., 2020)	Gender (lower attainment)	staff, WP students and students with no identifiable WP characteristics	Inequality in future earnings in career for female students
(Drinkwater et al., 2008)	Gender (lower attainment)	mixed WP and WP peers without identifiable WP characteristics	British Asian respondents, in particular, spoke of the importance of their career providing job security, a good quality of life and money, in that order p423
(Jasmin and Binnie, 2020)	Ethnicity and mental health (stigma / self stigma)	WP only	'When I first chose to study medicine my dad was actually really against it … he'd done medicine, I guess, his reasoning was that it's actually really hard work, you don't get paid good money for it, you could do much - you could do a much easier career … It was something that I saw my dad do, so I had some knowledge of it already'' - Anik 'There are aspects of the job that they don't like, so they wanted me to make sure that I knew

			that … they told me, made sure I knew the bad stuff … it was always in the back of my head, like I could do medicine' – Devna p688-6 Most participants chose to enter the profession because they wanted a sense of control over their future. This included a linear path to a stable and well-paid vocational career with a number of benefits, such as being held in high esteem: 'I thought, well, I know what medicine is, I know what it's about … we get to be in university that long and get into a nine to five job immediately afterwards' – Anik p683
(Rapport et al., 2009)	Mature student (underrepresented); Mature students (describes via strengths)	WP only	. However, financial difficulties did not stop these students pursuing the GEP course: 'You find ways' [3A], and the thought that at the end of their studies they will be able to hold down a well-paid job as a doctor made studying with a loan worthwhile: 'Well it's swings and roundabouts' [7F]. Medicine is seen as being a more challenging, lucrative job than other 'nine-to-five' jobs, and this was a clear incentive to keep going. p584

Appendix J – financially related findings – finances impacting students living and working

Reference	WP characteristics	Participant characteristics - WP, WP peer, staff	financially related findings - living - green
(Alagha and Jones, 2021)	Mature student (underrepresented)	WP only (this study does include staff, however the results from staff interviews do not cover factors that shape student experience - so only the student interviews are beng considered)	"In contrast, ICL students were arguably more influenced by emotional factors and these included: career prospects, opportunities to be involved in research and the lifestyle in a big city like London. However, being classified as an undergraduate course resulted in financial barriers, which in turn led to social difficulties, seemed to be ICL's key challenges: "One of the biggest things is the funding isn't sufficient enough … and that takes away from, just having time to have a personal life, time to even come into university for like lectures and things … So it's quite a big challenge finding time to be with your family, finding time to be with your partners"." p5

(Bassett et al., 2019)	First in family (underrepresented)	WP only	The results showed that secondary school/college financial resources for the application to medical school were variable. Medical school was a financial challenge and paid work impacted on academic learning and students' health p331 While financial challenges and work experience barriers need addressing, FiF medical student mentors can play an important role in widening participation p331 For eight (40%) of the participants, medical education was a constant financial struggle. Financial hardship was exacerbated by the length of the medical degree (which in the case of the extended degree was six years) costs of living in an expensive city, high student accommodation prices, and commuter costs for those participants living away from campus or clinical placement. Student debt was a reality for the following participant p33 Thirteen (65%) interviewees lived in the familial home at some stage during the degree. Common reasons were to save money and the prohibitive cost of accommodation:p339 Many participants (n = 13, 65%) combined paid work alongside the degree. Reasons for part-time work included: saving for travel and accommodation for overseas placements as part of the degree; payment of household bills; and to manage the financial uncertainty of the three clinical years. Another reason for employment was the need to make a contribution to the family budget: "I am very reliant on that work, because family wise, we are not financially well off. My dad is a minicab driver and my mum is a housewife. And we still need [social security] benefits. . . financially it has been a struggle. So, I have to work". (Interviewee 2, Male, Extended, Year 4 p340 A specific issue, which was

			highlighted in our study, but requires more focused investigation, is the impact of necessary paid work on academic performance in the pre-clinical and clinical years of medical school, and its effects on student health and attrition rates. Such research would provide medical schools with an imperative to find strategies that could target support to those who have to work long hours to financially support themselves. The financial reality of studying medicine could not be more stark in the UK, with £9000 per annum tuition fees, and medical students with a pre-existing first degree not eligible for the income-assessed National Health Service (NHS) bursary until the fifth year of medical school. P350
(Chew-Graham et al., 2003)	Disability (lower attainment)	mixed WP and WP peers without identifiable WP characteristics	'I feel if I'd done medicine at home I wouldn't have to worry about other things like housing, finances, I do my own shopping for food and travel, travel is a lot. So all those things would be absent so I think I would have been able to concentrate more on medicine than everything else.' (Interview 2) - 875
(Claridge et al., 2018)	Ethnicity (lower attainment)	staff, WP students and students with no identifiable WP characteristics	Students with increased family responsibilities, or who commute due to living with their families, perhaps because of parental control, financial issues or childcare, may be at a disadvantage to students living locally as they are unable to attend social and academic functions p11

(Claridge and Ussher, 2019)	Low income (lower attainment)	WP only	Subtheme 1.4: The need or not to seek paid employment during term time However, it was clear that for some, the bursary money meant they did not have to work during term time which could potentially impact upon not only their social life and thus interactions with other students, but also upon their time for academic study: - p4 Nearly all barriers described by participants in the initial texts invoke discourses of deficit: 'I would highlight language, finance, cultural and social barriers as some of the obstacles they have to overcome' (A1) -p5
(Curtis, et al., 2021)	non-specific description (underrepresented); low SES groups (underrepresented); low SES (bias or discrimination)	staff	Nearly all barriers described by participants in the initial texts invoke discourses of deficit: 'I would highlight language, finance, cultural and social barriers as some of the obstacles they have to overcome' (A1) -p5
(Rapport et al., 2009)	Mature student (underrepresented); Mature students (describes via strengths)	WP only	Added maturity and early clinical contact enables students to manage the challenges of the course and the NHS environment despite financial strain and heavy coursework p580 Students struggle to adjust to financial pressures, different lifestyles and lack of time for family and friends and are worried about achieving a positive work–life balance which influences their views of the medical profession and decisions about future work pursuits – p580 Some mature students already have financial commitments as well as studying Financially the course is ridiculously hard and I think it's really [exclusive]' [1B] and on being financially estranged from friends who are perceived as being at an advantage – p584 'I've got about forty five grand-worth of debt ... I'm doing day-to-day living' [3D]. However, financial difficulties did not stop these students pursuing the GEP course: 'You find ways' [3A], and the

			thought that at the end of their studies they will be able to hold down a well-paid job as a doctor made studying with a loan worthwhile: ‘Well it’s swings and roundabouts’ [7F]. Medicine is seen as being a more challenging, lucrative job than other ‘nine-to-five’ jobs, and this was a clear incentive to keep going.- p584

Appendix K – financially related findings – finances and relationships

Reference	WP characteristics	Participant characteristics - WP, WP peer, staff	financially related findings - relationships purple
(Alagha and Jones, 2021)	Mature student (underrepresented)	WP only (this study does include staff, however the results from staff interviews do not cover factors that shape student experience - so only the student interviews are being considered)	"In contrast, ICL students were arguably more influenced by emotional factors, and these included: career prospects, opportunities to be involved in research and the lifestyle in a big city like London. However, being classified as an undergraduate course resulted in financial barriers, which in turn led to social difficulties, seemed to be ICL's key challenges: "One of the biggest things is the funding isn't sufficient enough … and that takes away from, just having time to have a personal life, time to even come into university for like lectures and things … So it's quite a big challenge finding time to be with your family, finding time to be with your partners"." p5
(Claridge and Ussher, 2019)	Low income (lower attainment)	WP only	Subtheme 1.4: The need or not to seek paid employment during term time However, it was clear that for some, the bursary money meant they did not have to work during term time which could potentially impact upon not only their social life and thus interactions with other students, but also upon their time for academic study: - p4

(Cleland and Fahey Palma, 2018)	non-specific description (underrepresented); ethnic minority (underrepresented); low SES (bias or discrimination)	Staff	This example provides insight into the use of pronoun usage as a mechanism to include WA students as part of the social structure, however there is also a reference to traditional entry medical students who are attributed with having the confidence and resources to access medicine drawing a clear distinction between the two groups albeit for comparative purposes – p519 But what is often perceived, and reality might be a little different, is the political goal is something different, and it's, it's more people with, who come from sort of, you know, socio uh, poorer, more deprived socioeconomic groups, in terms of their families, or their communities, or their own origin, and that and that somehow, success will be defined when you have greater numbers from those backgrounds. This example demonstrates the speaker articulating difference through constructing representations of WA applicants as coming from poor, deprived backgrounds. Not only is the economic background of applicants referenced but their family, community and origin which leads to the construction of a group whose characteristics are determined by their economic and social circumstances. This serves to reinforce the ideology of difference as the statement people with, who come from these backgrounds are considered as different to those from backgrounds that would be more likely to do medicine. The following example conveys a similar stance: p520

(Rapport et al., 2009)	Mature student (underrepresented); Mature students (describes via strengths)	WP only	Added maturity and early clinical contact enables students to manage the challenges of the course and the NHS environment despite financial strain and heavy coursework p580 Students struggle to adjust to financial pressures, different lifestyles and lack of time for family and friends and are worried about achieving a positive work–life balance which influences their views of the medical profession and decisions about future work pursuits – p580 Some mature students already have financial commitments as well as studying Financially the course is ridiculously hard and I think it's really [exclusive]' [1B] and on being financially estranged from friends who are perceived as being at an advantage – p584 'I've got about forty five grand-worth of debt ... I'm doing day-to-day living' [3D]. However, financial difficulties did not stop these students pursuing the GEP course: 'You find ways' [3A], and the thought that at the end of their studies they will be able to hold down a well-paid job as a doctor made studying with a loan worthwhile: 'Well it's swings and roundabouts' [7F]. Medicine is seen as being a more challenging, lucrative job than other 'nine-to-five' jobs, and this was a clear incentive to keep going.- p584

Appendix L – Approval letter from UEA ethics

Faculty of Medicine and Health Sciences Research Ethics Committee

University of East Anglia

Victoria Bristow
Norwich Medical School
University of East Anglia
Norwich Research Park
NR4 7TJ

NORWICH MEDICAL SCHOOL
Bob Champion Research & Educational Building
James Watson Road
University of East Anglia
Norwich Research Park
Norwich NR4 7UQ

Email: fmhethics@uea.ac.uk
www.med.uea.ac.uk

27th April 2020

Dear Victoria

Title: Student perception and experience of financial stress and how it impacts wellbeing in the Faculty of Medicine and Health Sciences at the University of East Anglia

Reference: 2019/20-084

Thank you for your email of 24th April 2020 notifying us of the amendments you would like to make to your above proposal. These have been considered and I can confirm that your amendments have been approved.

Please can you ensure that any further amendments to either the protocol or documents submitted are notified to us in advance, and that any adverse events which occur during your project are reported to the Committee.

Approval by the FMH Research Ethics Committee should not be taken as evidence that your study is compliant with GDPR and the Data Protection Act 2018. If you need guidance on how to make your study GDPR compliant, please contact your institution's Data Protection Officer.

Please can you arrange to send us a report once your project is completed.

Yours sincerely

Prof Alastair Forbes
Chair, FMH Research Ethics Committee

***COVID-19**: The FMH Research Ethics Committee procedures remain as normal. Please note that our decisions as to the ethics of your application take no account of Government measures and UEA guidelines relating to the coronavirus pandemic and all approvals granted are, of course, subject to these. If your research is COVID-19 related it will naturally be expedited. If the current situation means that you will have to alter your study, please submit an application for an amendment in the usual way.*

Appendix M – invitation to take part in focus group

More detailed version

Health professional students wanted for focus group study. Are you an undergraduate student studying Medicine, Nursing, Midwifery, Operating Department Practice, Paramedic Sciences, Physiotherapy, Occupational Therapy or Speech and Language Therapy? If so, you might be able to help us understand more about student financial experience.

We are interested in exploring the financial experience of health professional students. We are aware that students will receive varying levels of support, in terms of means tested student loans, bursaries and financial support from others including family. This means that students will have a range of different financial experiences at university, ranging from those who are struggling or worrying about money to those who feel financially secure. Financial experiences such as low income, worrying about having enough money and worrying about paying back debts can have a significant impact on student wellbeing. The impact on wellbeing can be very diverse, including emotional wellbeing, physical wellbeing, social wellbeing, and academic wellbeing. So financial experience can impact how students feel, their relationships, physical health and even impact university work. The university wants to help make things better for future students and learn more about ways students cope with financial challenges. To make this possible, we need to learn more about what it's really like to experience the financial challenges involved in being a health professional student during this rather challenging moment in history.

This is where you can help - whatever your financial situation, if you feel worried about finances or feel financial secure we want to learn more about your experience – we are running a series of five focus groups in order to gain insight into your lived experience - whatever your financial experience or situation. If you can spare 90 minutes to help us improve our understanding of student experience of finances and wellbeing this would be very helpful.

The focus group you will be invited to depends on your professional background, Medical, Paramedic Sciences and Operating Department Practice students will be invited to attend separate groups. Some professions will be placed in mixed groups, so Occupational Therapy, Speech and Language Therapy and Physiotherapy students will be invited to the same group

and the various branches of Nursing and Midwifery will also be combined into one group. Each group needs between 3-6 students, so please do email to express an interest. The first 6 students from the relevant professional group will be invited to attend the focus group, any additional volunteers will be invited to join a wait list that may be called on in the event that focus group needs to be rescheduled.
The attached information sheet provides full details of the study and what participating would entail.

So if you are studying any of these courses as an undergraduate and are interested in helping or you have any questions please email Vicky Bristow (PhD candidate in Faculty of Medicine and Health Sciences) at v.bristow@uea.ac.uk

Shorter version
Medical professional students are needed for a focus group discussing financial experiences and wellbeing to help with an exciting new research project. So, if you are an undergraduate medical, nursing, midwifery, paramedic or allied health professional student we want to hear from you!

Focus groups will take place via zoom and the discussion will take approximately one hour (you'll be invited to a 1.5-hour slot to allow time to sign consent forms).

A total of four groups will take place, (put date, time and room on advert).

For more information please see attached information sheet (appendix C). To volunteer to take part please email v.bristow@uea.ac.uk and indicating your preferred focus group day and time. Many thanks

Appendix N – Demographic questionnaire

Please answer the following questions, we will use this information to check how well the focus group sample represents students from wider university populations including courses and schools of study. This information will be kept strictly confidential, however, if you do not feel comfortable answering any of the following questions please indicate "rather not say"

1 Please indicate your age

Under 21

21-25

26-30

31-40

41-50

51 years and over

2. Please state your course

3. Please state you year of study

Please state which ethic group you identify as

White
English / Welsh / Scottish / Northern Irish / British
Irish
Gypsy or Irish Traveller
Any other White background

Mixed / Multiple ethnic groups
White and Black Caribbean
White and Black African
White and Asian
Any other Mixed / Multiple ethnic background

Asian / Asian British
Indian
Pakistani
Bangladeshi
Chinese
Any other Asian background

Black / African / Caribbean / Black British
African
Caribbean
Any other Black / African / Caribbean background

Arab

Any other ethnic group

4 Do you identify as disabled?

5 Are you in receipt of Disabled Students Allowance?

6 Did your parents go to university?

7 Are you a care leaver or have caring responsibilities?

8 Did you receive a bursary from the university (money you don’t have to pay back)?

Appendix O Information sheet and debrief.

Participant information and debrief

Who is leading the research?

This study is led by Victoria Bristow (Ph.D. Student) and supervised by Dr Georgia Panagiotaki and Dr Patricia Harris from the Faculty of Medicine and Health Sciences at the University of East Anglia.

What is the nature and purpose of the study? This is a focus group study to explore student experience and perceptions of financial stress and wellbeing. The aim of this focus group is to identify themes within the topics of financial stress and wellbeing that are important to medical professional students in order to shape future research. This is important because we will be conducting further studies exploring these themes and we want to make sure we describe wellbeing and financial stress in terms that are relevant to medical professional students' experience at the UEA.

What is the nature and extent of my involvement? If you agree to take part, you will be asked to attend a focus group. We also ask you to provide some personal information (i.e. your age, gender, ethnicity, disability status and whether you are in receipt of a bursary). We are asking this because we want to be able to see how well the focus group represents the wider student population. The focus group itself will take no longer than an hour, and you will be invited to a 1.5-hour slot to take place on zoom.

What are the anticipated benefits and potential hazards of the research? Whilst the study is unlikely to directly have any personal benefit to participants, it may help inform future research which will aim to improve student wellbeing especially in relation to financial stress. We are aware that wellbeing and financial stress can be potentially sensitive topics and

may raise difficult issues for some students. If any issues do arise either during or after the focus group, please either contact the researchers or student services directly for advice and support. The researcher will seek agreement among participants not to break confidentiality, it cannot guarantee that other participants will maintain confidentiality as the researcher cannot guarantee the behaviour of others.

Do I have to take part?

Participation is voluntary, you are under no obligation to take part.

What happens if I agree to take part, but change my mind later?

You have 24 hours after taking part in the focus group to withdraw your data. This is because we want to remove your data from the focus group transcript before it enters the next stage of analysis. To withdraw your data please email the researchers, Vicky Bristow, Georgia Panagiotaki or Patricia Harris, stating your pseudonym so that your data can be identified and removed from the data.

How will the data be used? The data will be analysed, written up and may be presented in journals and conferences. However, data will be presented as a group and you will not be identified individually.

How is confidentiality of the data assured? All the information that you provide during the study will be stored in accordance with the 2018 GDPR and kept strictly confidential. Each participant will be assigned a pseudonym, in order to maintain confidentiality. The principal leads of this study will be the custodians of the anonymous data. Any identifiable data will be stored separately in a password protected file or locked filing cabinet and will be securely disposed of as soon as it is no longer necessary, and within

10 years. All anonymized results will be stored indefinitely in order to comply with open practice standards.

All electronic data will be stored on a password protected computer within password protected files and not shared outside the research team. All paper information will be stored securely in a locked filing cabinet. The data will not be linked to any names, only by a pseudonym that you will be assigned. Full, raw data sets will not be shared outside the research team, but summarised data and extracts may be shared internally across UEA and anonymised results disseminated externally as described above.

All research in the University of East Anglia is looked at by an independent group, the Research Ethics Committee (REC), to protect your safety, rights, wellbeing and dignity. This research was approved by the Faculty of Medicine and Health Research Ethics Committee at UEA on …….

Thank you so much for helping with this research

If you have any questions regarding this study, please feel free to ask or contact the researcher or supervisor of this study now, or at a later date. Your participation is voluntary.

Contact details of researchers:

Vicky Bristow PhD. Student Norwich Medical School, v.bristow@uea.ac.uk

Dr Georgia Panagiotaki, Senior Lecturer in Psychology, NMS g.panagiotaki@uea.ac.uk Tel. 01603 593594

Dr Patricia Harris, Honorary Lecturer in Health Sciences,
patricia.harris@liverpool.ac.uk

If you have any worries or concerns about this research please contact:

William Fraser

Professor of Medicine and Head of School

Norwich Medical School,

University of East Anglia,

Norwich NR4 7TJ

W.Fraser@uea.ac.uk

Telephone: 01603 593971

We understand this research may have raised difficult feelings for some people. If this research triggered any difficult feelings or has caused you any distress please contact the below sources of support.

1. Seeking help or information for emotional difficulties

The first step in accessing help is to discuss the problem with your GP. They will be able to advise you on access to local resources and refer you on if appropriate.

2. Useful web sites

The British Association of Behavioural and Cognitive Psychotherapies (http://www.babcp.org.uk)

This site offers a 'user's area' with information on mental health difficulties and a facility to help you find an accredited cognitive behavioural therapist.

The Changing Minds website (http://www.rcpsych.ac.uk/campaigns/cminds/).

This site is produced by the Royal College of Psychiatrists and provides information and advice about mental health issues. The website contains on-line leaflets about several topics including anxiety, depression, anorexia and bulimia.

Mind website (http://www.mind.org.uk/) is supported by a leading mental health charity in England and Wales and also provides high-quality information and advice about mental health issues.

Sources of support for UEA members

At UEA there are a number of options and information about them is available through the UEA website (https://portal.uea.ac.uk/student-support-service/wellbeing/resources/sources-of-support) or through Student Services. You can get in touch with the student support service on 01603- 592761 or email: studentsupport@uea.ac.uk

The Samaritans (https://www.samaritans.org/) and the student led Nightline 01603 503504 both offer a listening service

Thank you again for your participation.

Appendix F – link to google forms for consent form and demographic questionnaire

https://docs.google.com/forms/d/1QP-pIFINrvhAXpqtbqAMzsh6cPl4voKhJoBW3fQ009g/edit (link to draft of google doc form – consent and demographic form)

Appendix P - Consent form

PARTICIPANT CONSENT FORM

Focus group on student wellbeing and financial stress

Please read the following statements and if you are happy to proceed please initial the boxes and sign the bottom.

1. I have read and understood the information provided in the participant information sheet and had the opportunity to ask questions and have these answered satisfactorily ☐

2. I consent to be recorded during the zoom call and have that information stored in line with university rules – it will be stored on a password protected computer on password protected files ☐

3. My participation is voluntary, and I know that I am free to withdraw consent within 24 hours after the focus group discussion, without giving any reason and without it affecting me at all. ☐

4. I know that no personal information (such as my name) will be shared outside of the research team or published in the final report(s) from this research ☐

5. I understand that this discussion needs to be kept confidential and that I will respect the privacy of all contributors by not repeating any of the conversation once the group is over. ☐

6 I consent for my anonymised data to be used within this study and other studies related to this PhD project and results to be presented either written or verbally ☐

7. I agree to take part in the above study ☐

Participant's signature…… Date……..……

Researchers' contact details:

Vicky B (PhD student)

Supervisors: Dr Georgia Panagiotaki g.panagiotaki@uea.ac.uk and Dr Patricia Harris patricia.harris@uea.ac.uk

Appendix Q Focus group script

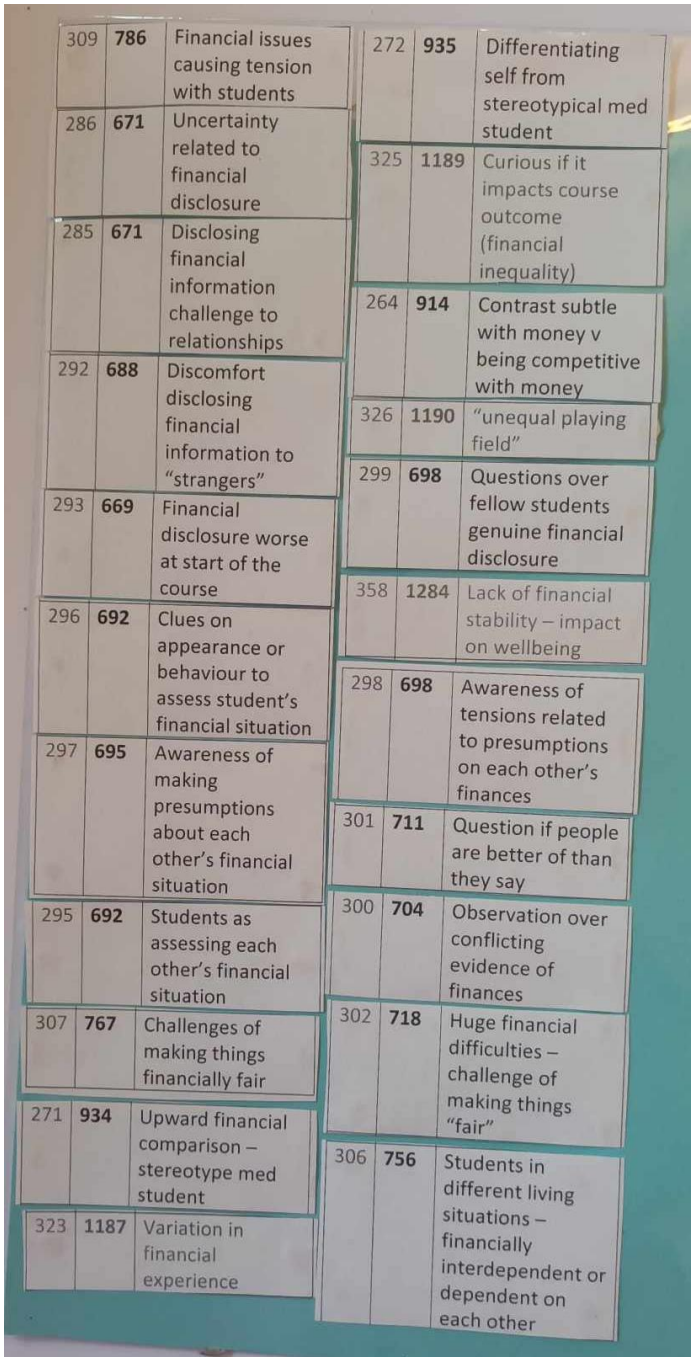
Focus group script

First of all thank you so much for attending today, your help with my PhD project is greatly appreciated. The focus group discussion will last no longer than 90 minutes and the aim of this group is to gain greater insight into how you experience finances at university and how this experience might impact your wellbeing. I will ask a series of questions and prompts and I am very interested to hear your experiences and perceptions. Just to remind you this meeting is being recorded however; this recording will be stored in a password protected file on a password protected computer. The answers you give may be used as part of my PhD and presented in future papers or talks, however in order to maintain confidentiality all identifying information will be removed. To help with confidentiality it would be great if you could all make sure that you change your names to a pseudonym, so that I can identify you but protect your identity. I would greatly appreciate your help to maintain confidentiality so I would be grateful if we could agree to respect each-others confidentiality and not share anything from this group outside. I am really keen that everyone has the opportunity to contribute, as everyone's views and experience is valuable to this research. So please do not be offended if I occasionally move the conversation on and direct the focus to quieter members of the group, this is not because I do not value what you have to say, but because I would like to give everybody an equal chance to contribute. I also want this group to feel like a safe space, so while I really want to learn about your experience only share as far as you are comfortable, and please treat others' contributions with respect. I'm aware that this topic may trigger strong emotions for some – if at any time you feel upset or that you no longer wish to continue with the focus group - I will remind you all that you have the right to withdraw at any point with no explanation. If you do decide you want to leave and you wish to withdraw your data please let me know via personal message or email. If you do have internet difficulties please log back in as soon as you can. Please use the raise your hand reaction if you want to talk – please try not to talk over other contributions. Message me anytime during the focus group if you have any questions or concerns. After the group I will be available for half an hour, should anyone want to ask questions, give feedback, or share any comments. Before we start does anyone have any questions?

Are you happy for us to start?

Appendix R – sample of coding text

This Appendix shows some of the process of data analysis for the focus groups. A segment of the original transcript has been attached. Below is a photo of the physical process of sorting codes – moving them around and attempting to categorise them in to find ways of constructing themes. Below this is the table showing codes starting to be used to construct themes.



Financially situated differentiation (in grouop and outgroup)	1168 – 1171 1188 1207 – 1218 1289 – 1296 1348 – 1371 47 – 58 89 – 91 647 – 649 905 – 916 932- 935	Was segregation – but maybe this word is too strong , not a equal playing field – student identifies self as similar position to Dawn, notes family different financial situation before uni (e.g. paying for education) – aware of being different (as works) also Dawn talking about her friends who have to work and other differentiation - commonality of experience – didn't notice funding changes / limitations – those who are careless with money and don't plan (contrast with careful planning described) Finances support social relationships Medical students as rich? Feel poor in comparison? Background of privilege – not like me
Impact of financial differentiation (money as yukky and unnecessary) – maybe join with morality? (maybe this is where the "this might sound sad but" belongs? - combine this with talking about misfortune also – tired and focusing but they get used to it (like normalising) vs it's unfair	1170 – 1171, 1184 – 1189 1196- 1200 1207 – 1218 60 47 – 58 89 – 91 119 – 125 644 – 649 905 – 916	How hard a student has to work , creates inequalities that may impact results (also think inequalities the other way – students with comparative advantage) – adds worry to already high stress load – different situation of term time or holiday work, being independent is not a choice for everyone (some people have to) – financial planning is a lot of work, but different game with and without financial support – aware she has more options, better resources than other students (and impact on mental health) Aware that she has options some don't (so what do people do when they can't cope) & social isolation risk Worried about not fitting in or appearing poor, people showing off or being careless with money?
Finances bring options	1171 – 1174, 1196 - 1200 1207 – 1218 21 – 28 47 – 58 98 – 102 139 – 147 604 – 605 608 – 620 615 – 620 628 – 636	Working – the choice to work or not work - those who need to or don't need to pay for course, the choice to intercalate – being financially independent as an option – but also brings responsibilities – having more options (like the option not to financially plan and spend time financially planning), money buys potential academic advantage (why do I also feel like this is helping her deal with worry about not doing as well as other people? – note she does not talk about her academic advantage compared to others)

	932 -935 941 – 943 964 – 971	Easier journey if financial independence is a choice Harder to focus on work if has financial stress (already full plate) Working students no opportunity to rest Financial independence – less opportunity to focus on being a student (working nights) To make choices with wellbeing The option of being free of debt Lack of money less options and harder work Choice of where to live to study, Have to pay for the tuition fee now (rather than pay later)
Not polite to talk about misfortune? – turn into discomfort around financial difference – make this about other people – they get used to it – it's not fair -	1175 – 1176 21 – 28 946 – 952	Not sure about this one – but think about – almost sour grapes about intercalation (think about mental health thing) Not singling out people for having less – desire to frame it positively

1186
1187 51
1188 Bob: I think I've experienced just in general with regards to having done a degree before
1189 there's always kind of a variation on people's financial situations so some people having to
1190 work some people not having to work. It's something you can experience see and it would be
1191 interesting to see if it has an effect on performance later on down the line - interesting to see,
1192 there's definitely is it's not, it's not an equal playing field. There is definitely - like a variation
1193 in people's financial situations before coming to university.
1194

948 449
949 Donna : but I almost don't single them out as having to have a job so much as they did a
950 degree, like, for example, there's people who did degrees in nursing and things. And there are
951 qualified nurses and they're working as a nurse alongside but obviously maybe that's not
952 exactly the case obviously only financial struggles I don't single them out, but not that I
953 would single someone out for having less money, but I don't put them in "I can't afford to do
954 this in a box" so not just like has the opportunity to also work I don't know if that's the right
955 mentality, but I don't see it.
956