PEER REVIEW HISTORY

BMJ Open publishes all reviews undertaken for accepted manuscripts. Reviewers are asked to complete a checklist review form (**http://bmjopen.bmj.com/site/about/resources/checklist.pdf**) and are provided with free text boxes to elaborate on their assessment. These free text comments are reproduced below.

ARTICLE DETAILS

TITLE (PROVISIONAL)	Student perspectives on barriers to performance for Black and Minority Ethnic graduate-entry medical students: a qualitative study in a West Midlands medical school
AUTHORS	Morrison, Nariell; Machado, Michelle; Blackburn, Clare

VERSION 1 - REVIEW

REVIEWER	Adrian Diaz Ohio State University USA
REVIEW RETURNED	20-Jul-2019

GENERAL COMMENTS	The authors analyze student perspectives on barriers to performance for Black & Minority Ethnic graduate-entry medical students from one school. This is an important and timely question. My major concern is with the lack of generalisability of these findings. The small cohort, from a single institution make the findings difficult to translate to other settings. While I do not doubt that BME students face a myriad of challenges they may vary between schools, regions, countries etc... and therefore using the findings from tis study to identify any intervention to help alleviate challenges faced by BME students would be misguided. Additionally, in figure 1 there is no need to present the variables that had 0 participants, for example age 31-35, 36+ etc. It would also be helpful, if possible to present additionally student characteristics such as grade in school and whether they are 1st, 2nd, etc generation

REVIEWER	A N Siriwardena University of Lincoln, UK
REVIEW RETURNED	30-Jul-2019

GENERAL COMMENTS	Thank you for asking me to review this paper. The authors have produced an interesting paper which could add to the literature but there are a number of problems with the paper as it stands which I detail below and which I feel need to be addressed. Major comments Much of the paper focuses on experiences of participants but less on how this relates to actual performance.

	It is not clear what the magnitude of academic underperformance is in this group. Are the results published? What is the heterogeneity? BME doctors have hugely different backgrounds and experiences and this is not clearly acknowledged in the paper. The focus on barriers misses or underplays the important issue of facilitators to performance. There is a lack of discussion on other issues of importance such as the intersection of ethnicity, initial education overseas, gender, disabiity etc which can affect performance, e.g. . Asghar ZB, Siriwardena AN, Elfes C, et al. Postgrad Med J 2018;94:198–203. The study would be improved by following published standards of reporting for qualitative studies, e.g. COREQ (COnsolidated criteria for REporting Qualitative research) Checklist Methods P5, Design. The study lacks a philosophical (methodological orientation) and theory which is an important aspect of any qualitative study. P5, line 49. If they were unable to participate they were volunteers rather than participants. P6, line 12. What are the background, training and other important attributes (ethnicity, gender) of the researcher? P6, line 19. Not sure what 'commonality' means here. P6, line 41. This should be 'data were' as data are plural. P6, line 51. The statetment: 'a number of themes were identified from the data' misses the important step of generating inductive codes. Discussion This lacks a discussion of 'reflexivity'. P16, line 30. Explain the contradiction that many senior consultants were BME. p16, line 48. In focus groups, some aspects may be amplified or even exaggerated. p16, line 55-56. It could have influenced what they said rather than the analysis. p17, line 16. I don't think these are 'explanations', rather they may be more correctly described as possible reasons. P17, line 20. 'Forced' is a an odd word for something that ostensibly happened naturally. Figure 1. The characteristics would be better represented in a a table with ethnicities grouped so that individuals cannot be identified. Minor comments P9, line 7. Typo - 'predominantly'.

REVIEWER	Associate Professor Elana Curtis University of Auckland, New Zealand
REVIEW RETURNED	24-Sep-2019

GENERAL COMMENTS	Thank-you for a well written and thoughtful manuscript. The issues raised within this manuscript are important and relevant for broader medical workforce development and the experiences of BME students. The findings are likely to have international relevance as other countries continue and begin to examine Indigenous and ethnically minoritised student experiences of racism and bullying within health professional training including medicine (Curtis et al. 2014). A few minor notes for revision/review:

	- Please clarify the configuration of each focus group. How many participants were involved in each focus group? - Please clarify why "At each group, participants were randomly assigned a number"? (line 12, p.6). - It would be good to clarify your definition of the term cultural competence as the interpretation of this term as well as related terms such as cultural safety are contested internationally. Ideally, a move to critical consciousness within medical training is required and would be a helpful addition to your discussion (Kumagai & Lypson, 2009). Overall, this is important evidence documenting the experiences of BME students within a UK context. I believe this manuscript is acceptable for publication following minor amendments noted. Thank-you for your work in this important area. Curtis, E., Wikaire, E., Kool, B., Honey, M., Kelly, F., Poole, P., . . . Reid, P. (2014). What helps and hinders indigenous student success in higher education health programmes: A qualitative study using the Critical Incident Technique. Higher Education Research & Development, 34(3), 486–500. 10.1080/07294360.2014.973378. Kumagai, A., & Lypson, M. (2009). Beyond cultural competence: Critical consciousness, social justice, and multicultural education. Academic Medicine, 84(6), 782–787. 10.1097/ACM.0b013e3181a42398

VERSION 1 – AUTHOR RESPONSE

Adrian Diaz: The authors analyze student perspectives on barriers to performance for Black & Minority Ethnic graduate-entry medical students from one school. This is an important and timely question. My major concern is with the lack of generalisability of these findings. The small cohort, from a single institution make the findings difficult to translate to other settings. While I do not doubt that BME students face a myriad of challenges they may vary between schools, regions, countries etc... and therefore using the findings from this study to identify any intervention to help alleviate challenges faced by BME students would be misguided.

Our response: We have amended the ‘conclusion’ section of the ‘abstract’ as well as considerably expanded the ‘Discussion’ section to include much more about generalisability and the aim of our study. We hope this is now much clearer and alleviates your concern.

Adrian Diaz: Additionally, in figure 1 there is no need to present the variables that had 0 participants, for example age 31-35, 36+ etc. It would also be helpful, if possible to present additionally student characteristics such as grade in school and whether they are 1st, 2nd, etc generation

Our response: We have changed the figure to remove some of the variables that had 0 participants, however, in the gender graph, we felt it was important to highlight that other genders including the binary genders exist, despite no participant identifying as such. We have chosen to not present additional student characteristics to limit individual identification.

A N Siriwardena: Much of the paper focuses on experiences of participants but less on how this relates to actual performance. It is not clear what the magnitude of academic underperformance is in this group. Are the results published? What is the heterogeneity?

Our response: We have expanded the 'Introduction' section to include more detail about the current preliminary data on the attainment gap in this group and have acknowledged that there may be variance between ethnic categories in the group.

A N Siriwardena: BME doctors have hugely different backgrounds and experiences and this is not clearly acknowledged in the paper.

Our response: We have expanded the 'Discussion' section and acknowledged the heterogeneity of BME students, thank you.

A N Siriwardena: The focus on barriers misses or underplays the important issue of facilitators to performance.

Our response: In the focus groups, participants were asked about both barriers and facilitators to performance. Participants predominantly identified the barriers which they felt affected their performance. The paper reports on the facilitators which the students identified. The authors note that a further study looking at students' views on how barriers can be reduced or how facilitators can be increased in order to improve educational performance, could be undertaken in the future.

A N Siriwardena: There is a lack of discussion on other issues of importance such as the intersection of ethnicity, initial education overseas, gender, disability etc which can affect performance, e.g. . Asghar ZB, Siriwardena AN, Elfes C, et al. Postgrad Med J 2018;94:198–203.

Our response: We have expanded the 'Discussion' section to highlight that the intersectionality between other important factors such as gender and disability, can also affect performance, thank you.

A N Siriwardena: The study would be improved by following published standards of reporting for qualitative studies, e.g. COREQ (COnsolidated criteria for REporting Qualitative research) Checklist

Our response: We have followed the BMJ Open's instructions for authors and used the SRQR reporting guidelines. This SRQR checklist is included in our resubmission. We have added a sentence to the 'Data processing and analysis' section and added a reference to indicate this. In line

with the checklist we have added the following information to the manuscript: included researchers' characteristics to the 'Data collection methods' section; and included location of focus groups in the 'Sampling strategy and recruitment' section.

A N Siriwardena: P5, Design. The study lacks a philosophical (methodological orientation) and theory which is an important aspect of any qualitative study.

Our response: Thank you for pointing this out. We have described our philosophical and methodological orientation at the beginning of 'Design' section.

A N Siriwardena: P5, line 49. If they were unable to participate they were volunteers rather than participants.

Our response: We have corrected this, thank you.

A N Siriwardena: P6, line 12. What are the background, training and other important attributes (ethnicity, gender) of the researcher?

Our response: We have added the researcher's characteristics to the 'Data collection methods' section, thank you.

A N Siriwardena: P6, line 19. Not sure what 'commonality' means here.

Our response: We have removed this word as it confused the meaning of the sentence, thank you for pointing it out.

A N Siriwardena: P6, line 41. This should be 'data were' as data are plural.

Our response: We have corrected this, thank you.

A N Siriwardena: P6, line 51. The statement: 'a number of themes were identified from the data' misses the important step of generating inductive codes.

Our response: We have corrected this and added a sentence describing this step, thank you.

A N Siriwardena: This lacks a discussion of 'reflexivity'.

Our response: We have expanded the ‘Discussion’ section to include more detail about how the researcher’s characteristics may have affected data collection and analysis.

A N Siriwardena: P16, line 30. Explain the contradiction that many senior consultants were BME.

Our response: We have altered this sentence to clarify that medical school staff at this medical school were not necessarily clinicians. We acknowledge that in particular UK regions/hospitals, a specific ethnic group may hold senior medical professional roles, however this is not universal amongst all ethnicities within the BME categories.

A N Siriwardena: p16, line 48. In focus groups, some aspects may be amplified or even exaggerated.

Our response: In the ‘Discussion’ section, we have amended this sentence to highlight this disadvantage, thank you.

A N Siriwardena: p16, line 55-56. It could have influenced what they said rather than the analysis.

Our response: We have corrected this sentence, thank you for pointing it out.

A N Siriwardena: p17, line 16. I don't think these are 'explanations', rather they may be more correctly described as possible reasons.

Our response: We have corrected this sentence, thank you for pointing it out.

A N Siriwardena: P17, line 20. 'Forced' is an odd word for something that ostensibly happened naturally.

Our response: We have removed this word as it confused the meaning of the sentence, thank you for pointing it out.

A N Siriwardena: Figure 1. The characteristics would be better represented in a table with ethnicities grouped so that individuals cannot be identified.

Our response: We have changed the figure to illustrate the grouped ethnicities according to the UK 2011 census. We have kept a figure rather than a table to illustrate the overall shape of the data, but hope this is now much clearer.

A N Siriwardena: P9, line 7. Typo - 'predominantly'.

Our response: We have corrected this, thank you.

Associate Professor Elana Curtis: Please clarify the configuration of each focus group. How many participants were involved in each focus group?

Our response: We have added the range of participants in each focus group to the ‘Methods’ section, thank you.

Associate Professor Elana Curtis: Please clarify why "At each group, participants were randomly assigned a number"? (line 12, p.6).

Our response: We have added an explanation to this sentence, thank you.

Associate Professor Elana Curtis: It would be good to clarify your definition of the term cultural competence as the interpretation of this term as well as related terms such as cultural safety are contested internationally. Ideally, a move to critical consciousness within medical training is required and would be a helpful addition to your discussion (Kumagai & Lypson, 2009).

Our response: We acknowledge the reviewer’s important point about the term ‘cultural competence’ and have amended the ‘meaning and possible explanations and implications’ section to discuss moving towards the development of critical consciousness rather than cultural competence within healthcare.

VERSION 2 – REVIEW

REVIEWER	Aloysius Niroshan Siriwardena University of Lincoln
REVIEW RETURNED	21-Oct-2019

GENERAL COMMENTS	The authors have satisfactorily addressed all the the reviewes' comments.

REVIEWER	Elana Curtis University of Auckland, New Zealand
REVIEW RETURNED	24-Oct-2019

GENERAL COMMENTS	Thank-you for addressing the concerns raised in my initial review. I support publication of this important work.