

Being hyper underrepresented in Medicine: Michael's story

Michael is a medical student from London whose experience studying medicine has been complicated by being hyper underrepresented on his course as Black working-class man. He described his **transition to university** as “a bit daunting”, noticing that there were not many other Black working-class students like him in his accommodation or on his course:

“You can't really hide the fact that you're Black. And no matter how well you've done, people will always, that's the first thing they see. It has impacted my experience ... no Black lecturers ... 15 Black people in my year ... I feel like, say, for example, [if] there were 40 Black people in my year, I would have felt a lot more comfortable, and my experience would have been very different in terms of how much I've been able to come out of my shell.”

This **underrepresentation of Black students** and lack of **role models** amongst academics affected Michael's experience at university. He described feeling like an **imposter** at the beginning of his degree which he dealt with by just trying to pass his courses and get through. This ‘getting through’ approach involved classed and raced forms of **code switching**, whereby Michael consciously adapted his accent, language, and clothing to fit in at university. He discussed changing:

“how you dress and aspects of our culture that I was particularly toning down because I didn't want to be judged ... particularly my first three months, there was so much I wasn't doing because I didn't want to be judged or ... known as that stereotypical Black guy.”

This sort of code switching is common amongst underrepresented students, particularly as a way to manage racial **microaggressions**. For example, Michael described the pressure of others asking him questions on different topics that felt as if he had “to be a spokesman for all Black people ... I came to university to get my degree. I didn't come to represent the entire Black race by educating everyone”. These were also classed, the very privileged backgrounds of many students meant that certain discussions could be alienating, for instance, about skiing holidays: “I've never skied in my life but when I came to Imperial it seems to be so, everyone had skied about three times a year”.

Over time, Michael grew in confidence and described trying not to let his identities define him:

“I just try not to let ... [it] hinder my choices. Because there's no point letting those things just define who you are.”

Michael was very committed to becoming a doctor, explaining that he was considering becoming a surgeon, but due to concerns about work-life balance also considered becoming a GP. He described his overall experience at Imperial as “very positive” and was actively involved in medical student society leadership. When reflecting on what needed to change, Michael highlighted the importance of more faculty members who were Black and working class:

“having more Black lecturers, more Black facilitators, more working-class facilitators who were comfortable being themselves, and not conform to that image of being a doctor, or an Imperial professor ... speak[ing] however you want to speak.”

Michael also encouraged the recruitment of more Black working-class students and an appreciation of the diversity of Black students, such as class differences and the massive variety of migratory backgrounds of Black students and their families. Michael's experience demonstrates the types of identity work being done by many underrepresented students to survive in medicine and at university in general, particularly for hyper underrepresented groups like Black working-class students. Such experiences need to be recognised and supported by universities, including ensuring that [efforts at Imperial](#) continue and grow, alongside supporting the work of broader networks run by Black students and staff such as [Black Students Talk](#) and [Leading Routes](#).