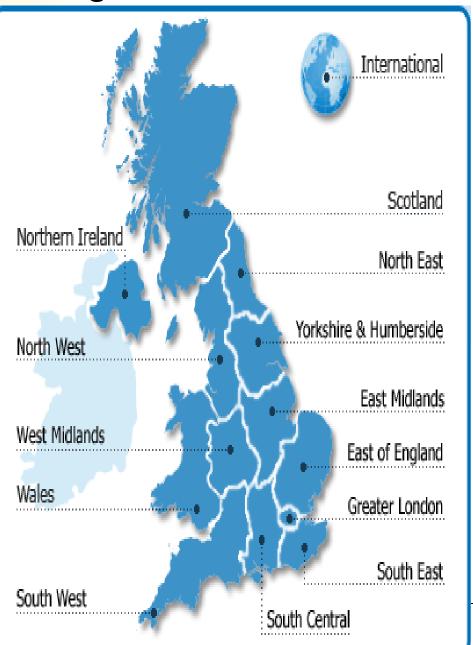


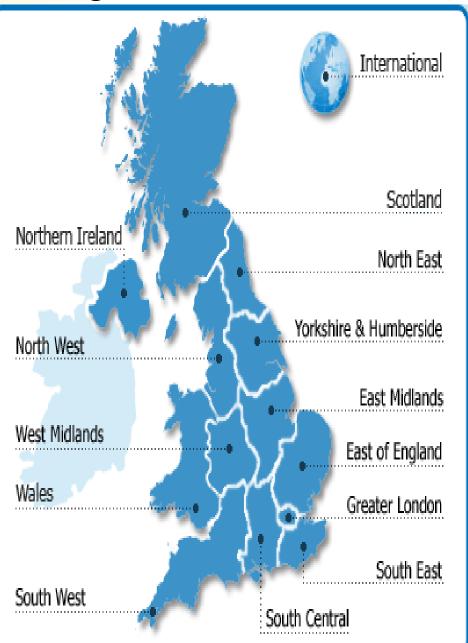
Background



UK experiences geographical variations in recruitment trends of healthcare professionals. Some areas face chronic underrecruitment.

Understanding where medical graduates choose to go for postgraduate training is important because doctors more likely to consider practicing in areas where they completed postgraduate medical training.

Background



The influence of home origin is particularly important for medicine because recently there have been policy drives to address shortage of doctors in certain geographical areas.

To address these questions ...



 We sought to examine the relationship between foundation school locality and parental postcode, to investigate the "migration" patterns of UK medical graduates in terms of where they wish to spend their first years of postgraduate training, and how this relates to where they attended medical school.

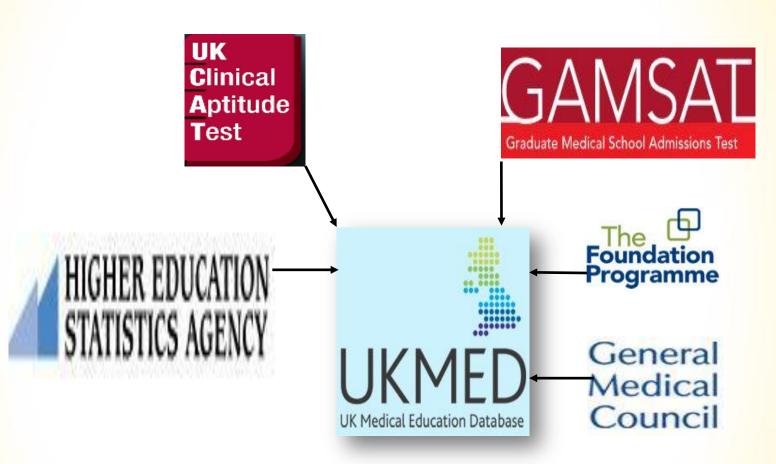
Commonly used contextual markers



- Parental occupation derived from National Statistics Socio-economic Classification (NS-SEC)
- Index of Multiple Deprivation (IMD)
- Participation of Local Areas (POLAR)
- Ethnicity
- Age (mature students)
- Entitlement to Free School Meals
- Income support
- Type of school attended







Methods: Data Preparation



We used the postcode of the administrative Unit of Application (UoA) as a centre of each foundation school.

Then used a web-based distance calculator (https://www.doogal.co.uk/drivingdistances.php) to measure the travel-time between parental home and foundation school.

Methods





- Net gain or loss of trainees moving from one region of medical school to another region of foundation school.
- Chi-square tests
- Multilevel Modelling Generalised Linear Mixed Model (GLMM)

Trainees' average travel time from parental home to place of Foundation School, split by UK country.

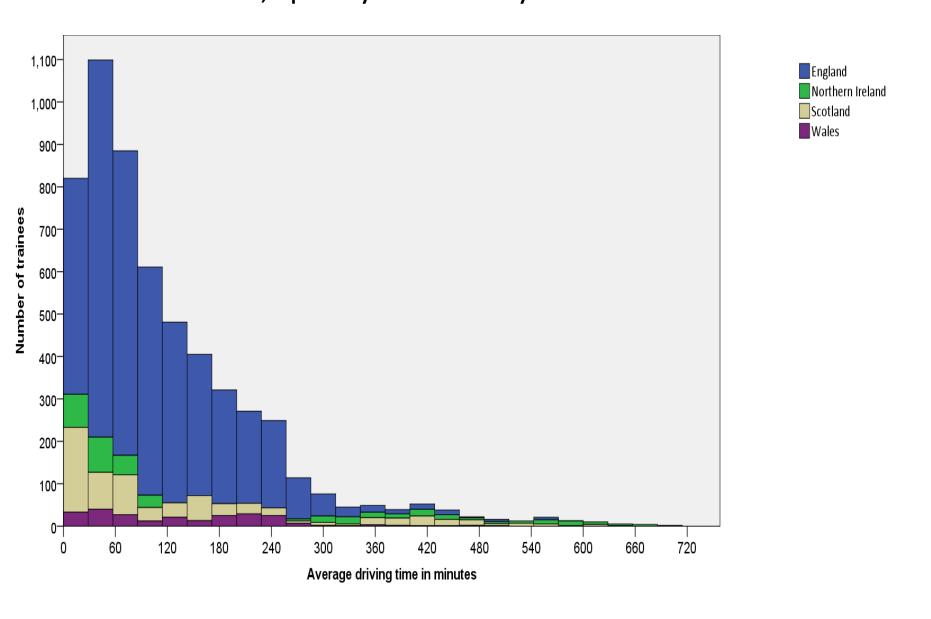


Table 1: Driving time from parental postcode to Unit of Application (UoA) Less than 2 hrs Between 2 and 4hrs More than 4hrs p-value (n=3519, 61.9%) (n=1503, 26.4%) (n=667, 11.7%) Row % Row % Row % Type of secondary school attended State-funded 62.8 25.1 12.1 0.001 Fee paying school 59.3 30.0 10.7 Free School Meal Yes 73.9 10.0 16.1 < 0.001 11.7 61.1 27.2 No Parent Education (University degree) Yes 59.5 28.3 12.2 < 0.001 68.7 21.6 9.7 No (Neighbourhood) of participation of higher education areas (POLAR 2&3) **Low Participation** 66.9 27.9 5.2

26.6

16.8

29.2

32.5

15.2

28.4

29.1

0.0

21.5

62.1

79.0

61.5

57.4

80.0

58.0

63.3

63.1

58.8

High Participation

Asian or Asian British

Black or Black British

Other Ethnic Groups

Northern Ireland

Mixed

White

England

Scotland

Ethnicity

Domicile

0.003

< 0.001

< 0.001

11.4

4.1

9.4

10.0

4.8

13.7

7.7

36.9

19.7

Multivariate analysis...

Ethnicity

The GLMM confirms that coming from disadvantaged backgrounds (as

| | | O | O | O | ` | |
|--|----------------|-------------|------------------|---------------------|---------|--|
| determined by | entitlement to | free school | meals, OR=0. | 786; pa | arental | |
| education, OR=1.339 and POLAR, OR= 1.219) influences trainees' odds of | | | | | | |
| selecting foundation schools closer home. | | | | | | |
| Adjusted Odds Ratio | | | | | | |
| | | Sig | Exp(Coefficient) | 95% Confi | or | |
| | | | | Exp(coeffi Lower | Upper | |
| 5 6 1 124 1 | No | 0.005 | 0.786 | | | |
| Free School Meal | Yes* | | | | | |

| | | | | Interval for Exp(coefficient) | |
|------------------|------|--------|-------|----------------------------------|-------|
| | | | | Lower | Upper |
| Free School Meal | No | 0.005 | 0.786 | 0.664 | 0.930 |
| | Yes* | | | | |
| D | No | <0.001 | 1.339 | 1.227 | 1.460 |

| Adjusted Odds Ratio | | | | | | |
|---------------------|------|--------|------------------|-----------------------------|-------|--|
| | | Sig | Exp(Coefficient) | 95% Confidence Interval for | | |
| | | | Exp(coefficien | | | |
| | | | | Lower | Upper | |
| | No | 0.005 | 0.786 | 0.664 | 0.930 | |
| Free School Meal | Yes* | | | | | |
| Parent Degree | No | <0.001 | 1.339 | 1.227 | 1.460 | |
| | Yes* | | | | | |

| sciecting roundation schools closer nome. | | | | | | |
|---|-------------------|--------|------------------|--|-------|--|
| Adjusted Odds Ratio | | | | | | |
| | | Sig | Exp(Coefficient) | 95% Confi Interval fo Exp(coeffice | r | |
| | | | | Lower | Upper | |
| Free School Meal | No | 0.005 | 0.786 | 0.664 | 0.930 | |
| | Yes* | | | | | |
| Parent Degree | No | <0.001 | 1.339 | 1.227 | 1.460 | |
| | Yes* | | | | | |
| DOLAR | Low Participation | 0.041 | 1.219 | 1.008 | 1.474 | |
| | | | | | | |

| | | | | Exp(coefficient) | |
|------------------|------------------------|--------|-------|------------------|-------|
| | | | | Lower | Upper |
| E C. l l. B. a l | No | 0.005 | 0.786 | 0.664 | 0.930 |
| Free School Meal | Yes* | | | | |
| Parent Degree | No | <0.001 | 1.339 | 1.227 | 1.460 |
| | Yes* | | | | |
| POLAR | Low Participation | 0.041 | 1.219 | 1.008 | 1.474 |
| | High Participation* | | | | |
| | Asian or British Asian | <0.001 | 2.406 | 1.798 | 3.219 |

| Free School Meal | INO | 0.005 | 0.786 | 0.004 | 0.930 |
|------------------|------------------------|--------|-------|-------|-------|
| | Yes* | | | | |
| Parent Degree | No | <0.001 | 1.339 | 1.227 | 1.460 |
| | Yes* | | | | |
| POLAR | Low Participation | 0.041 | 1.219 | 1.008 | 1.474 |
| | High Participation* | | | | |
| Faloniaia. | Asian or British Asian | <0.001 | 2.406 | 1.798 | 3.219 |
| | Black or Black British | 0.442 | 1.22 | 0.733 | 2.035 |
| | Mixed | 0.915 | 0.988 | 0.795 | 1.229 |

< 0.001

3.010

2.092

4.329

Other Ethnic Groups

White*

Conclusions



The finding has implications for both the widening access agenda and equitable distribution of health services.

- Firstly, the result reaffirms the assumption that widening participation has the potential for recruiting medical graduates who are more likely to train local and remain in the area to serve their communities.
- Secondly, medical education and training is a complex institution that transcends beyond the borders of UKs devolved governments; therefore, understanding the migration pattern by which medical graduates enter the profession could provide useful information for workforce planning, as well as adding voice to the national debate about funding in the devolved nations.

