

National training survey 2013: socioeconomic status questions

Social mobility, including fair access to professional careers such as medicine, is widely seen as an important social issue.

Last year, the report *Fair access to professional careers* highlighted the need for improved data collection on the social backgrounds of doctors.*

So this year, for the first time, we asked doctors in training who completed both their secondary education and medical degree in the UK, five questions relating to their socioeconomic status.

We did this as part of our national training survey.† Each year, we ask every doctor in postgraduate training what they think about the quality of their training. This year, 97.7% (52,797) of doctors in training in the UK responded to the survey out of 54,055 who were eligible.

38,933 doctors in training who responded to the survey had completed their secondary education and medical degree in the UK.‡

We adapted the five questions from a template questionnaire that was included in the social mobility toolkit developed by Spada on behalf of *Professions for Good* in March 2012.§

We left out a question from the template, which asked what qualifications individuals had achieved (as all doctors will have a medical degree) and added in a question asking what postcode they grew up in.

The answers we received give an indication of the socioeconomic profile of doctors in training in the UK. We have rounded percentages to one decimal place.

* See *Fair access to professional careers: a progress report* (May 2012), Cabinet Office.

† See www.gmc-uk.org/education/surveys.asp.

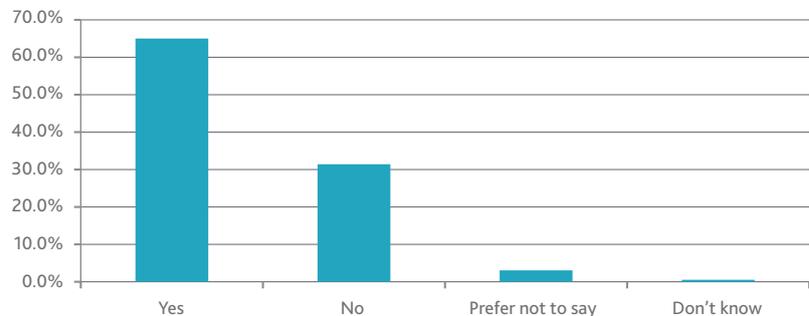
‡ We didn't ask socioeconomic status questions of the 13,733 doctors in training who had completed either their secondary education or medical degree outside of the UK. We also didn't include a small number of other doctors in training, including around 100 doctors training in pharmaceutical medicine.

§ See *Social mobility toolkit for the professions* (March 2012), Spada. We contributed to the development of the toolkit.

Did any of your parent(s) or guardian(s) complete a university degree course or equivalent (for example BA, BSc or higher)?

- 65.0% (25,310) had a parent or guardian who had completed a university degree course or equivalent.
- 31.4% (12,232) didn't.
- 3.0% (1,187) preferred not to say and 0.5% (204) didn't know.

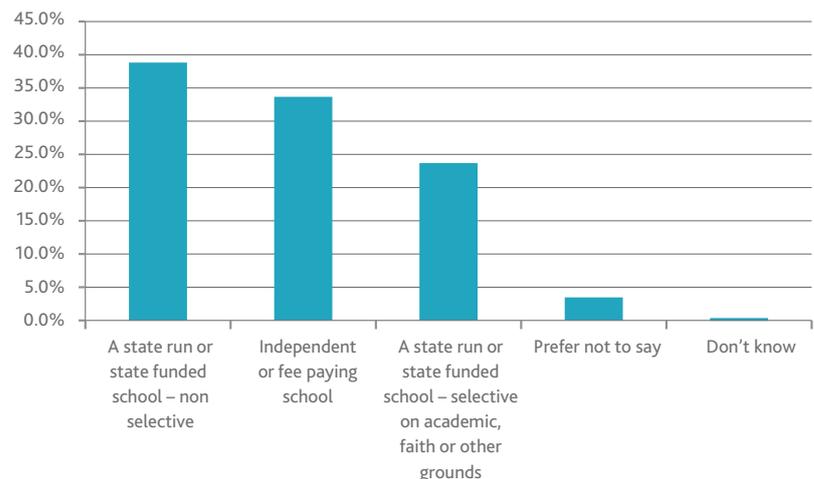
Figure 1: Did any of your parent(s) or guardian(s) complete a university degree course or equivalent (for example BA, BSc or higher)? (n=38,933)



What type of school did you mainly attend between the ages of 11 and 16?

- 38.8% (15,118) attended a non-selective state run or state funded school.
- 33.7% (13,108) attended an independent or fee paying school.
- 23.7% (9,221) attended a state run or state funded school that was selective on academic, faith, or other grounds.
- 3.5% (1,347) preferred not to say and 0.4% (139) didn't know.

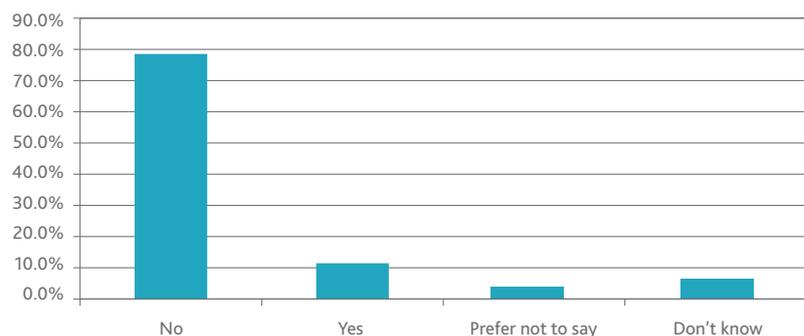
Figure 2: What type of school did you mainly attend between the ages of 11 and 16? (n=38,933)



At any point during your school years, did your household receive income support?

- 78.6% (30,583) grew up in households that didn't receive income support.
- 11.5% (4,458) grew up in households that did.
- 3.7% (1,440) preferred not to say and 6.3% (2,452) didn't know.

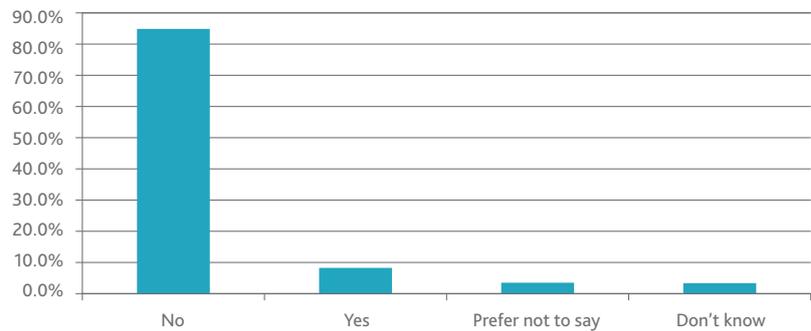
Figure 3: At any point during your school years did your household receive income support? (n=38,933)



At any point during your school years, did you receive free school meals?

- 84.9% (33,047) didn't receive free school meals.
- 8.3% (3,215) did.
- 3.5% (1,360) preferred not to say and 3.4% (1,311) didn't know.

Figure 4: At any point during your school years did you receive free school meals? (n=38,933)



What was the postcode of the house you grew up in?

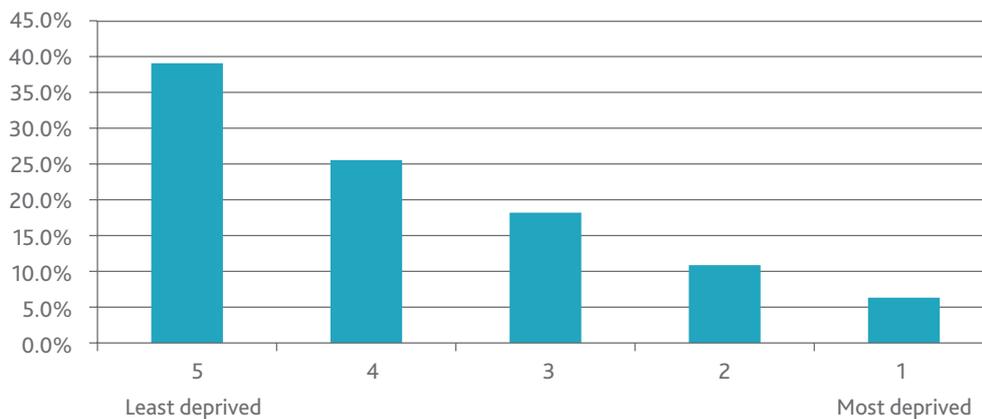
We asked for a free text response to this question. Some doctors in training didn't give a response; this could either be because they preferred not to say or they didn't know. Others gave answers that weren't usable, for example because they gave incomplete postcodes. As a result, we only received 24,156 usable postcodes.

We linked the usable postcodes to the indexes of multiple deprivation for the four countries of the UK.* This allowed us to work out the percentage of doctors in training who grew up in areas associated with each quintile of deprivation within the indexes, where quintile 5 is least deprived and 1 is most deprived.

- 39.1% (9,438) grew up in areas associated with quintile 5, the least deprived.
- 25.5% (6,169) grew up in areas associated with quintile 4.
- 18.2% (4,396) grew up in areas associated with quintile 3.
- 10.9% (2,626) grew up in areas associated with quintile 2.
- 6.3% (1,527) grew up in areas associated with quintile 1, the most deprived.

As a caveat to these data, households within the same local area, especially within urban areas, can experience very different levels of deprivation.

Figure 5: Areas in which doctors in training grew up in grouped into quintiles of the indexes of multiple deprivation (n=24,156)



* For England we used 2010 deprivation data, for Scotland 2012 data, for Wales 2011 data, and for Northern Ireland 2010 data.

What will we do next?

These data suggest that people from lower socioeconomic backgrounds are proportionally underrepresented in medicine. This fits with the existing evidence and conclusions of others.*

We were encouraged that virtually all doctors in training were happy to answer these questions, suggesting that the issue of social mobility is now seen as relatively mainstream.

As a caveat to the answers for all questions, most doctors in training will have entered medical school some years ago and so these data may not reflect the impact of efforts to widen access to medicine in recent years.

- We've shared these data with the Social Mobility and Child Poverty Commission, which monitors the progress of government and others in improving social mobility and reducing child poverty in the UK.

- We've also shared these data with the *Selecting for excellence* executive group set up by the Medical Schools Council in March 2013.† The group is working to widen access to medicine – we intend to continue to make a contribution to this important work.
- We plan to explore whether we can use these data in more complex analysis of the relationship between the various characteristics of doctors in training (for example, socioeconomic status or gender) and their progression in terms of recruitment outcomes and annual review of competence progression (ARCP).
- We plan to repeat these questions as part of our national training survey for 2014. We will only ask them of doctors who are in their first year of foundation training and combine the answers with the answers we collected this year.

Acknowledgments

We are grateful to all our partners, including the postgraduate deans and the medical royal colleges and faculties and their staff, for their help with the national training survey. We particularly wish to thank the doctors in training who completed the survey.

* For example see *Fair access to professional careers: a progress report* (May 2012), Cabinet Office.

† See www.medschools.ac.uk/AboutUs/Projects/Widening-Participation/Pages/Selecting-for-Excellence-Executive-Group.aspx.