<table>
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<tr>
<th>Job Title:</th>
<th>Senior Research Associate</th>
<th>Present Grade: 7</th>
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<tr>
<td>Department/College:</td>
<td>Lancaster Medical School</td>
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<tr>
<td>Directly responsible to:</td>
<td>Dr Liz Brewster (chief investigator and WP3 lead)</td>
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<tr>
<td>Supervisory responsibility for:</td>
<td>None</td>
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**Other contacts**

**Internal:**
Staff of Lancaster Medical School, staff in the Faculty of Health and Medicine, Lancaster University staff with similar/complementary research or teaching interests and Professional Services staff.

**External:**
Rebecca Knagg (PPI Lead), national and local steering group members, project partners, staff at case study sites, professional bodies, Research Governance Teams, research funding bodies and councils, academic and research networks.

This post involves working as part of a team of researchers, clinicians and patient and public representatives to conduct the study *Mapping underdoctored areas: the impact of medical training pathways on NHS workforce distribution and health inequalities*. This is an NIHR-funded study via the Health and Social Care Delivery Research (HSDR) stream [NIHR134540] that will run for 30 months from October 2022 to March 2025. This post is available at 70% WTE (three and a half days per week). Flexible working is available, as agreed with the CI.

Access to healthcare relies on there being enough doctors in an area to treat patients. There are fewer doctors in some areas, despite the greater healthcare needs of the population, and it affects people’s health because they cannot see a doctor when they need to. The problem of not having enough doctors is known as ‘underdoctoring.’ Some areas struggle to recruit doctors to serve the local population, especially in areas where there are other inequalities, such as people having low incomes, there is high unemployment, poor housing and an unhealthy environment. These inequalities also affect people’s health, and we call them the ‘social causes of poor health’. When we spoke to patients and the public, they agreed that underdoctoring was a concern for them because they had struggled to get appointments with doctors, experienced long waiting times, and travelled long distances for healthcare.

How medical training programmes are organised is important, because we know that where doctors train is a big influence on where they end up working. Several studies have looked into doctors’ careers, often using questionnaires to find information, but we think that there are a lot of factors that influence where doctors work which have not yet been looked into, including how this relates to the social causes of poor health.

We aim to make a major contribution to addressing underdoctoring. Our study will investigate why doctors work where they work, thinking about how the healthcare system as a whole is organised as well as individual choices. We will conduct case studies of three underdoctored areas, and one site that does not struggle to recruit. By looking in detail at these areas, we will be able to understand the differences between places, which will have lessons for other areas in the UK as well as the areas we are focusing on.

The successful candidate will be involved in four interlinked work packages working with the research team. They will mainly focus on WP3:

- **Work package 1: Histories** A longitudinal analysis of archival data focused on identifying critical decision points about recruitment, retention, specialisation and rationalisation. Using historical data will help to demonstrate how training pathway design has shaped service provision.
• **Work package 2: Geospatial analysis** A geospatial analysis of existing datasets about medical students, doctors, training recruitment and health inequalities. Understanding the patterns across the UK will highlight similarities and differences across areas.

• **Work package 3: Biographies: Semi-structured interviews** An interview study with 100 doctors. Working with doctors at various career stages will allow us to identify potential temporal points for intervention.

• **Work package 4: Integration and engagement** An integrated synthesis based on WP1-3 that explains how medical training pathways impact on workforce distribution and affect health inequalities. The overall outcome will be concrete recommendations, co-produced with key stakeholders, patients and the public about interventions for improving medical training pathways that will influence unequal provision of care across the UK.

**Major Duties:**

1. Working with the study team and closely with the study’s Research Fellow to conduct participant recruitment, data collection and analysis for WP 3 as outlined above.

2. Supporting and liaising with WP2 and WP1 as outlined above, highlighting areas of investigation for WP3.

3. Supporting the dissemination of the work, for example through co-authoring publications and reports, preparing and presenting talks and poster presentations, and developing online resources.

4. Assist with the establishment of necessary groups to oversee the study and take responsibility as appropriate for organising regular meetings of these groups.

5. Participation in project meetings.

6. Travel to study sites (across England - travel and accommodation expenses will be remunerated) for data collection and steering group meetings.

7. Participation in national and international conferences and workshops to present the results of the project to a wider audience and to learn about current advances in the field.

8. Maintain accurate and detailed research records with the project administrator and research fellow.

9. Comply and assist with all project data validation, auditing and quality requirements that may be required.

10. Carry out administrative roles for the project as needed and in collaboration with the project manager.

11. Assist in obtaining research ethical and governance approvals.

12. Participation in writing new research proposals that build on the expertise developed from this project.