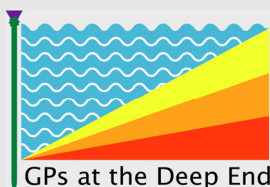


# DEEP END SUMMARY 7

## General practitioner training in very deprived areas

***Eleven GP trainers met on Friday 04 June 2010 at the Section of General Practice & Primary Care, University of Glasgow for a workshop on GP training in very deprived areas, drawing on the experience and views of GP trainers and trainees.***

- While 39% of practices in the most affluent 20% of Scotland are involved in GP training, this drops to 24% of practices in the most deprived 20%.
- A major explanation has been the small size of most practices in deprived areas, making it difficult to accommodate training requirements.
- The practical requirements of a training practice, in terms of organisation, record keeping and IT, are considered less of a barrier, now that all practices have addressed such issues, as part of the Quality and Outcome Framework (QOF).
- It was felt that training practices have to be particularly well organized to include training activities within the generally intense nature of general practice in very deprived areas.
- Training status is highly valued by trainers, allowing expression of professional values, and providing a constant stimulus for improvement, regular contact with colleagues and protection against burn out.
- Special features of the clinical environment in deprived areas include problems of alcohol and drugs misuse, multiple morbidity, psychological distress as a major co-morbidity, polypharmacy with risk of side effects and drug interactions, child protection issues and a high prevalence of social problems.
- An increasing aspect of practice is the large number of immigrants to Scotland, speaking foreign languages, with distinct customs and beliefs and who are often concentrated on arrival in very deprived areas.
- Patients are often less articulate than patients in affluent areas and have different views and priorities, for example, concerning anticipatory care and self management. As experienced clinicians, trainers can help trainees acquire the consultation skills to work with such patients.
- Understanding the benefits system is often a steep learning curve for trainees, which is made more challenging by the expert knowledge of patients on this subject and the importance of benefits for economic survival.
- Nothing compares with home visits for trainees to acquire an understanding of the realities of patients' lives in deprived areas.
- Although it is desirable that all GP trainees acquire some experience of general practice in deprived areas, it is not clear how this could be accommodated.
- GPs with substantial experience of practice in deprived areas also have educational and development needs, requiring new arrangements for protected time and professional support.



*“General Practitioners at the Deep End” work in 100 general practices, serving the most socio-economically deprived populations in Scotland. The activities of the group are supported by the Royal College of General Practitioners (Scotland), the Scottish Government Health Department, the Glasgow Centre for Population Health, and the Section of General Practice & Primary Care at the University of Glasgow.*

### **Contacts for further information**

Paul Alexander *RCGP Scotland* [palexander@rcgp-scotland.org.uk](mailto:palexander@rcgp-scotland.org.uk)

John Budd *Lothian Deprivation Interest Group* [John.Budd@lothian.scot.nhs.uk](mailto:John.Budd@lothian.scot.nhs.uk)

Petra Sambale *Keppoch Medical Practice, Glasgow* [psambale@btinternet.com](mailto:psambale@btinternet.com)

Graham Watt *University of Glasgow* [graham.watt@glasgow.ac.uk](mailto:graham.watt@glasgow.ac.uk)

**Full report available at** <http://www.gla.ac.uk/departments/generalpracticeprimarycare/deepend>