GM Deprivation
GPST Programme.

Review 22-23

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List of Acronyms

GP General Practitioner
GM Greater Manchester
GPST General Practice Specialty Training
RCGP Royal College of General Practice
AKT Applied Knowledge Test
ENT Ear Nose Throat
ITP Integrated Post
MDT Multi-disciplinary Team
SMF Social Mobility Foundation
SHF Shared Health Foundation
HCH Hope Citadel Healthcare
FC Focused Care
FGM Female Genital Mutilation

Introduction

Poverty and health inequalities go hand in hand. In areas of deprivation, life expectancies are shorter and the prevalence of chronic diseases is higher. Following the **inverse care law (1)**, these are often the same areas that experience less access to quality healthcare, and where there is a higher vacancy rate for GPs than in more affluent areas. Burnout, less capacity, and the lack of training around the issues that people in deprivation face, mean that GPs are more likely to take jobs in more affluent areas where they can have better support networks and see the sort of patients that they get trained to see. This clearly impacts the patients in the more deprived communities, as well as the budgets of those trying to staff practices with locums, often contributing to poorer care overall in areas of deprivation.

We know that some of the skills needed to survive in this environment can be taught. To become GPs, doctors must go through a 3-year training scheme that involves a series of both hospital and community placements, alongside teaching from the core Royal College of General Practice curriculum. Doctors apply to training schemes across the country, but Shared Health runs the only training scheme in England that does this with a focus on deprivation medicine. We teach doctors to be competent, compassionate changemakers who can make a real difference in peoples lives and can embed a culture of self-care and resilience to prevent themselves from burning out. We want our GPs to work in deprived areas, and to love working there, seeing it as an environment they can work in for the rest of their careers.

The GM Deprivation GP training programme is a 3-year scheme that provides weekly teaching on the core Royal College of General Practice but with greater emphasis on how health inequalities can impact a patient's health. We also have a practical focus on trainees' wellbeing, allowing time for trainees to self-reflect and develop resilience in their work. In conjunction with teaching, we allocate trainees to secondary, primary and community care placements that serve a deprived population. This might include a placement in a drug and alcohol misuse clinic, or a prison, or a homeless families team, and always a placement within a GP practice based in an area of deprivation in Greater Manchester. Our supervisors are GPs who are fully invested in supporting this next generation of GPs, and the scheme is an opportunity to invest in their practices, giving them more appointments, and time out of busy appointment schedules that will support their own resilience and sustainable working.

Our scheme is in its 5th year and has already seen 10 graduates, 9 who have taken jobs in areas of deprivation. The scheme has grown year on year, now hosting 27 trainees across the 3-year programme. The Programme Training Director is Dr Andy Elliott, who is supported by Dr Farvah Javed and Dr Joanne Doran to provide teaching.

We have seen some really encouraging outcomes throughout our time running the scheme, and hope you enjoy reading this report, outlining some of our successes from the last year.

1) **Inverse care law** - The inverse care law is the principle that the availability of good medical or social care tends to vary inversely with the need of the population served. Proposed by Julian Tudor Hart in 1971

1 Improving GPs' knowledge and skills within deprivation medicine.

The GPST programme delivers teaching on a range of topics, following the core RCGP curriculum with an additional focus on the impact of health inequalities on a patient's health. Feedback from trainees shows a positive reaction to the mixture of topics, some of which are listed below.

- Dermatology
- Wellness on the Margins
- Sex worker health
- Newborn health
- Wellbeing
- Neurology
- Paediatrics
- Trans health
- Veteran's health
- Practice management
- ENT

The trainees are asked to evaluate each training session so that the course can be improved year on year and feedback given to those running the sessions, which includes a mixture of GPs and other health professionals. Our trainees enjoy the clinical nature of this teaching while also enjoying the sessions targeting how to support inclusion groups such as trans health. The trainees attended a conference called 'Wellness on the Margins' and this received particularly good feedback for the teaching on managing uncertainty.

We continue to look at bringing in new sessions next year based on trainee feedback.

Confidence and understanding

We ask the trainees to rate their confidence or understanding of different topics studied throughout their training programme, particularly around the management of health issues for marginalised groups. It is important for us that trainees leave the programme feeling equipped and confident to be GPs in areas of deprivation where they may encounter many different people in challenging situations. See Fig 1a & 1b below:

Fig 1a. Trainees' self-score rating

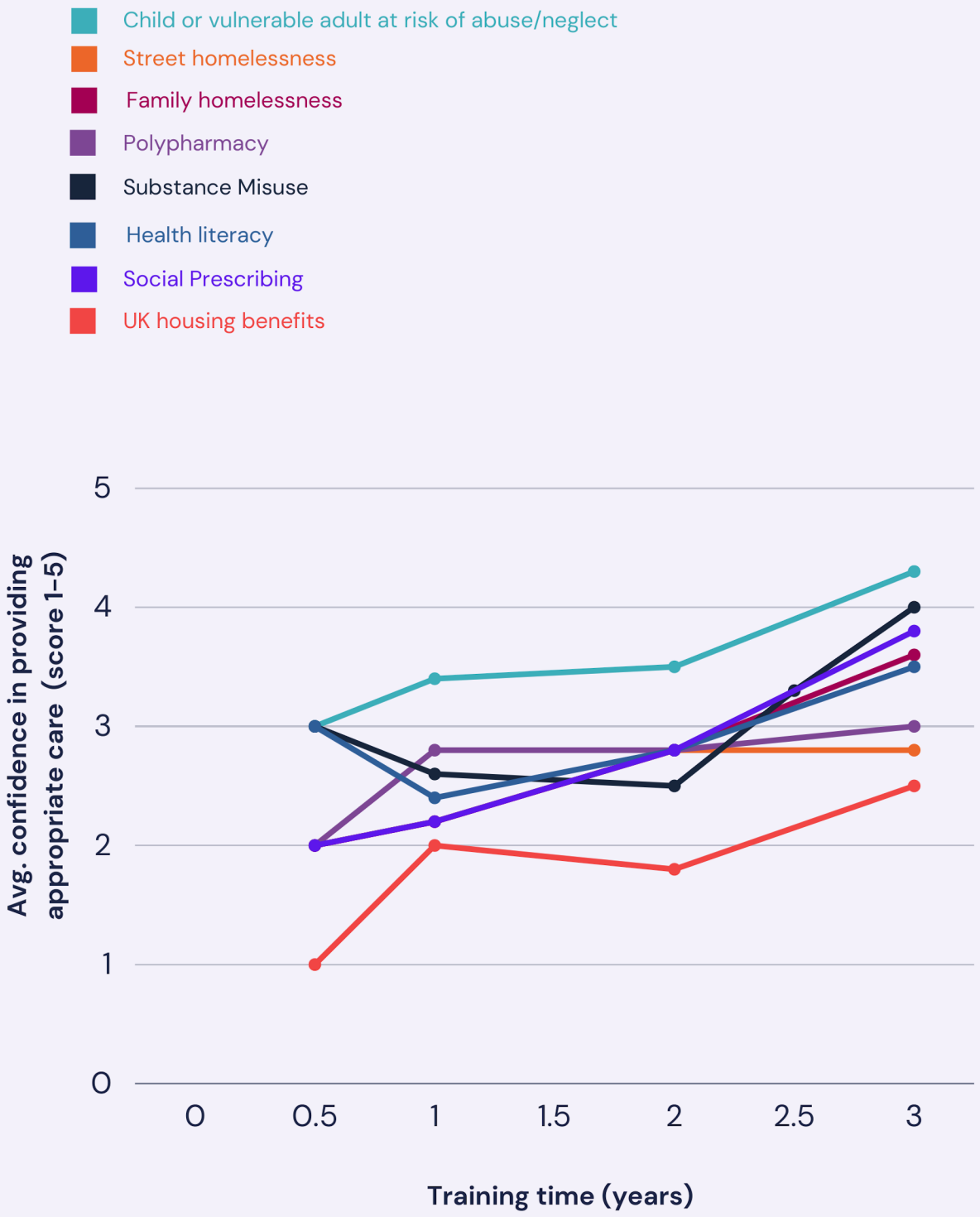

Figure 1a. Average confidence of topics related to deprivation medicine. Trainees (0.5, n=1; 1, n=7; 2, n=6, 3, n=4) recorded responses by anonymous questionnaire in Summer 22-23. In Fig 1a. Trainees were asked 'if a patient presented to you with this condition/concern, rate your confidence in providing the appropriate care'

Fig 1b. Trainees' self-score rating

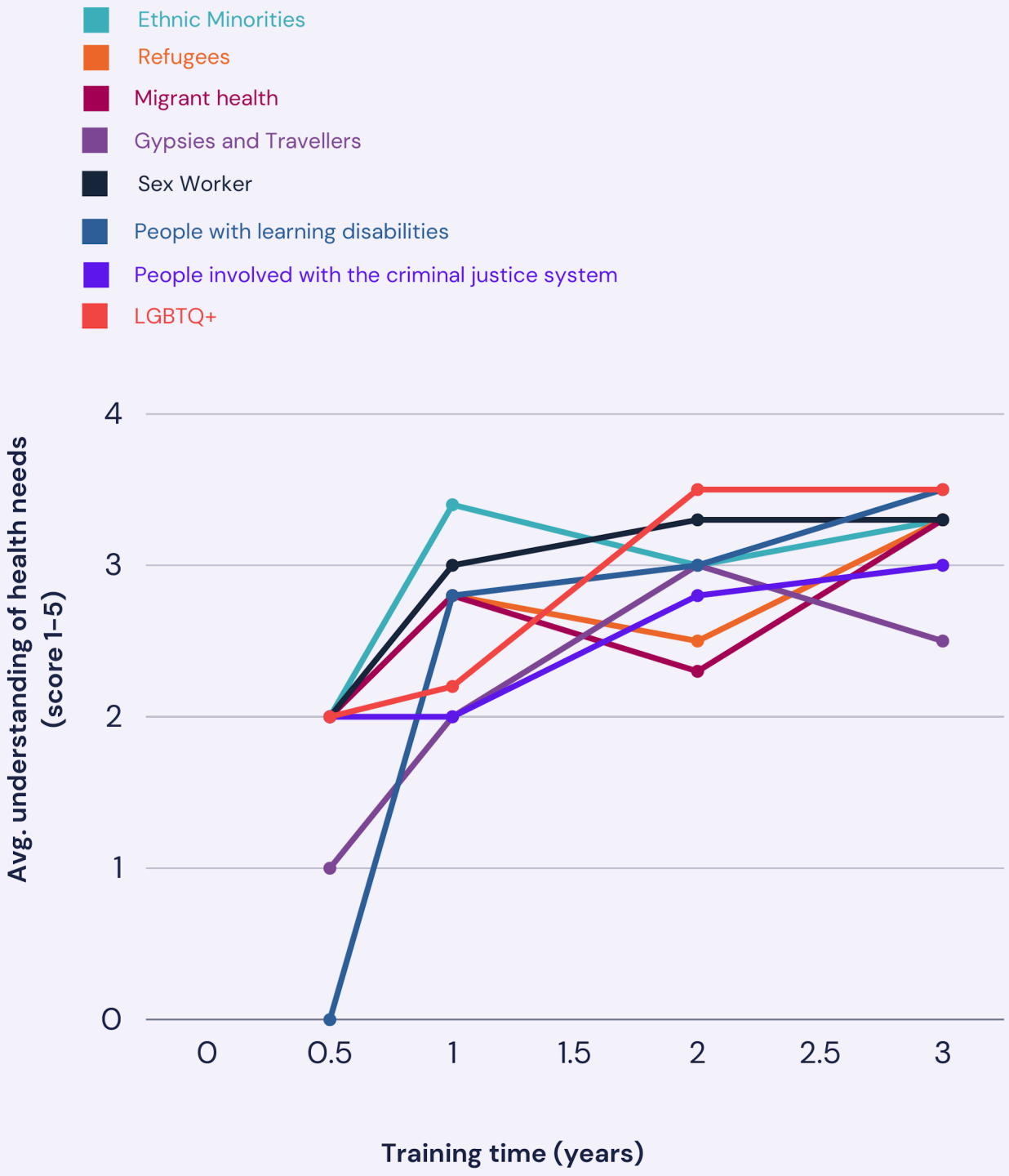

Figure 1b. Average confidence of topics related to deprivation medicine. Trainees (0.5, n=1; 1, n=7; 2, n=6, 3, n=4) recorded responses by anonymous questionnaire in Summer 22-23. In Fig 1b. Trainees were asked 'Rate your understanding of the health needs of people in the following marginalised groups'.

Placements: ST1

Trainees have two 6-month placements in a secondary care post in their first year. Our trainees did one Urgent Care post followed by either an Obstetrics & Gynaecology, Paediatrics or Hospice post. We ask our trainees to give feedback on their placements and how prepared it helps them be for their role as a GP in an area of deprivation.

Urgent Care

Our trainees all enjoyed their Urgent Care placements, particularly for the exposure to acute presentations in an area of deprivation which helped their understanding of the impact of poverty on common health issues. The wider Urgent Care teams received significant praise in trainee feedback, as trainees felt well-supported in their roles and there was a clear emphasis on addressing their educational needs. One trainee particularly appreciated the accessibility of various services for GPs within local communities, finding this aspect particularly relevant. However, the trainees did find the rota challenging and would have liked more time in each department before rotating.

Obstetrics and Gynaecology

This placement helped teach a range of practical skills needed for women's health. Trainees enjoyed working in this post and felt it prepared them well for being a GP in a deprived area. The placement included learning skills in managing menopause, contraception, STIs, vaginal examinations, Female Genital Mutilation (FGM) clinics, and refugee clinics. Exposure to the Emergency Gynae Unit (EGU) was also deemed as extremely useful. Trainees also emphasised the supportive working culture, good educational sessions and efficient handovers. One trainee expressed a lack of clinical exposure within gynae as something that could be improved.

Paediatrics

Trainees had placements in both the Paediatric and Emergency Paediatrics departments, developing useful skills in areas such as early recognition of an acutely unwell child, safety netting and best judgment of hospital admission. Trainees gained confidence in managing common conditions and providing 3-way consultations – a method which improved on their organisational and consultation skills. They also commented on learning how to use telephone interpreters and seeing this as a way of reducing barriers and ensuring a more flexible service. Trainees enjoyed the placement and being part of a good support system including from senior management. Other positives mentioned were a good ratio of staff during nights aiding to better performance in duties, better annual leave opportunities and a prioritisation on trainees' educational sessions. Heavy night shifts were a more difficult part of the placement.

Hospice

Introduced to the programme in February 2023, the placement provided a valuable and educational experience in community-based palliative care. The trainee on this placement felt they learnt skills in navigating uncertainty and good communication – both essential qualities for a GP. These skills were put to the test during challenging conversations with patients and their families when delivering bad news. The trainee felt very positive about the placement and appreciated the warmth and support of the team. The patient presentations were complex and the diverse backgrounds of the patient population supported their readiness for working in under-served areas. The trainee also expressed that they would have liked more internal training to further enhance the placement.

Fig 2a. Enjoyment of placements

Figure 2a. Enjoyment of ST1 placements. Trainees gave feedback by questionnaire following placements in Urgent Care (Aug 22- Feb 23, n=2; Feb-Aug 23, n=2), Paediatrics (Aug 22-Feb 23, n=1; Feb-Aug 23, n=3) and Obstetrics & Gynaecology (Feb-Aug 23, n=2). Trainees working in Obstetrics & Gynaecology from Aug 22-Feb 23 did not complete the questionnaire.

Placements: ST2

In the second year, trainees are allocated to a GP+ placement, also known as an Integrated Post (ITP). In ITPs a trainee's time is split between working at a GP practice and community-based post throughout the week. We ask trainees to review their placement and have summarised below.

Substance Misuse

The post is run by Turning Point who have two clinics; one in Rochdale and the other in Oldham. Only one trainee responded to the feedback for the February-August 23 period. This trainee appreciated the insight into the lives of those grappling with drug addictions. They learnt a lot through closely observing the behaviours of patients, considering the socioeconomic pressures they faced, and delving into the understanding of any traumatic experiences that may have led them to addiction. The trainee also learnt how to safely prescribe methadone. This experience proved to be both demanding and extremely useful for a GP working in an area of deprivation.

Secure environments

There are two Prison placements delivered by Spectrum CIC: HMP Styal and HMP Buckley Hall. Buckley Hall is a male prison that was newly introduced in 2022. Due to staffing shortages at Styal, Buckley Hall became the only post made available from February to August 2022-2023. One trainee occupied this post throughout this period.

The trainee enjoyed the challenging opportunity and the unique nature of the role, including learning about the security measures needed to consult within a prison environment. The trainee learnt communication skills to deal with manipulative and coercive behaviour from some patients and to continue building trusting relationships. The trainee reflected their learning about trauma and the social determinants of health. The trainee felt the placement was very relevant to their work in primary care in areas of deprivation and stated how working with other health professionals helped increase their awareness of the highly complex social pathologies involved. They enjoyed learning about the presenting mental and physical complexities of the patients, and felt they had good supervision, meaning this was a placement which received very good feedback.

Psychological Medicine

There was a shortage of clinical supervisors due to retirement, and so less posts were available this year. However, the trainees who were able to participate gave good feedback about learning how to handle mental health consultations. Trainees emphasised that their most valuable learning experiences occurred during encounters with complex mental health presentations, with one trainee specifically rating the significance of psychotherapy supervision in their training. While feedback on other aspects of the placements was limited, trainees remarked on fully enjoying their posts, highlighting the relevance of the role with deprivation and how well the responsibilities prepared them for working as a GP. This was most evident during their time within the GP side of placement. Trainees also enjoyed the support for achieving a healthy work-life balance and in addition, appreciated the balanced mix of one-to-one mentoring and tasks which positively influenced on the trainees' mental wellbeing and desire for pursuing health equity.

Homeless Families

The Homeless Families post gives GP trainees the opportunity to deliver clinical services to women and families experiencing homelessness. The placement provides wider insight into the socioeconomic determinants of health and encourages trainees to implement holistic approaches to improve care. The GP trainees' time is split between working an outreach project from a doctors practice into temporary accommodation, and a health focused baby bank run by Shared Health Foundation. In both these areas, the trainees are building trust with patients and helping them overcome barriers to accessing normal health services within primary care. This might include having conversations with patients about sexual health options or mental health, as well as about the health needs of their children such as bedwetting or developmental challenges. The post helps trainees learn how to support vulnerable patients, as well as how to engage in safeguarding meetings. One trainee described the post as rewarding and a pivotal part of their learning. Working alongside other health professionals such as a **Focused Care (2)** Practitioner was also deemed as incredibly useful, although one trainee wished the role of a GP was more clearly defined within that team.

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2) **Focused Care** - Formed in partnership with SHF and Hope Citadel Healthcare, Focused care is a model with the central aim of making the invisible patient visible. This long-term resource is available to GP teams working with the most vulnerable and hard to engage households across Greater Manchester.

Despite this concern, both trainees strongly enjoyed the placement, describing it to be a 'breath of fresh air' and a positive experience overall. The placement offered them flexibility in managing one's own time, and initiative to pursue unique projects and services for the cohort they served.

Health Inclusion

Shared Health hosted an extra trainee from February 2023 in a Health Inclusion post that worked with single homeless cohort registered at a doctors practice and living in a nearby hotel. Exposure to this population helped improve the trainee's skills in managing complex presentations that arise from a migrant population group. The trainee really enjoyed face-to-face interactions with the patients and enjoyed watching their health improve through continued engagement. Whilst challenging, the trainee enjoyed learning how to communicate through a translator and how to manage patients with many complexities in a short time frame. In addition, the trainee described the post as supportive and flexible and labelled these as the post's key strengths. As the post was a new one, the trainee struggled with the start of the post which had less structure.

Fig 2b. Enjoyment of placements

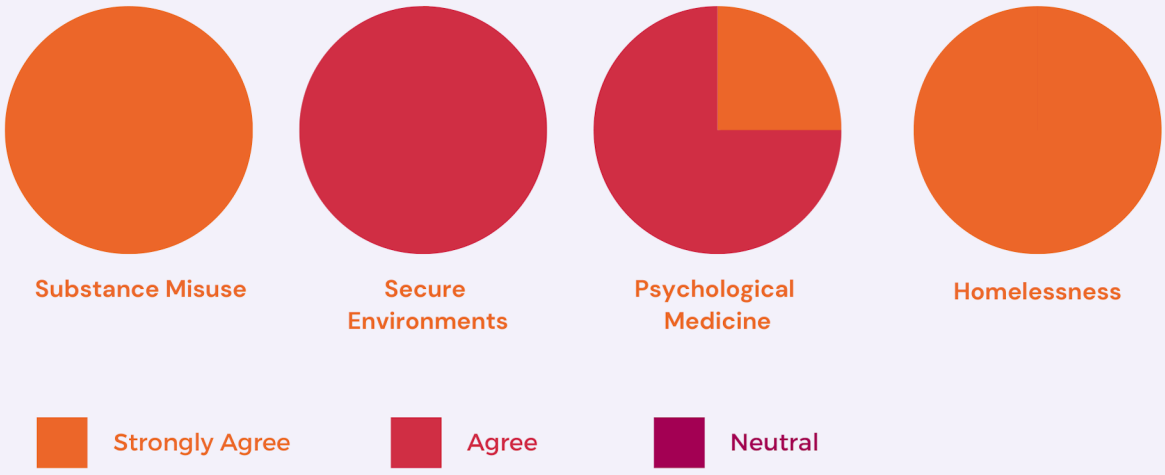

Figure 2b Enjoyment of ST2 placements. Trainees gave feedback by questionnaire following placements in Substance misuse (Aug 22-Feb 23, n=0; Feb-Aug 23, n=1), Secure environments (Aug 22-Feb 23, n=0; Feb-Aug 23, n=1), Psychological medicine (Aug 22-Feb 23, n=1; Feb-Aug 23, n=3) and Homelessness (Aug 22-Feb 23, n=1; Feb-Aug 23, n=2).

ST3

Trainees in their final year are allocated to the same GP practice as their Educational Supervisor for the duration of 12 months.

The ST3 trainees were able to focus on improving their practical skills needed to become a GP, including organisation, communication, shared decision making, and leadership. Trainees learnt the most through continuity of care for patients with sometimes complex health backgrounds. They found their supervisors supportive and were able to gain regular feedback. Working alongside other health professionals such as Focused Care Practitioners and Social Prescribers was also deemed beneficial, and trainees expressed feeling incredibly supported by the 'friendly' general practice team. The unique challenges of working in a deprived area prepared trainees with the abilities to perform well as a GP. They were also able to put into practice what they had learnt both in previous placements and in formal teaching. Trainees also enjoyed the social aspects of the role, such as being in a friendly environment with fellow colleagues, working within a driven team passionate about improving care, and being a part of local community projects. Difficulties encountered during these placements were very minimal. One trainee felt unsupervised during certain days, and another remarked on the 'slow build-up' of cases presented. Despite this, trainees' wellbeing had been positively affected by training in general practice.

Fig 2c. Enjoyment of placements

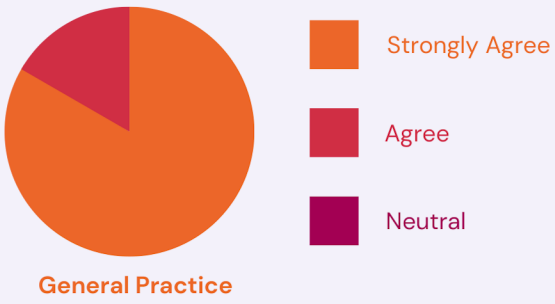

Figure 2c. Enjoyment of GP placements. Trainees gave feedback by questionnaire following GP placements (Aug 22-Feb 23, n=2; Feb-Aug 23, n=4).

2 Improving GPs' recruitment into areas of deprivation

Current and prospective trainees

The programme is open with trainees in its goal to encourage more GPs to opt for salaried or partnership roles in areas of deprivation. We ask both current and prospective trainees if they 'intend to work in an area of deprivation for the long-term', showing good results from trainees who strongly agree or agree with that statement. Current trainees also remained hopeful in their desires to make impactful changes for their communities, deeming the role as 'rewarding,' 'thriving with opportunity' and 'intellectually interesting'. Prospective trainees were able to articulate why they felt less confident about working in deprivation for the long term – some stating 'lack of funding available', 'lack of social support', and the prospect of 'emotionally challenging roles' as attributes to the undesirability of working in deprivation. We hope this is a positive reflection of the role of the scheme in giving hope, and real tools and skills to GPs, that enable them to thrive even in environments that feel like they could be tricky to those without appropriate support. Over the next few years, as the prospective trainees join the scheme and begin on their journey with us, we hope to be able to show them how to stay and thrive in areas of deprivation.

Graduates

This past year saw 6 of our trainees graduating and taking jobs within practices located in areas of deprivation. All but one of our GPs have taken salaried positions and have also participated in fellowship and leadership schemes – including 1 graduate who was asked to take on a clinical lead position within 3 months of completing training. The 6th trainee has decided to locum for the time being, but is still based in areas of deprivation around Greater Manchester. The graduates undertake exit interviews towards the end of their training, to have the opportunity to reflect on their experiences and the success of the programme. One of the questions asked during the interviews is: "What made you want to work as a GP in an area of deprivation, and does that motivation persist today?" The graduates expressed a strong desire to improve the lives of deprived communities, and do so for the long haul – a commitment that was influenced by training at devoted practices and alongside like-minded peers. The graduates were also asked to explain which skills they felt they had learnt that helped them in becoming a good GP in areas of deprivation. Many found teaching sessions on Psychological Medicine and Substance Misuse particularly helpful when working with patients. They also felt better prepared to manage complex health presentations and had learnt to adopt a person-centred approach to care.

Previous graduates

At this review point, we also contacted the 2022 graduates, who were all still working in under-doctored areas of deprivation, and all still felt driven by their passion to tackle health inequalities in these areas. Additionally, two of the graduates have enlisted onto GP supervisor courses, with at least one ready to supervise a GP next year. The programme will continue to monitor the careers of its trainees' post training, evaluating the extent to which the scheme has succeeded in helping improve recruitment and most importantly retention in GP practices serving deprived communities.

3 Improving GPs wellbeing and skills for resilience

Improving the wellbeing of our GP trainees is used as preventative approach in reducing the risk of burnout and nurturing a career in deprivation medicine. We ask trainees to score their own wellbeing at several points in the year, and use the data (alongside other mechanisms) to help focus support both to individuals who are particularly struggling, but also to the whole group by tailoring teaching or opportunities for wellbeing practices.

Our training programme director and our two supporting teaching GPs all form positive, strong relationships with the trainees throughout their training, and have regular meetings with supervisors. These relationships build the foundation for being able to talk about wellbeing and resilience, and for being able to spot early signs of burnout, distress, or other mental health concerns. Three years of training in a health care environment, with the long shifts, antisocial hours, demanding workloads, difficult relationships with colleagues and patients, the exams, the studying, and the personal life challenges that all come hand in hand, all mean that we cannot expect our trainees to always be fully resilient and happy. Rather the expectation is actually that our trainees learn to identify when they are not feeling well, and what they can control about that, and how they talk about it with those who can help them. We know that working in deprivation can be challenging, and so in order for our GPs to be able to sustain these jobs throughout their careers, we need to incorporate wellbeing and resilience practices throughout their teaching programme and placements.

We review the wellbeing scores for prospective trainees, and although these scores cannot be directly compared with current trainees, we hope that during the scheme we can track individuals and their growth in how they self-score their ability to have a positive life balance, self-esteem, stress management, positive relationships, and coping under difficult circumstances.

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Teaching on wellbeing

The programme has continued to deliver two specific wellbeing sessions per year; one half-day and one full day. These sessions are creative and focus on giving trainees time to relax and explore coping strategies. This year, the first session focused on the 'Five Ways to Wellbeing' and the second included a singing workshop, led by a wellbeing practitioner. Trainees identified that they had learnt the most through reflection, taking time to slow down and being centred and present in the moment. These were demonstrated through activities such as 'Body Scanning', 'Breathing exercises', 'Connect, Learn, Active, Notice, Give (CLANG) methodology', 'Street Wisdom' and singing - all of which had a profound effect on the trainees physical and mental health. Trainees enjoyed the inclusivity of these activities and confirmed that they would implement some of the techniques learnt into their daily lives.

We also work on ensuring the weekly teaching sessions foster a positive and protective environment where trainees can build strong relationships with peers, that give space for debriefing and learning from each other. Trainees commented on the 'restorative' nature of these teaching sessions, giving them protected time to learn but also fuel their passion for making a change through deprivation medicine. We know that having a strong sense of purpose and intrinsic motivation are crucial in maintaining a positive relationship with work when the environment is difficult, and so we are proud that our scheme does not shy away from the hard reality of working in healthcare, but instead equips and motivates our GPs to stay well and to stay hopeful in that space. See Fig 3. below for data on trainees' resilience before and after wellbeing teaching.

Fig 3. Trainee's self-rating on resilience

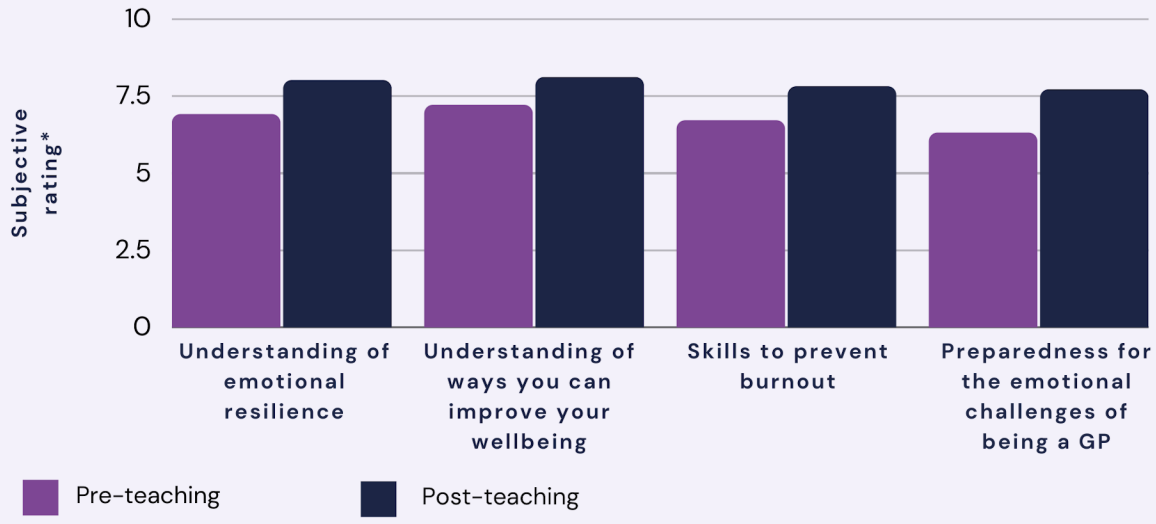

Figure 3. Self-rated understanding and skills related to wellbeing pre- and post-teaching. Trainees (n=15) rated using anonymous questionnaires. *1 no understanding-10 full understanding. They rated retrospectively for August 22-23. Trainees on the scheme saw good improvements on their resilience and ability to cope positively to working in an area of deprivation.

4 Improving focus within primary care on tackling health inequalities

Trainees

Out of all the new starter and current trainees, the majority agreed with the statements 'I care about reducing health inequalities' (agree, 18.75%; strongly agree, 75%) and 'reducing health inequalities is part of the role of a GP' (agree, 12.5%; strongly agree, 62.5%). As well as through the 'bread and butter' work of providing good quality healthcare in areas of deprivation, trainees have specifically contributed to reducing health inequalities though their work with marginalised groups. These include; homelessness projects to improve healthcare access, working with migrants and refugees on resettlement schemes, involvement in clinical teaching fellow opportunities, delivering teaching on health inequalities to students and basic life support in deprived areas and volunteering outside of working hours to help those most vulnerable within the communities.

Hosting practices

The scheme itself is still growing, currently hosting 26 trainees and looking to host 34 trainees from August 2024. The increase in trainees requires an increase in clinical and educational supervisors. We welcomed one new clinical supervisor in the last year and will take on three more supervisors as from August 2023. These clinical supervisors are all keen to progress in becoming educational supervisors after a year in the role.

Each of these supervisors represents a GP practice that is taking on a GP trainee with a heart for deprivation medicine. We hope the opportunities the GP trainees brings with them into these practices, along with their skills and expertise in the area, and the culture and attitude towards patients, all impact the practices in a positive way and improve the focus within primary care on tackling health inequalities through the 'day job'. Taking on trainees, according to the supervisors, has improved the practices' ability to provide more appointments and deliver good continuity of care for its patients. Trainees bring a fresh perspective to the practice, and trainers have expressed enjoying trainees' progression, enthusiasm to get stuck in and keenness to learn. Supervisors have felt supported by the programme to fulfil their roles in addition to being a salaried GP and have found the regular local Trainer meetings to be extremely useful. The role of supervisor does come with additional workload, but also access to additional educational opportunities which we hope to be able to expand over the next few years.

Work experience

Shared Health have worked alongside **Social Mobility Foundation (SMF) (3)** to help secure work experience placements for students who may not otherwise have the right networks or opportunities. This has started small, with one placement in a **Hope Citadel Healthcare (HCH) (4)** practice, but we hope the scheme will expand within our network when capacity allows within practices. The work experience student was able to shadow a mix of health professionals including GPs, healthcare assistants, social prescribers and Focused Care Practitioners (FC).

The student started with a lack of an understanding of health inequalities but became more aware of them during placement. The student enjoyed most seeing GPs in action, observing consultations, and learning proficiently from GPs patience and compassion when delivering care. MDT meetings were also a great inspiration for the student as they were able to see how the teams worked together to support and remove the obstacles patients faced. This experience, as well as working with the social prescribers helped the student to understand the importance of social and holistic support in conjunction with medical support. Overall, the student demonstrated a passion and willingness to learn, stating that from the experience they understood that working in medicine will provide lifelong learning opportunities.

Conclusion

We are passionate about teaching doctors how to deliver outstanding medical care in areas of deprivation. With a little bit of hope, and some expertise and understanding of the challenges our marginalised communities face, we can start shaping the primary care workforce of the future, so that they are compassionate, driven, and resilient enough to keep going for the long run. We hope that in the next year, we will continue to see success in the Deprivation Focused GP Training scheme, and that we will continue to see GPs graduating and taking permanent jobs in areas that have previously been seen as under-doctored and overwhelming, but can now be seen as places where both patients and clinicians can thrive.

3) **Social Mobility Foundation** – The Social Mobility Foundation (SMF) is a charity which aims to make a practical improvement in social mobility for young people.
4) **Hope Citadel Healthcare** – Hope Citadel Healthcare (CIC) provide GP services to their registered population in a caring, compassionate and safe way that leads to clinical excellence. They want to improve patient quality of life, and where possible make interventions and diagnoses that improve health.

About Shared Health

Shared Health Foundation is a not-for-profit organisation working to reduce health inequalities in Greater Manchester. We are led by clinicians whose expertise and experience of best practice informs the development of our projects.

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Reducing the impact of poverty on health in Greater Manchester

The Deprivation GP programme was developed in partnership with NHS England and the Royal College of General Practitioners.

RCGP Royal College of General Practitioners

NHS England

Shf. Shared Health Foundation.