A qualitative study to assess the experiences and perceptions of GP trainees of working in areas or socio-economic deprivation or the 'Deep End'.

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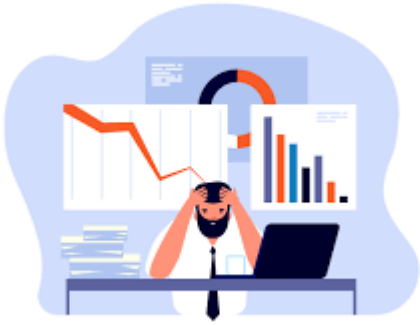
Study Context

- Difficult to recruit GPs in areas of deprivation (1)
- NENC Deep End aims (2):

  Aim 4: Attract staff, especially newly qualified doctors and nurses, to work in Practices with more challenging demographics

Methods

- **Study Type**: Qualitative study
- **Participants:** 13 GP trainees from Northumbria Training Programme
- **Sampling approach**: Purposeful via e-mail
- **Data collection:**
  - Focus groups and individual interviews on Teams
  - Semi-structured
- **Analysis**: Thematic
  - Individual code > Sub themes > Higher level themes
  - Nvivo software



Results – Headline Themes

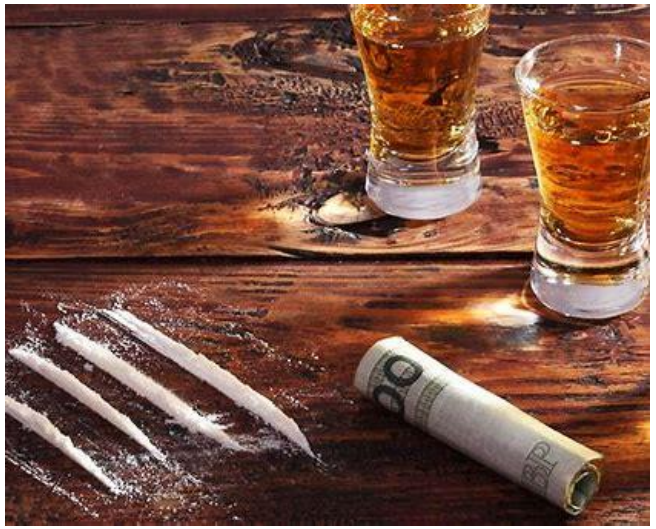
1. Understanding of the Deep End Concept
2. Challenges of working in areas of deprivation
3. Benefits of working in areas of deprivation
4. Perceptions of trainees with no prior experience of working in areas of deprivation
5. Choice of practice post CCT
6. Improving recruitment
7. Training in the Deep End

1) Understanding of the Deep End Concept

- 54% of participants had never heard of the Deep End
- 46 % understood it related to the level of deprivation
- Only one understood aim to tackle inverse care law

2) Challenges of working in areas of deprivation (1)

- Clinical challenges
  - Complex multi-morbidity
  - Drug and alcohol addiction
  - Late presentations
  - Lack of patient motivation/engagement
  - Complex social issues
  - Safeguarding issues
  - Use of translators



- Feelings of:
  - Frustration
  - Powerlessness
  - Stress

Challenges of working in areas of deprivation (2)

- Organisational challenges
  - 10 minute consultation time
  - Locum use – loss of continuity
  - Sub-standard buildings

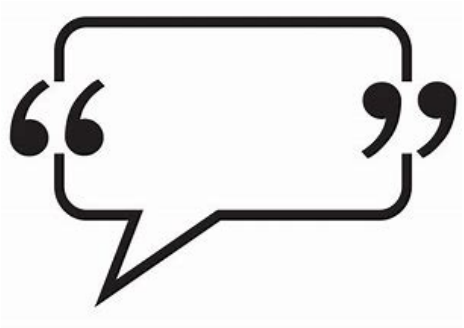
Quotes

- *“You do lots of things for them and they're not easy patients, they are complicated. They've left everything late. So the COPD is advanced, the heart disease is advanced. So you're playing catch up when you're doing your management.” Participant 11.*
- *“I feel that I've probably been trained to recognize and see how (social issues) impacts on health, but I don't feel very equipped to help and sort that problem out as a root cause and so to an extent feel a little bit powerless.” Participant 9.*
- *“I found the safeguarding issues are a very, very frequent problem and they are time consuming. It's stressful, it feels risky.” Participant 4*
- *“I feel as though if you had 15 or 20 minute appointments for these situations you could actually feel as though you could sort of ease into it. Whereas the thought of managing these situations in 10 minutes would fill me with a bit of fear.” Participant 12.*

3) Benefits of working in areas of deprivation

- Rewarding
- Appreciation from patients
- Pragmatic decisions
- Teamwork
- Resource availability/practice set up
- Evidence based
- Broad clinical experience

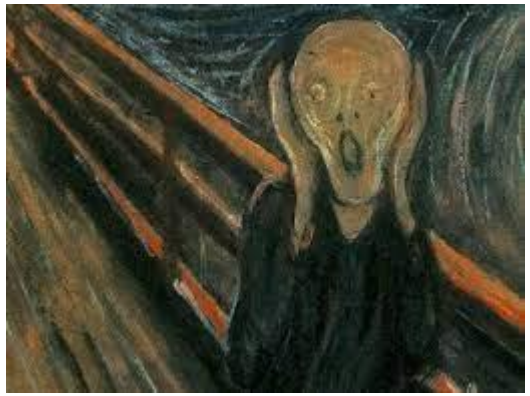
Quotes



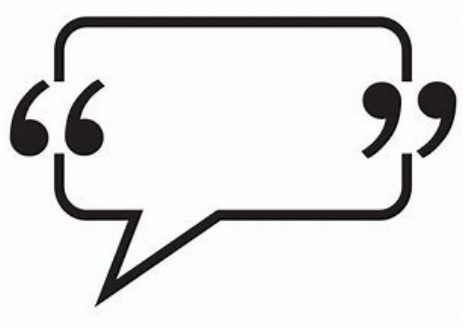
- *“I think it feels more ‘teamly’ in a way because I think the staff know it's hard and they understand that the patients are tricky to manage. So you kind of feel like you're in it together and it has a nice feeling.” Participant 11.*
- *“They've got like, mental health link workers and social prescribers and different types of receptionists who they've recruited from the local population. So there's a couple of people who are [ethnicity] and they've got a really unique insight into the population.” Participant 13.*
- *“The stuff that I've seen in practice A and B has been medically quite interesting. You see people presenting much later with illness. There's much more pathology like when I get my list of bloods in the morning.” Participant 4.*

4) Perceptions of trainees with no prior experience of working in areas of deprivation

- Negatives
  - Fear of the unknown
  - Negative perceptions arise via word of mouth
  - Personal safety issues
  - Less pay
- Positives
  - Job satisfaction
  - Making a difference
  - Role model



Quotes



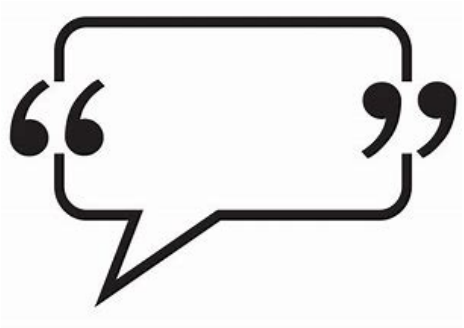
- *“So my thoughts about going to one of these Deep End practices would be, would I be able to do it? Would I enjoy it? Would I want to commit to a job there having never worked in that type of practice before? So I think I would feel a bit apprehensive about it getting a job there initially.” Participant 2.*
- *“(My perceptions arise from) the GP's (I’ve worked with) and also a few friends who've worked in Deep End practices. One or two have had negative experiences and that does influence the way you think. If you've got a friend who's telling you, I worked in this practice and really didn't like it because of XYZ, that would influence me somewhat.” Participant 2*
- *“Being a role model for young people in deprived areas. So patients can think my GP is actually a real person. I think you could be more instrumental as a practice of improving opportunities for young people.” Participant 9*

5) Choice of practice post CCT

- General priorities
  - Level of deprivation not a major factor
  - Working where trained
  - Well ran
  - Good teamwork
  - Commuting distance/flexibility
- Deep End
  - Work where trained
  - Job satisfaction
  - Using skills
  - Well paid salaried roles

- Not Deep End
  - Lack of experience
  - Perception of high workload

Quotes

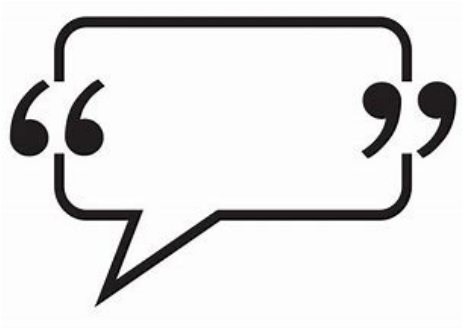


- *“I don't actually have a preference because I think every population will come with its own challenges and unique things. Ultimately I see it as that doesn't have a huge bearing on my work. Ultimately the medicine doesn't change dramatically.” Participant 13.*
- *“I've obviously chosen to work where I'm trained and I think a lot of people do the same because they know what they're getting in for and they know the team. That will probably always be the case.” Participant 8.*
- *“You're aim really should be using your skills in the place where you potentially need it most and that there is a real benefit to doing that and job satisfaction and interest.” Participant 12.*
- *“It's really difficult because I might fit in really, really well, I've just never done it. Part of me kind of thinks, well, I've met these people in this team and they were nice and nothing bad happened. So maybe I should just kind of stick with what I know.” Participant 2.*

6) Improving recruitment

- **Organisational/Practice factors most important**
  - Supportive team
  - 15 min consultations
  - Professional development time
    - To develop a specialist interest
  - Supervision – formal or informal
- Money not a major factor
    - Sufficient compensation
- Clear advertisement

Quotes



- *“Opportunities for CPD for development as an individual (would be a priority). That probably comes from having an area of special interest, whether that's women's health or education, and that would attract me more to a Deep End practice.” Participant 9.*
- *“I guess even more than supervision you need it for the balant purpose of it just to be like ‘hey, this made me feel awful’ and they'll be like ‘yeah, don't worry, that's normal.” Participant 11.*
- *“I think you want to attract the doctors that want to be there in the first place not the doctors that are chasing the pay check.” Participant 3.*
- *“I think putting them all in one place would be useful as long as it was a central website that everyone goes to for the other jobs that aren't Deep End as well. I wouldn't want to keep having to look at two places, so maybe they'd have to also advertise or put their jobs on the general one.” Participant 7.*

7) Training in the Deep End

- Increase likelihood of staying in Deep End
  - Familiarity of challenges
  - Know the practice

- Integrated training programme
  - Good idea
  - ? Targets those already with an interest in areas of deprivation

What this study adds

- Highlights low awareness of Deep End concept amongst trainees
- Confirms challenges previously described applicable to trainees
  - Mercer et al 2007 (3), MacVicar et al 2015 (4)
  - Cunningham et al, 2020 (5)
  - Deep End report 28 2016 (6)
- Expands the known benefits of working in Deep End
  - McCallum 2019 (7), Deep End report 28
- First study to separate trainees with and without experience of working in the Deep End
  - Separated experiences and perceptions
- Expands known priorities when choosing practice
  - Deep end report 28
- First to explore incentives in deprived areas in GP
  - Chan et al 2005 (8) – Rural recruitment in Canada

Recommendations

1. Increase **awareness** of the Deep End concept during general practice training
2. Increase the number of Deep End practices that are **training practices**
3. **Training placements** in Deep End practices or deprived area practices to be made a compulsory part of general practice training
4. Offer improved **working conditions** for prospective GPs. Specifically,
    a. 15 minute appointments per patient
    b. Designated clinical professional development time each week
    c. A mentoring programme with regular meetings for support
    d. Encourage teamwork and a supportive practice atmosphere
5. Clear **advertising** of job vacancies on a central website with incentives clearly listed
6. **Pay** should be in line with other practices

Newcastle University

Thanks for listening!

References

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- (4) MacVicar R, Williamson A, Cunningham D, Watt G. What are the CPD needs of GPs working in areas of high deprivation? Report of a focus group meeting of 'GPs at the Deep End'. *Edu Primary Care*. 2015;26:139–145.
- (5) Cunningham D, Yeoman L. Recently-qualified general practitioners' perceptions and experiences of General Practice Specialty Training (GPST) in deprived areas of NHS Scotland - a qualitative study. *Educ Prim Care*. 2019;30(3):158-64.
- (6) General practitioners at the Deep End. *Deep End report 28: GP recruitment and retention in deprived areas*. 2016.
- (7) McCallum M, MacDonald S, McKay J. GP speciality training in areas of deprivation: factors influencing engagement. A qualitative study. *BJGP Open*. 2019;3(2).
- (8) Chan BT, Degani N, Crichton T, Pong RW, Rourke JT, Goertzen J, et al. Factors influencing family physicians to enter rural practice: does rural or urban background make a difference? *Can Fam Physician.* 2005;51:1246-7.

Strengths and Limitations

Strengths

- Wide range of experiences of trainees
- Participants were GP trainees
- Interviewer was a GP trainee
- Focus groups and individual interviews

Limitations

- Target specific subgroups of trainees, e.g. IMGs
- Participants may not be representative of the training scheme
- Medical students and newly qualified GP experiences

Participant Characteristics

Table 4: Participants characteristics	
Participant Characteristic	Number
Gender	
Male	2
Female	11
Stage of GP Training	
Year 1	2
Year 2	2
Year 3	9
Trained in a Deep End Practice	
Yes	3
No	10
Trained in an area of socio-economic deprivation	
Yes	12
No	1