

# Developing a new generation of GPs focused on inclusion



Yorkshire and Humber is helping future GPs develop skills and awareness in deprivation medicine and inclusion health, with tailored placements and a targeted educational programme.

## What we're doing



### What are we doing and why?

Yorkshire and the Humber is a diverse area. It is a great place to live and work, but has significant areas of deprivation. We want to make sure that future GPs are well equipped to support our diverse communities. So we put in place the following for trainees:

- **innovative training posts** where trainees spend 6-12 months in practices in the most deprived areas or which target vulnerable patients. Trainees also do a placement at another organisation to gain complementary skills, such as mental health or homeless health services. Trainees need to apply and we take 30 each year. We currently have 60 trainees on the scheme
- a half-day **workshop every two months** facilitated by experts in health inequalities
- participation in an **e-learning course** hosted on [www.fairhealth.org.uk](http://www.fairhealth.org.uk)
- option to apply for a one-year **fellowship** after completing training, with weekly education and coaching sessions

This is part of a wider movement in GP education around health inequalities.



### How is this different to traditional training?

There is a workforce crisis in primary care, and this is more pronounced in deprived areas. We have more GP training practices and placements in affluent parts of Yorkshire and Humber, so fewer trainees were placed in less advantaged areas. That means trainees were not getting all the skills they needed to care for people in the coastal, rural or inner city areas. They didn't feel prepared to deal with mental health, substance misuse, the benefits system and asylum seekers and refugees.

# What we're achieving

## How does this support training reform?

This programme addresses all of the themes in the GP Specialist Training Reform programme:

- compassion, holism and quality of care
- equity, diversity and inclusion and differential attainment
- social justice, social partnership and social accountability
- quality of education and training
- priority areas such as mental health and population health

“There is high GP burnout and poor retention in disadvantaged areas, but those are the areas that most need good primary care. Our innovative training programme is creating a generation of GPs who are passionate about the sickest in society and who have the skills to help them.”  
(GP Trainer)

## What are the benefits?

This approach is building a critical mass of new GPs with skills in health inequalities. This will benefit population health, the health and care system and individual patients and GPs.

So many of us don't understand about health inequalities and resource allocation, but we are seeking to change that. GPs are now completing their training and taking on posts in the most disadvantaged neighbourhoods. They feel confident and passionate about addressing health inequalities.

“A year ago I would've run a mile from this type of role, but now I am passionate about health inequalities.”  
(GP who completed programme and is working in a deprived area)

# What we're learning

- We have developed a package of resources that can help others set up similar training schemes.
- Trainees like hearing stories about GPs working in tough areas and making a difference. It is inspiring to build networks and connect with people who are tackling health inequalities and promoting inclusion day to day.
- Some of this work can seem overwhelming. Exposing trainees to highly deprived populations and health inequalities early on in training may put them off. Sometimes people start GP training without realising what they have in store, but this can also be an opportunity to inspire people about the difference they can make.

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