

## DEEP END SUMMARY 33

### Increasing undergraduate education in primary care in areas of socio-economic deprivation (the Deep End)

- Across all medical schools, there is a drive to improve the quantity and quality of undergraduate (UG) teaching in general practice.
- There are particular challenges related to UG general practice teaching in areas of socio-economic deprivation (the Deep End).
- The inverse care law is the fundamental barrier to improving the volume and quality of medical education in areas of deprivation. Simply put, practices in more deprived areas struggle to meet the needs of the higher proportion of patients with complex health and social problems, resulting in limited capacity to take on teaching roles.
- The higher proportion of smaller, often singlehanded, practices in deprived areas makes it more difficult to accommodate teaching and training requirements.
- There are relatively more GPs in Deep End practices approaching retirement, meaning recruitment to these areas is all the more pressing, with knock-on effects for medical education.
- The particular nature of clinical work in deprived areas, characterised by high volumes of alcohol and drugs problems, multimorbidity, psychological distress, polypharmacy, vulnerable families and other social problems, results in particular learning needs, which are inadequately addressed by current UG medical curricula.
- Potential solutions to improve UG medical education in the Deep End should be considered as part of a comprehensive strategy across the medical education continuum, from widening access to medical school for pupils from disadvantaged backgrounds, through medical school and postgraduate training, to improving retention of more experienced GPs.
- Addressing the inverse care law requires not just a more proportionate distribution of resources, but also more critical attention to the psychological biases and power dynamics that maintain the deprivation of care for marginalised people.
- Addressing the issue of space is a key element of any plans to accommodate increased UG education in areas of socio-economic deprivation.
- Efforts to widen participation should support the process of 'getting ready' (considering a career in medicine and preparing to apply), as well as 'getting in' (the selection process itself), and financial support during studies, if required.
- Relationships of trust are key to working with marginalised people, addressing stigma and shame through support and advocacy. The knowledge, skills and attitudes required to adopt this model of care should be at the heart of a values-based approach to medical education if the NHS is to be at its best where it is needed most.

*"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 Scottish Government Health Department, the Royal College of General Practitioners, and General Practice and Primary Care at the University of Glasgow.*

Full report available at [www.gla.ac.uk/deepend](http://www.gla.ac.uk/deepend)

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