# A qualitative study evaluating ideas and attitudes in the recruitment of General Practitioner Registrars into deprived areas

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## Introduction

The number of patients per GP is fifteen percent higher in the most deprived ten percent of Clinical Commissioning Groups compared to the least deprived(1).

In the most deprived ten percent of areas; GPs are responsible for an additional three hundred and seventy patients (2).

The multiplier effect (3) argues that deprived areas experience worse health, a greater risk of multiple health conditions and are more likely to have these at a younger age, further increasing workload.

## Aims

The purpose of the study was therefore to use a qualitative approach to explore the ideas of GP registrars in their perception of working in deprived areas, and to identify common themes in attracting GPs to work in areas of deprivation.

## Methods

GP registrars within the East Midlands VTS schemes were invited to participate using an online structured questionnaire. Parametric statistical testing was used to analyse quantitative data and a thematic framework approach was used for qualitative analysis.

## Ideas of Working as a General Practitioner in Deprived Areas

- **The most important influencing factor in recruitment was the impression of a well-run and organised practice with deprivation level being the least important factor**

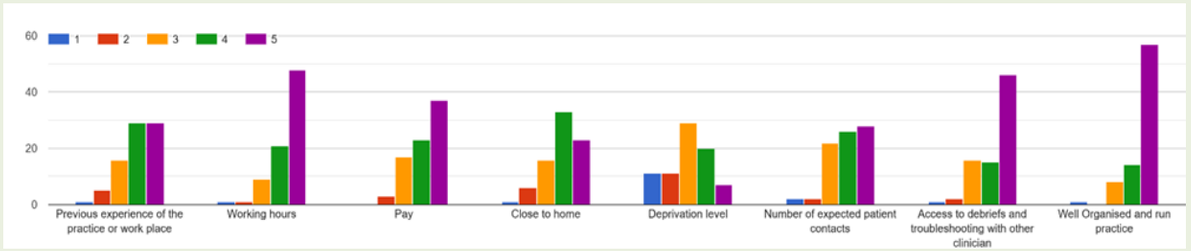


*Figure 1 – Factors influencing where respondents would like to work in the future on a scale of 1 (not important) to 5 (very important)*

- **However, only 8.8% of respondents planned to work in practices located in areas of deprivation**

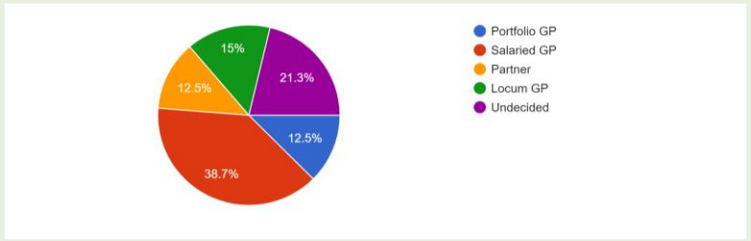


*Figure 2: Planned areas to work in General Practice according to deprivation level.*

- **Excessive workload, lack of confidence in managing deprivation related medical problems, and language barriers were suggested as the primary reasons for this.**

**Workload**

"Pros and cons of working in high and lower deprivation levels. Before training it's something I was considering but working in a very deprived area currently has put me off due to the unrelenting workload."

"I would like to work in an area of deprivation, however, expect this would have its challenges inc emotional/mental, and therefore think perhaps a mix of two different practices could be an option"

**Intrinsic Factors**

"I see it as my duty, given the inverse care law. Fewer worried well patients, more impactful interventions, and more challenging occupational/chronic disease management."

"I feel passionate/called as a GP to address health inequalities so I would like to work in an area of high deprivation,"

**Language barriers**

"(I) find it frustrating to use Language Line during a consult and the areas of high deprivation in which I have worked have more frequent instance of language barriers between clinicians and patients"

**Lack of Clinical Experience**

"Not familiar with managing conditions seen commonly in high deprivation areas"

"I have never worked anywhere very posh or deprived inner city, so I have not experienced the more extreme ends, so I probably don't have enough experience to help influence my decision."

## Incentives for working in Deprived areas

**96%** of respondents believed there should be incentives to encourage general practitioners to work in deprived areas.

**The most common theme identified was Financial Incentives:**

- **76.2%** of respondents felt there should be "Significantly increased salary," "Monetary incentive" or a "Welcome lump sum" for working in deprived areas.
- **22%** believed there should be "longer appts to deal with extra pressure" or "reduced patient contacts per day to allow you to give patients the time they need."
- **17.5%** stated that access to debriefs and extra support through a practice MDT (Multi-Disciplinary Team) or peer support would help. "Support to those doctors in terms of debriefing, discussing the patients in MDT meetings for example, facilities to help them to manage the patients or to refer them if needed"

## Conclusion

These results suggest three domains that could be addressed to promote increased recruitment in areas of deprivation.

### 1. Awareness of Extrinsic factors

The overwhelming consensus in this study suggests that increasingly it is Extrinsic factors, namely financial incentives, that may have a much larger impact on a clinician's decision to work in areas of deprivation. This analysis demonstrates factors such as increased salary or a "welcome bursary" need to be considered when developing strategies to improve recruitment.

### 2. Educational Factors

The analysis also suggests that a lack of confidence in the management of problems encountered in deprived areas, such as homelessness and substance misuse may increase the reluctance of trainees to work in such areas: "I do worry I don't have the experience to deal with some of the challenges faced, as I have not had to during my training". A focus on education in such topics on the GP training scheme, in a structured, nationally agreed framework may help to reduce the impact this factor may have on recruitment.

### 3. Exposure

Whilst increased exposure of trainees to practices in areas of deprivation may help to address some educational factors, the analysis also suggests that trainees whom work in practices in deprived areas and are not influenced by deprivation level may be more likely to stay in the practice they have trained in: "It is more important for me to find a practice that is a good fit for me, the team worries me more than anything else". Practices in deprived areas are less likely to be training practices(4), therefore, it could be concluded that strategies addressed at increasing the number of training practices in deprived areas would help recruitment.

References:
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