

Jumping in at the Deep End:

supporting young GPs working in deprivation

As someone who meets a group of women at the crack of dawn in winter to go wild swimming, I jump at the chance to dive into the deep end of any river or lake. In view of this, I wondered why I, and other GP trainee colleagues coming to the end of our training, might not be as keen to jump into the waters of Deep End general practice. Perhaps it is because we see our GP role models working in deprived areas late into the night and burning out. Perhaps we see some of the empathy these GPs had in abundance at the start of their careers being worn down over time. I'm not sure there is the same feeling of excitement, satisfaction, and camaraderie as my frosty sunrise adventures.

During my GP training I was given the opportunity to run the 2018 Trailblazer scheme, supporting newly-qualified GPs in areas of deprivation working across Yorkshire and Humber. With fewer GPs choosing to work in areas of greatest need, thus contributing to the Inverse Care Law,¹ can we learn from a scheme that throws a buoyancy aid to those starting as a 'Deep End GP'?

REALITY AT THE DEEP END

Deprivation has significant effects on the health and life expectancy of our population.² In cities of Yorkshire and Humber, like Hull, Sheffield, Bradford, and Leeds deprivation is entrenched in many communities. In Sheffield, one GP practice has 39.4% of children living in low-income families compared to just 3.1% a few miles across the city.³ Working in areas of deprivation as a GP is challenging.⁴ Consultations in deprived areas have more complexity and put more strain on GPs.⁴ As a result, GPs working in areas of deprivation are twice as likely to burn out than GPs working in less deprived areas.¹ Graham Watt describes the three main challenges in health care as being *'finding ways of increasing the*

*volume, quality and consistency of care in deprived areas.'*⁵ The Trailblazer scheme aims to do just that.

THERE IS HOPE AT THE DEEP END

Through the Health Education England post-CCT fellowship programme, The Trailblazer Scheme supports newly-qualified GPs to work in areas of socioeconomic deprivation. The scheme was modelled on the Deep End Pioneer scheme started in Glasgow in 2016.⁶ The Trailblazer scheme is offered to qualifying practices (top 20% by deprivation score) to help with recruitment and retention of GPs. The aim is to develop the skills, knowledge, and experience in early career GPs so that they stay working in these challenging but rewarding environments. Over a one-year placement, alongside clinical work, Trailblazer GPs have one day per week of paid release time for education, action learning sets, coaching, and personal development.

From October 2018, seven Trailblazer GPs took up roles in practices in areas of deprivation across Yorkshire and Humber. So far, 11 GPs have started the scheme for a following year in October 2019. In 2019/2020, Trailblazer schemes are also planned in Plymouth, Coventry and Warwickshire, and the North East of England. In feedback at the end of the year, the 2018/2019 Trailblazer GPs all reported wanting to stay working in their current GP practice beyond the end of the scheme. All felt that the scheme had helped them in their day-to-day work as GPs working in deprived areas and felt inspired by colleagues they had met and been taught by on the scheme.

The Trailblazer GPs reported that the most important benefits came from regular meetings with their peer group of GPs working in similar environments. This fits with previous research showing that resilience at the Deep End relies on good support from colleagues.⁷ The Trailblazer

GPs described using learning from the educational programme to provide more support to their patients. One said:

'I feel I have more insight. I feel like I have more understanding. I hope that comes across to my patients.' (Saira Khan, Trailblazer GP 2018/2019)

GP practices involved in the scheme were helped to recruit and retain GPs who are not only able to survive but thrive working in areas of deprivation.

EXPERIENCE AND A SENSE OF BELONGING AT THE DEEP END

Like swimming in cold water, working in practices in deprived areas can be both exciting and rewarding when GPs receive the right support. Being part of a network of peers can also give a feeling of common purpose through meeting some like-minded folk.

Cold water swimming gets easier the more you do it and with more experience. Perhaps the same can be said for working in the Deep End in general practice too.

If we equip GPs early in their career with the appropriate support and knowledge, along with regular opportunities for peer support and personal development, more GPs will stay and feel like they belong working at the Deep End. These GPs might just be the inspiring role models working in areas of deprivation for the GPs of tomorrow too. To find out more about the Trailblazer Scheme or get in touch visit www.fairhealth.org.uk

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Life & Times

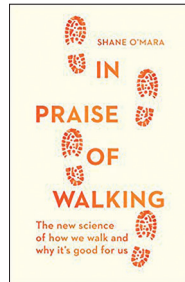
Books

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In Praise of Walking. The New Science of How We Walk and Why it's Good for Us Shane O'Mara

The Bodley Head, 2019, HB, 218pp, £16.99, 978-1847925015



AFOOT

Professor O'Mara is a neuroscientist with a passion for walking. He argues that bipedalism, an ability to walk upright on two feet, is beneficial not just in evolutionary terms but also for our wellbeing. His book celebrates the joy of walking and urges readers to get up and walk their way to a better life. He presents well-referenced evidence for the benefits of walking; improved cognition, creativity, and mood. He explains the effects of walking on increasing blood flow to the brain and in reducing measured body fat, emphasising the importance of regular walking and attention to diet.

As a keen long-distance walker, I enjoyed the chapter on the delights of walking in a city. Walking allows us to connect with our environment; the smells, dirt, sights, lights, and snatches of conversation; however, city planners give motorists priority over pedestrians. The author makes a plea for green spaces, improved crossing points, and trails to enhance the 'walkability' of our cities.

O'Mara quotes Hippocrates: 'walking is the best medicine' and salutes the Shetland GPs who prescribe walking for their patients. He maintains that you are never too old to take up walking and gain the benefits for both body and mind. He describes eloquently the beneficial effects on learning and memory and how the brain is permeable to influence from muscle activity in the body through positive feedback.

A chapter on how walking can improve creative thinking and problem solving made me wonder why we spend so much time sitting in front of screens. Walking facilitates 'mind wandering' and divergent thinking. The 'flow', a subjective experience of concentration and deep enjoyment arising in many sports, can be felt while walking longer distances. Social walking with others offers a chance for conversation to evolve in ways that would not occur if you simply sat together. One remembers when president Reagan and Mikhail Gorbachev left a summit conference to walk together alongside Lake Geneva.

Walking a mile in another's shoes is often used as a metaphor for empathy. On foot we can interact with each other at a human level. O'Mara argues that we should not be cooped up in conference rooms, we need to get out and walk.

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