Levelling up or left behind? Does increasing GP training numbers inadvertently widen health inequalities?

Background
Increasing the GP workforce will not automatically level up healthcare provision; instead, increasing GP training numbers could worsen health inequity and inequalities. This is especially of concern if there are fewer opportunities to learn, train, and build confidence in underserved, socioeconomically deprived areas.

Aim
To examine how representative of wider socioeconomic deprivation the postgraduate GP training practices are in Northern Ireland (NI).

Method
The deprivation indices and scores of GP postgraduate training practices were compared against general practice in NI. Representation of practices whose patients live in blanket deprivation, higher deprivation, and higher affluence was compared.

Results
Of 319 practices in NI, 171 (54%) were registered as postgraduate training practices and had a mean deprivation score of 3.02 (95% CI [confidence interval] = 2.91 to 3.12) compared with non-training practices’ higher mean deprivation score of 3.2 (95% CI = 3.01 to 3.33), P-value <0.05. The proportion of training practices with blanket deprivation and higher levels of deprivation are marginally underrepresented and training practices had higher affluence scores.

Conclusion
Postgraduate training practices had a statistically significant lower deprivation score and did not fully reflect the socioeconomic make-up of wider NI general practice. The results, however, are more favourable than the representation in other areas of the UK and better than undergraduate teaching opportunities in general practice. As GP recruitment is increased, representation of general practice in areas of high need and high socioeconomic deprivation is essential, otherwise it risks widening health inequalities.

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