



North Dublin City GP Training

HEALTH CARE FOR ALL



MY FIRST SURGEON 1977

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JUSTICE IN HEALTHCARE PROVISION

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Health Inequities

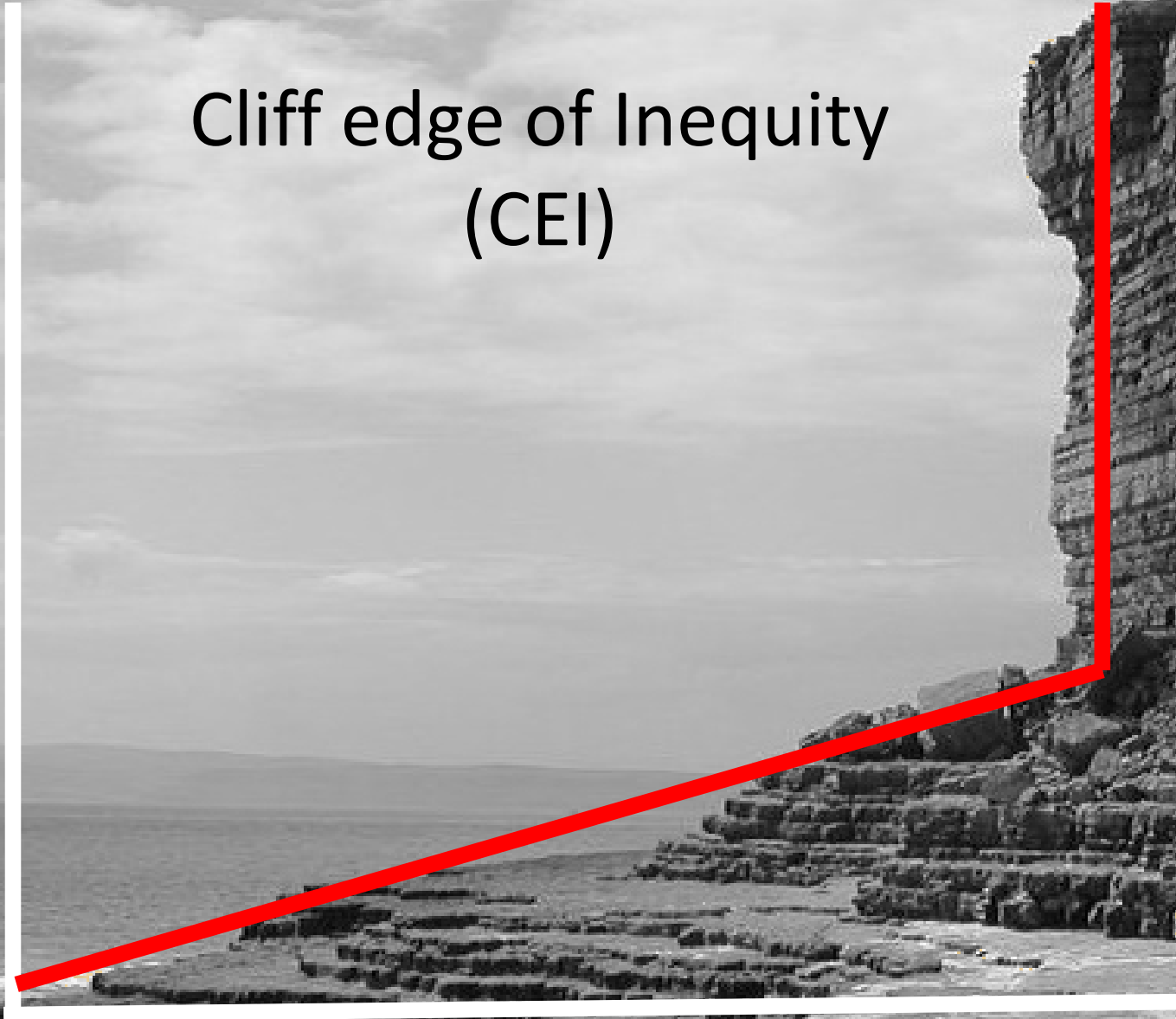
Areas of Deprivation & Marginalized Groups



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Cliff edge of Inequity (CEI)



Inequity in GP Workload in Areas of Deprivation and with Marginalized Groups



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Goodwin, N., Dixon, A., Poole, T., and Raleigh, V. (2011). Improving the quality of care in general practice. London: The King's Fund.

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Extra Burden of Advocacy in Areas of Deprivation and with Marginalized Groups



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Inequitable Distribution of GP's



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Having a GP Training Scheme Improves Local Recruitment



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Curricular Focus on Deprivation Improves Recruitment & Retention



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Skills for Working in Areas of Deprivation and with Marginalized.



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Areas of Deprivation have less GP trainees and GP training programmes than Affluent Areas.



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MORTALITY AND MORBIDITY HIGHER

Deprivation level
(2006)

1 - least deprived

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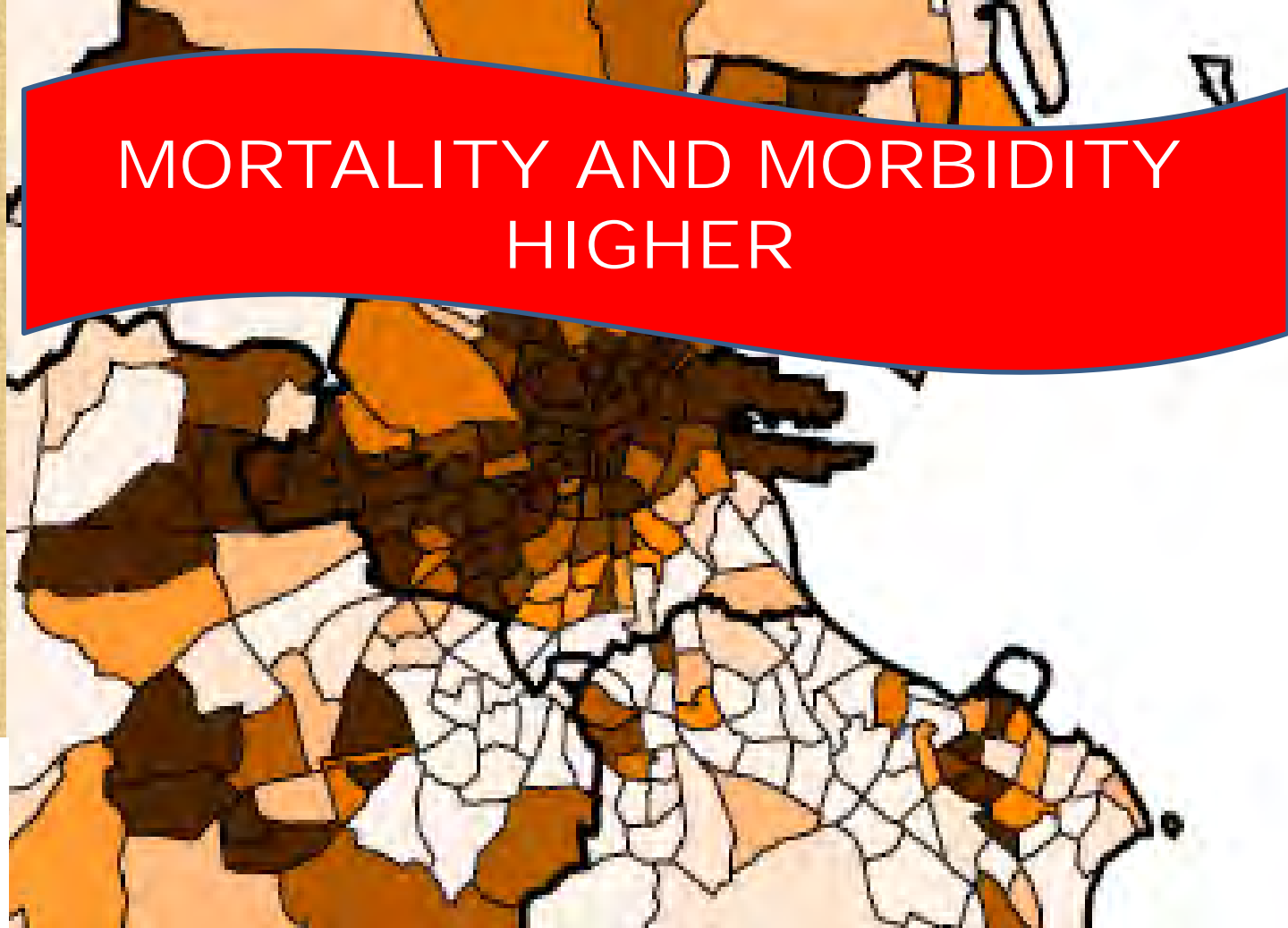
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10 - most deprived



1:2500

1:1600

Deprivation level
(2006)

1 - least deprived

2

3

4

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6

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8

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10 - most deprived

37% GP CLOSED

23% GP CLOSED

Deprivation level
(2006)

1 - least deprived

2

3

4

5

6

7

8

9

10 - most deprived

0 GP SCHEMES

3 GP SCHEMES

Deprivation level
(2006)

1 - least deprived

2

3

4

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10 - most deprived



North Dublin City GP Training

HEALTH CARE FOR ALL

Vision

- That every person and community has access to a professional, quality and holistic general practitioner service that will allow them maximise their health irrespective of background and economic status.

Mission

- To form professional and high quality general practitioners whose passion is to maximise patient and community health in a holistic manner and whose own health is maximised through the ability to self-care.



The Curriculum

- Social Medicine Module
- Self Care Module
- Change Management Module
- Research Module
- Arts Programme



The Curriculum: Social Medicine Module

- **Stigma & Discrimination**
- **Health Inequities**
- **Health of Marginalised Groups**
- **Consulting Behaviour**
- **Primary Healthcare in Community**
- **Treatment of Drug Misuse**
- **The Time Efficient Consultation**



The Curriculum: Self Care Module



The Curriculum: Change Management Module



The Curriculum: Arts Programme



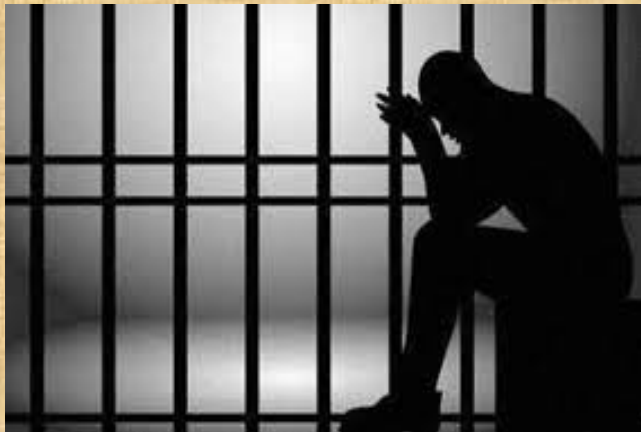
Hospital Posts



GP Practices



Special Interest Posts



Applications
Highest rate in country
Annually.

ICGP Migrant
Healthcare
Module.

OUTCOMES



ICGP Social Medicine
Module.

Survey Graduates NDCGP

Response
Rate 88%

54% worked in
clinics for
Marginalized
(11% fulltime)

95% working with
Deprived or
Marginalized
Communities
(59% Blanket)

100% wish to work in
Areas
of
Deprivation

Commitment to Working in Area of Deprivation

- *“I could go on for ever with a variety of examples of how my career trajectory has...been enhanced by my experiences on the programme...I, along with many of my colleagues would be much less likely to pursue a career in areas of disadvantage and deprivation...(if not for the training)...I cannot see myself doing anything other than this.”*

Trainee-34

Decreased Fear

- *“I think amongst GPs in general there can be a sense of caution or fear towards these groups that stems from a lack of exposure. In contrast my colleagues from the NDCGP and I are completely at ease.” Trainee-7.*

Increased Skills/Knowledge

- *“I feel more comfortable working in resource limited situations with deprived groups of people where the burden of disease is much higher than the average population, than I believe I would have if I had chosen a different GP training programme.” Trainee-8.*

Glasgow Pioneer
Scheme Influenced
by
NDCGP

NI Conference Seeking
to develop
GP training in
Areas of
Deprivation

OUTCOMES



Manchester GP
training based
On
NDCGP

Suzanne Barror

Stefanie Byrne

All the GP Trainers

Is Lawless

Neasa McDonagh

AND

Cathy Cullen

Ming Pawat

EVERYONE

Louise Malone

Hospital Trainers

Fiona O Reilly

ELSE

Brigid Kiely

John Latham

The Board