Training for purpose - a blueprint for social accountability and health equity focused GP training

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Abstract

The way that we train our future GPs does not always prepare them to identify and meet the health needs of the individuals and populations they serve. In this article we describe how GP training could adapt to incorporate concepts and examples of social accountability and contribute to health equity. We explore the concept of social accountability and how it applies to GP training; the social determinants of health; and the role of the GP in mitigating health inequalities. We give examples of where GP training supports social accountability and health equity and propose twelve principles of *training for purpose*, which provide a blueprint for action to ensure that future GPs can meet the health needs of the population they serve and help reduce unfair, unequal patient outcomes.

Keywords: social accountability; health inequalities; health equity; general practice; training; education.

Introduction

Does the way that we train our future GPs prepare them to identify and meet the health needs of the individuals and populations they serve? Do the knowledge, skills, attitudes and qualities that they develop equip them to tackle health inequalities – with individual patients, for their practice population, or as change agents within the wider healthcare system? Maybe. Sometimes. But we would argue that there is considerable scope for improvement.

In this article we describe how GP training could adapt to incorporate concepts and examples of social accountability and health equity. We propose twelve principles of *training for purpose*, providing a blueprint for action to ensure that future GPs can meet the health needs of the population they serve and help reduce unfair, unequal patient outcomes. First, we outline the growing emphasis on social accountability and attention to social determinants of health in medical education.

Background

Social accountability

Much has been written about social accountability in medical education [1,2]. At the undergraduate level, social accountability of medical schools is defined by the World Health Organization as:

> "the obligation to direct their education, research, and service activities toward addressing the priority health concerns of the community, the region, or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public" [3].

In 2010, the Global Consensus for Social Accountability of Medical Schools (GCSA) defined a socially accountable medical school as one that:

> "responds to current and future health needs and challenges in society, reorientates its education, research and service priorities accordingly, strengthens governance and partnerships with other stakeholders and uses evaluation and accreditation to assess their performance and impact" [4].

There are now several examples of UK medical schools which have prioritised social accountability in their curriculum development, teaching and research [5,6]. Examples of social accountability in postgraduate medical education – and GP training in particular – are harder to find. Table 1 shows the different levels at which social accountability can operate.

[INSERT TABLE 1 HERE]

Social determinants of health and health equity

Health inequalities are the unfair and avoidable differences in people's health across social groups and between different population groups [7]. In the UK, they are most associated with socio-economic inequalities but can also result from discrimination. Health outcomes are particularly poor for people from certain groups (e.g. marginalised populations such as those experiencing homelessness) or where multiple axes of disadvantage intersect [8]. Most of the drivers of health inequalities (the social determinants of health) lie outside the health service, but it is increasingly acknowledged that the NHS – and primary care in particular – has a key role to play in mitigating health inequalities [9]. The availability of, and access to, NHS resources are a fundamental, yet often overlooked, determinant of health [10]. How we plan and deliver education to current and future GPs has the potential to influence and address unfair differences in health outcomes [11].

The social determinants of health ("the conditions in which we are born, grow, live, work and age") are shaped by the distribution of money, power and resources at global, national and local levels [12]. Despite growing recognition of their importance, medical teaching often remains rooted in the biomedical model, focusing on the diagnosis and treatment of disease, rather than the causes (or the causes of the causes) of ill-health. For example, education may focus on managing type 2 diabetes and its complications, rather than addressing and/or preventing the cause (e.g. obesity) or the causes of the cause (e.g. social and environmental factors that lead to obesity) [13]. A recent systematic review, exploring how primary care organisations assess and act on the social determinants of non-communicable diseases, suggests a different approach is possible. This identified 17 studies describing a range of actions, from individual-level interventions, population-wide measures, and primary care representation on system-level policy and planning committees [14].

The role of the GP in mitigating health inequalities

The role of GPs in mitigating health inequalities is contested. Some GPs argue they can't and shouldn't have any responsibility for influencing the social determinants of health [15,16]. We believe that, as an integral and persistent influence throughout patients' lives, GPs are uniquely positioned to do just that. GPs have an intimate and privileged knowledge of patients' circumstances, be they social, cultural, or medical: what influences their health. As trusted figures, they have power to both identify and ameliorate determinants of health that are having an adverse impact, and to influence changes in behaviour. The truth is, for some patients we are more likely to improve their health by helping them find a job than by prescribing them a medication.

To holistically care for patients, GPs need to understand that the person sitting in front of them is as healthy as they are not just because of what medical condition they

may or may not have diagnosed, or how well that is treated, but because of a complex interaction of various health determinants, many of which are outside their control. They need to understand the reasons that outcomes differ, as well as where they can exert influence to reduce inequality.

But what role can GP education play in preparing GPs to practice in this way and reduce inequalities for their patients and communities?

Training for Purpose

In the UK, postgraduate medical education supports doctors to become GPs. The sort of GP they become – their knowledge, skills, attitudes, and qualities – is influenced by the RCGP Curriculum, its assessments, and, crucially, by how their training is organised and delivered. They are shaped by how we train them. It follows that adapting training towards an agenda of social accountability and a focus on reducing health inequalities should improve outcomes for patients most in need.

We present twelve principles of *training for purpose* (Table 2) that offer those responsible for planning GP training a blueprint to deliver socially accountable, health equity focused, training. These principles were first proposed around three years ago and have evolved over time based on feedback from a wide range of stakeholders.

[INSERT TABLE 2 HERE]

There are now several examples of these principles in practice in postgraduate GP education (Table 3). These demonstrate the potential of this approach and should be evaluated and, where appropriate, adopted more widely.

[INSERT TABLE 3 HERE]

Conclusions

We have explored concepts of social accountability, the social determinants of health, the role of the GP in mitigating inequalities, and how medical education influences this. In our twelve principles of *training for purpose,* we present a blueprint and framework for those tasked with designing and delivering GP training, to do so in a way that is socially accountable and focused on health equity. The potential benefit of such an approach, for patients and populations, is considerable.

Health inequalities are unfair and, in many cases, avoidable. GPs have a large role to play in mitigating inequalities. How GPs are trained and developed makes a difference to how and where they practice, which in turn makes a difference for patients and populations.

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Table 1. Tiers of socially accountable medical education [2]

RESPONSIBLE	Produces 'good practitioners' to meet the expected needs of society as identified by those designing and delivering curricula within an organisation.
RESPONSIVE	Responds to society's welfare by directing its education, research and service activities towards explicitly identified health priorities in society. Tends to produce graduates possessing specific competencies to address peoples' health concerns.
ACCOUNTABLE	Takes specific actions through its education, research and service activities to meet the priority health needs of society, identified in partnership with government, health service organisations, and the public. Has positive impact on health outcomes and is able to *demonstrate* this by providing evidence. Produces graduates who are change agents, with capacity to work health determinants and contribute to adapting the health system.

Table 2. Principles of Training for Purpose

Vision	• Designed and delivered to identify and address current and future needs of patients and populations being served.
Values	• Equity, anti-racism, quality, sustainability, cultural sensitivity, commitment, mutual support, tenacity.
Community focused	• Integrated with local health and social care community, the third sector, and adaptable to local needs. • Increased time in cross-sector community placements.
Wider determinants	• Encourages understanding of and responses to the social and planetary determinants of health.
Seeks to reduce inequalities	• Organises, directs and delivers education and training in a way that enables GPs to reduce unequal outcomes for patients and populations.
Addresses the inverse training law	• Workforce and training capacity in under-served areas. Training in the care of disadvantaged patients.

Interprofessional	• Prepares trainees to work together, learn together and lead together within their multi-disciplinary primary care teams.
Inclusive	• Recruits, selects and supports those from socially diverse and disadvantaged backgrounds. • Celebrates diversity.
High quality	• High standards of training and focus on skills in communication, system and partnership working, and quality improvement.
Leadership prioritised	• Prepares and equips trainees to be health and social justice leaders at all levels: consultation room, practice, place and system.
Collaborative	• GP training is coordinated and co-created with the health and social care system, patients, third sector, and other partners. • Trainees spend time with other anchor institutions.
Longitudinal	• Celebrates and protects continuity and life-long relationships with patients.

	• Trainees develop skills to maintain careers working in challenging environments.

Table 3. Examples of social accountability and health equity focused training initiatives

Location	Initiative
Ireland	Founded in 2009, the North Dublin City GP Training Programme was the first GP training scheme that specifically trains GPs to work in area of deprivation and with marginalised groups. https://www.ndcgp.ie/
Greater Manchester	The Greater Manchester Deprivation GPST Programme offers rotations in areas of deprivation, with relevant specialty training posts and regular education sessions across a community of practice. https://www.docsindepgpst.org.uk.
Yorkshire and Humber	The Trailblazer Training programme in Yorkshire and the Humber identifies the unique health needs of their populations and adapt their training in response. https://sway.office.com/5Pf2scSzH6SYBcg0?ref=Link Community Placements allow GP trainees to spend structured time with community and voluntary organsiations. https://fairhealth.org.uk/community-placements/
Across England	Many training regions in England distribute their training places and activities to build training capacity considering socio-economic deprivation of populations.