

## Appendix 1: Topic guide for in-depth interviews

### Topic Guide Trainer

How long have you worked in this practice?

What led you to working in a deprived area?

Probe: are you motivated to work in deprived area? If so, why?

Probe: why did you decide to work in a deprived area?

How long have you been a trainer?

What do you think are the main differences between working in a deprived area versus a less deprived area?

Probe: Are there things you feel you see, or see more of, as a GP in a deprived area compared to a more affluent one?

Probe: multimorbidity, substance misuse, child protection, social issues (research shows)

What do you think are the advantages for trainees training in a practice in a deprived area?

Probe: Are there particular experiences during training in this area that you feel are valuable for trainees? (If yes, what are these?)

What do you feel are the benefits to you of being a trainer?

Probe – in particular, do you feel those benefits are the same for any trainer or are there any specific ones that come from being in a deprived area?

Are there benefits to the practice?

Probe: are there any specific to deprived areas?

We've looked at the benefits of training, but I would like to explore what you feel are the disadvantages?

Are there disadvantages to the practice?

Probe: are these disadvantages that all training practices would face or are there specific pressures in more deprived areas?

Are there any disadvantages to you personally from training?

Probe – burden of current workload, would they be the same in a more affluent area?

What disadvantages could there be for trainees learning in this area?

Probe - Are there any experiences they may miss out on?

As shown, there are fewer training practices in deprived areas. Why do you think that is?

Probe any potential solutions

What are your thoughts regarding the distribution of training practices across the social gradient?

Do you think training practices should be distributed equally across social gradient? Why?

You've mentioned specific experiences GP trainees can experience in deprived practices – are these experiences ones all trainees should be exposed to?

What are your reasons for this?

If so, how long do you feel they would need to spend in your practice?

You've mentioned that trainees from affluent areas may miss out on certain issues that are more prevalent in deprived areas and vice versa, do you have any ideas for potential 'solutions'?

Probe: For example – split training where the trainee spends six months in one practice and a year in another, ideally from different patient populations – what are your thoughts regarding this?

Probe: how do you think this would affect the trainer/trainee relationship?

*If they don't mention:* anecdotal? evidence suggests that trainees from affluent areas often feel they miss out on substance misuse and child protection and those from deprived miss out on treating the worried well – do you have any ideas as to how this could be remedied?

Probe: For example – split training where the trainee spends six months in one practice and a year in another, ideally from different patient populations – what are your thoughts regarding this?

Probe: how do you think this would affect the trainer/trainee relationship?

I really appreciate all your time, is there anything related to training in deprived areas that I haven't covered that you feel it would be helpful for me to know?

How long have you been a trainer?

What do you think are the main differences between working in a deprived area versus a less deprived area?

Probe: Are there things you feel you see, or see more of, as a GP in a deprived area compared to a more affluent one?

Probe: multimorbidity, substance misuse, child protection, social issues (research shows)

What do you think are the advantages for trainees training in a practice in a deprived area?

## Topic Guide non-trainer

How long have you worked in this practice?

What led you to working in a deprived area?

Probe: are you motivated to work in deprived area? If so, why?

Probe: why did you decide to work in a deprived area?

What do you think are the main differences between working in a deprived area versus a less deprived area?

Probe: Are there things you feel you see, or see more of, as a GP in a deprived area compared to a more affluent one?

Probe: multimorbidity, substance misuse, child protection, social issues (research shows)

Two thirds of practices in Scotland chose not to be training practices, including yourselves. What are the main reasons you chose not to train?

Probe: workload, burden increased multimorbidity, size, lack of support?

Have you ever thought of becoming a training practice?

No: why? Yes: what made you decide against it?

What do you feel are the main barriers to practice becoming training practices?

Probe: Are the barriers different for affluent and deprived practices?

What do you think would be the benefits to you of being a trainer?

Probe – in particular, do you feel those benefits are the same for any trainer or are there any specific ones that come from being in a deprived area?

Can you think of benefits to the practice?

Probe: are there any specific to deprived areas

We've looked at the benefits of training, but I would like to explore what you feel are the disadvantages

Can you think of disadvantages to the practice?

Probe: are these disadvantages that all training practices would face or are there specific pressures in more deprived areas?

Can you think of disadvantages to the trainer?

Probe – burden current workload, would they be the same in a more affluent area?

What disadvantages could there be for trainees learning in this area?

Probe - Are there any experiences they may miss out on?

As shown, there are fewer training practices in deprived areas, why do you think that is?

Probe: any potential solutions

What are your thoughts regarding the distribution of training practices across the social gradient?

Do you think training practices should be distributed equally across social gradient? Why?

You've mentioned specific experiences GP trainees might experience in deprived practices – are these experiences ones all trainees should be exposed to?

Probe: What are your reasons for this?

If so, how long do you feel they would need to spend in your practice?

You've mentioned that trainees from affluent areas may miss out on certain issues that are more prevalent in deprived areas and vice versa, do you have any ideas for potential 'solutions'?

Probe: For example – split training where the trainee spends six months in one practice and a year in another, ideally from different patient populations – what are your thoughts regarding this?

*If they don't mention:* anecdotal? evidence suggests that trainees from affluent areas often feel they miss out on substance misuse and child protection and those from deprived miss out on treating the worried well – do you have any ideas as to how this could be remedied?

Probe: For example – split training where the trainee spends six months in one practice and a year in another, ideally from different patient populations – what are your thoughts regarding this?

Probe: how do you think this would affect the trainer/trainee relationship

I really appreciate all your time, is there anything related to training in deprived areas that I haven't covered that you feel it would be helpful for me to know?

## Appendix 2: Consent Form



Before you begin the interview and questionnaire, please read the Participant Information Sheet and read the statements below. If you agree to each statement, please **initial** the corresponding box and sign below.

<b>Title of project: What are the benefits and barriers to speciality GP training in deprived areas?</b>	
<b>Names of researcher:</b> Marianne McCallum	<b>Please initial</b>
I confirm that I have read and understand the information sheet for the above study.	
I have had the opportunity to consider the information provided and had my questions answered satisfactorily.	
I am aware that the data from this evaluation maybe used in conjunction with future research.	
I understand that my participation is voluntary and I can withdraw from the evaluation at any time without giving any notification or reasons.	
I understand that withdrawing from the evaluation will not have a negative impact on my role as a GP	
I understand that the interview will be recorded and the recordings transcribed and give permission for this.	
I understand that the data I provide will be handled as confidentially as possible. If results of this study are published or presented, individual names and other personally identifiable information will not be used.	
I understand that any information recorded for this study will be kept in a secure NHS Education for Scotland networks for five years. I give permission for this to be retained for five years.	
I agree to participate as a volunteer in this research study	

Name of participant: \_\_\_\_\_

Signature of participant: \_\_\_\_\_

Signature of investigator: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you

Marianne McCallum, NHS Education for Scotland

