Considering the "Inverse Training Law" in Scottish General Practice Postgraduate Training: where are we in 2025?

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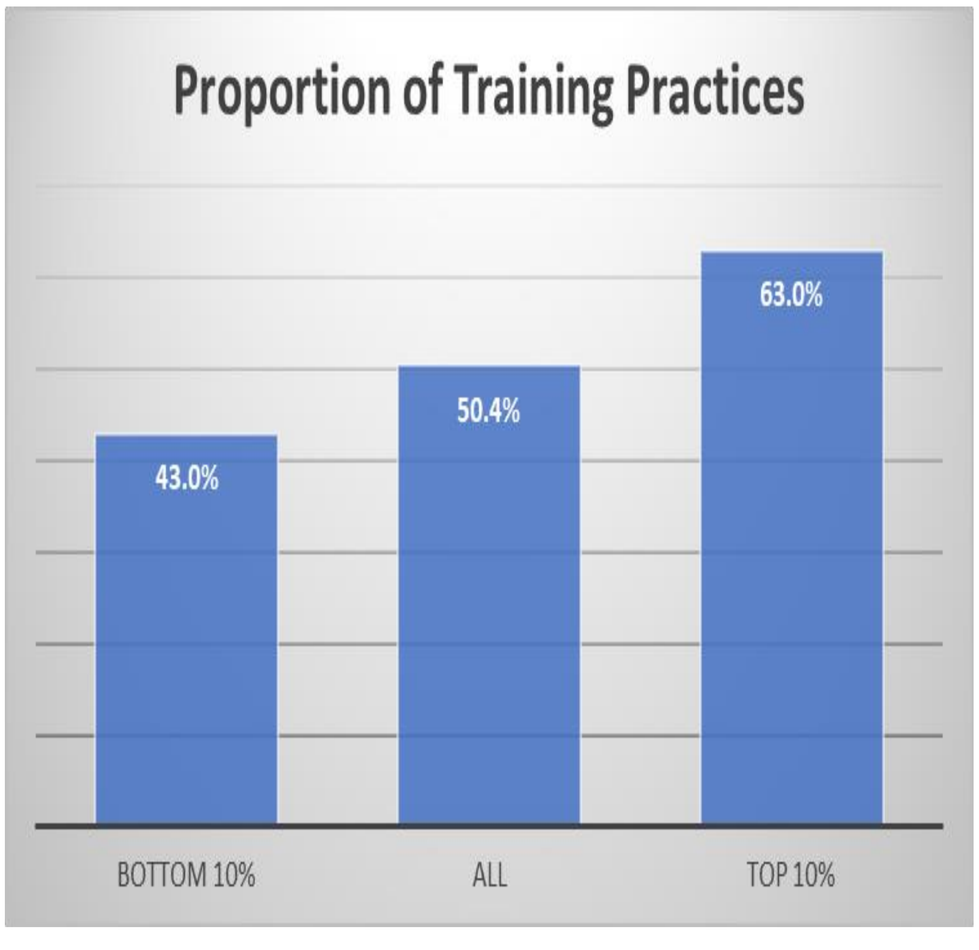
In both England and Scotland, an "Inverse Training Law" has previously been described[1-3] – where GP Trainees are more likely to be attached to practices in more affluent areas. This analysis aims to update our knowledge of the current situation in Scotland and to reflect on recent changes which may impact on our Trainees' experiences.

Does the Inverse Training Law, where Scottish GP Trainees are more likely to undertake their postgraduate GP Training in practices in more affluent areas, persist in 2025?

Methods

Data linkage between Public Health Scotland (General Practice demographics using deprivation statistics – most recently updated 2022) and GMC datasets (Approved Training Locations – updated fortnightly, accessed February 2025) to determine proportions of training practices with respect to percentage of their patients living in the 15% most deprived areas of Scotland. Considered the "Deep End" (practices in the 100 most socioeconomically deprived areas), the 100 most affluent, and an average for the whole country.

Results & Discussion



Key findings: Of 100 practices in the most deprived areas of Scotland, ("Deep End"[4]) only **43** are GP Training Practices (within the limits of the available datasets). Whereas of the 100 practices with the highest proportion of affluent patients, **63** are training practices. (Scottish average across all practices is ~50%, showing a clear trend along SIMD quintiles)

Novel ways of addressing this persistent issue are needed eg a review of push/pull factors for practices being able to take on trainees; and Health Equity Focussed GP Specialty Training. As well as an impact analysis of recent national policy changes paradoxically reducing GP trainee exposure in eg SE Scotland, to training opportunities in socioeconomically deprived areas.

Conclusion

The "*Inverse Training Law*" persists in Scottish General Practice Training. Thoughtful reflection, analysis and action will be important to both create **new**, and bolster **current** training opportunities at the "Deep End" and improve trainee confidence/preparedness by time of CCT; and support recruitment and retention in these areas of highest clinical need.

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3) Russell M, Lough M. Deprived areas: deprived of training? Br J Gen Pract J R Coll Gen Pract. 2010 Nov;60(580):846–848
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