

Deep End Kawasaki/Yokohama: A New Challenge for GPs in Deprived Areas in Japan

Makoto Kaneko, MD, MClSci, PhD^{1,2}

Rei Kansaku, MD, PhD^{2,3,4,5}

Yusuke Kanakubo, MD^{2,6}

Aya Yumino, MD, MSc^{1,2,7}

¹Department of Health Data Science, Yokohama City University, Yokohama, Japan

²Yokohama Kotobuki-cho Health and Welfare Exchange Center Clinic, Yokohama, Japan

³Department of Public Health, Juntendo University, Tokyo, Japan

⁴Institute for Multicultural Health, Tokyo, Japan

⁵Medical Anthropology, University College London, London, United Kingdom

⁶Division of Clinical Epidemiology, Research Center for Medical Sciences, The Jikei University School of Medicine, Tokyo, Japan

⁷Department of Community and Global Health, School of International Health, Graduate School of Medicine, The University of Tokyo, Tokyo, Japan

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THE INNOVATION

Physician recruitment and retention in resource-deprived areas are global problems. “General Practitioners at the Deep End,” a project developed in Scotland to overcome these challenges¹ has been localized to be used in Japan, accounting for differences such as limitations regarding collaboration between university faculty and clinics outside the university. The program initiated a collaboration for the first time in Japan to support general practitioners (GPs) with a clinic and a university in a deprived area where resources are limited.² The collaboration was launched smoothly, as the same local government funds the clinic and the medical university in the deprived area.

WHO & WHERE

This program targets GPs who work in the deprived area in the city of Yokohama near Tokyo. The district includes approximately 5,000 people in an area of 0.06 km.³ Approximately 94% of the residents receive social support including livelihood, housing, and health care services due to social deprivation.³

HOW

Launched in 2023, the program aims to recruit and retain GPs for the resource-deprived area, establish an educational environment, and

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Corresponding author

Makoto Kaneko

Department of Health Data Science, Yokohama City University

22-2, Seto, Kanazawa-ku

Yokohama, Kanagawa 236-0027, Japan

kanekom@yokohama-cu.ac.jp

conduct research. The city of Yokohama funds both the clinic and the university, making the collaboration possible and sustainable. The clinic pays a salary to the university faculty. In addition, the clinic provides the university with approximately \$33,000 per year in research funding. GPs in the clinic can become joint researchers of the university and use the university’s research resources. This collaboration increased the number of GPs involved in clinical and educational activities. Before the establishment of this program, only 1 experienced physician provided care in the clinic; at the time of this report, 8 GPs treat patients at the clinic.

The clinic provides clerkships for medical students and trainees. These learners gain clinical practice experience and participate in several community activities, such as housing for those experiencing homelessness, soup runs, self-help groups to stop drinking, and day-care for people with mental health conditions. This educational program aims to provide the experience for the learners of putting oneself in someone else’s shoes. Learners are required to communicate with people from diverse backgrounds in the district and gain new perspectives. The learners record their impressions and learnings in the visitor’s notebook, and the clinic staff may learn from their findings.

Community Doctor Fellowship,⁴ an organization created to foster GPs who can co-create well-being with people outside of a clinic or hospital, has collaborated with the program for faculty development. The collaboration helps the GPs in the clinic learn how to collaborate with the community. To publicize the program’s activities and recruit and retain medical students and GPs, the program works with Mediva⁵ and the Community & Community Hospital Association,⁶ companies that promote general practice in Japan, to create a brochure explaining the clinic (**Supplemental Figure**).

LEARNING

Faculty development and career pathways are key to physician recruitment and retention. In this program, through cooperation with the university and various supporters, an attractive environment for the staff’s career will be achieved. With the staff and collaborators, a sustainable environment to better serve the people will be developed. This kind of collaboration in deprived areas can be developed in other countries such as in Bristol, the United Kingdom.⁷



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Supplemental materials, including figure and references