The Long Twilight

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This is my personal reflection on a study visit in County Mayo, Ireland, in October 2007. The study visit was made possible by a Leonardo da Vinci Mobility Fund project under the Life-long Education program of the European Commission. The idea of the study visit materialized when a group of family doctors from the Mayo Faculty of the Irish College of Family Doctors met in Malta in April 2007, and they took the opportunity to have information sharing sessions with the Malta College of Family Doctors and individually visited a number of surgeries. My sincere thanks goes to Dr Scott Walkin and Patricia Kiernan, and to Dr Diarmuid Murray and his family, for their friendliness and for making my study visit both possible and enjoyable, as well as to Dr Pat Durcan, Dr Eleanor Fitzgerald and all their staff and colleagues.

On that day Dr Scott Walkin and myself left cosy Ballina, on the west coast of Ireland, at 06.30 hours, and plunged into an ominous twilight headed towards the east coast. As we raced towards lively Dublin in the dim light, the fidgety Moy river skirted through lush fields dotted with the pride of Irish beef, yellow ashes and dark willows fleeted past us along the country roads, the Ox and Nephin mountains shouldered above us, and radiation fog hanged from the branches of the bireches at the sides of the motorways. Three hours later we were still immersed in the dim of the Irish twilight as we stalled over and over again in the traffic jams creeping into the capital.

Later on, the day brightly picked itself up and we finally joined the Assistant Program Directors and General Practice Trainers of the distinct General Practice training schemes who were enthusiastically filling up the reception area of the conference center.

Eire is endowed with an amazingly long twilight, and our colleagues on the Emerald Isle had their fair share of it, but indeed life, career and general practice is bright nowadays in comparison.

Introduction

For sure family doctors are busy people wherever I have been to, and the clinics of Moyview Family Practice in Ballina, Deel Medical Centre in Crossmolina, Knock Medical Centre in Knock and Dr Murray’s Surgery in Ballyhaunas are witness of the universality of the professional life of a family doctor.

What did struck me though was that the workload is orderly and organised - the service is oriented in particular towards the provision of preventive medicine and screening services, while at the same time reactive medicine and walking in cases are catered for.

I would say that this is due in a good part to the widespread availability of group practice set-ups and the structure of the practices themselves - the relatively larger practices consist of practice partners and registrars, a practice nurse, practice secretaries, a practice administrator and a practice manager, and the relatively smaller practices are made up of practice partners, registrars, nurse and secretary. Another chunk of the equation is made by the support and packages facilitated by the Health Service Executive (the national health scheme). Additionally the role of the Irish College of General Practitioners is invaluable in terms of the provision of clinical protocols and guidelines to practices, continued medical education activities and publications, and General Practice training schemes. As regards quality of life a main asset was the setting up about five years previously of WestDoc, a cooperative to provide for out-of-hours services at a local and regional level.
Primary Health Care

During the presentations done by Mayo Faculty in Malta in April 2007 I had noticed with interest how in the last two decades, solo general practitioners had dwindled in Eire (presently 20%, mostly in rural communities), to be replaced by group practices (presently 80%, of varying sizes).

This was because policy makers of the Irish national health authorities realized that group practices offer a more comprehensive medical cover, better quality of service, further adherence to national targets and a platform for training, while at the same time allowing for audit and research. This realization was complemented by various grant schemes, for example for setting up surgeries catered for a group practice set-up, for clinic equipment, and for employing and training practice staff, by a capitation system and by a national screening and health promotion packages.

There is only one tier of medical service in primary health care, centred around the General Practitioner surgery. The family doctors cater for both government-sponsored and private patients. Government-sponsored patients are those patients whose medical services and medicine costs are covered by Government. In this scheme government pays an annual fixed capitation per patient to one group practice to cover all the consultations and home visits that the patient may need. The patient is then bound to use the services of this one group practice to be eligible for medical services. Private patients pay a fee per service. The ratio of government: private patients varies among the localities.

General Practitioners’ surgeries are also the place where national health promotion programs, national health screening programs and national vaccination schedules are implemented and government pays both for the material used and the consultation for both private and government-sponsored patients.

The Group Practices

The front-line in the organization of the daily work at the surgeries starts with the secretaries. They set appointments, manage them according to doctors’ availability and filter calls. The system allows for most of the consultations to be via an appointment while catering for walk-ins. Home visits are reduced to a manageable minimum.

The appointment system allows internal communication between doctors inside the clinics, the practice nurse in her clinic and the secretaries at the front desk. Different practices use different programs, but the properties are similar to all the programs I saw.

Amongst them is the possibility for discharge letters, results from medical laboratories, radiology departments and pathology laboratories and other communication between medical services to be scanned and posted directly onto the medical records. What I was impressed mostly about is not so much that such an attachment is possible, as this is technically feasible and its use is predictable, but rather that there is first of all regular communication between equals (consultants and registrars in hospital specialties writing to specialists in family medicine and General Practice registrars in the community, and vice-versa) and secondarily that the communication given is precise, useful and practical with a management plan.

Repeat prescriptions under the Health Service Executive schemes are left with the secretary. The Medical Records of a patient are updated regularly and contain the list of medications. These are printed at the touch of a keyboard button onto specific prescription forms fed into a specifically designed printer. The secretary fills in the forms and gives to the caring doctor to sign.

The secretaries liaise with the practice nurse and practice doctors to call patients due for their vaccinations (kids and adults), appointments for specified medical check-ups, like diabetics, patients who underwent coronary interventions and asthmatics, and recall for screening campaigns.

Much of the latter work is in the realm of the practice nurse and most of the patients from these categories are fully managed by the practice nurse. The terms of reference of a practice nurse is really vast and the practice nurse’s clinic is kept busy - once I spent time getting to know what happens in the practice nurse’s clinic I could understand why I had been repeatedly told that the next step for improving the quality and service of an established surgery is to employ a practice nurse.

The practice doctor is fully focused on problem cases and patient-prompted consultations. Patients are given a reasonable 15-minute for a single consultation. The family doctors are individually interested in different areas of general practice and liaise as needed amongst them and with the practice nurse to run specialized clinics. National clinical guidelines and protocols are adhered to within the group practices. I noticed with pleasure that all the surgeries I visited are mercury-free, with digital thermometers and sphygmomanometers being used exclusively to decrease exposure, especially in children, from possible spills and leakages to this hazardous neurotoxin.

All this set up is backed up by the practice administrator, who delivers through the different patient schemes and packages, and the practice manager, who runs the practice on a day-to-day basis.

Dr. Murray’s Surgery
Ballyhaunis, co. Mayo

Deel Medical Centre
Crossmolina, co. Mayo
Apart from the educational content of the meeting, the group offers a medium for both professional and social support; in fact some of the time dedicated for the meeting is specifically for problem cases and for socializing. And I have the impression that it is these latter aspects of the CME meetings that made it so popular as to last in the same format for a good 20 years.

**General Practice Training Schemes**

Another term of reference for the project was to observe and learn about General Practice Training Schemes. In fact, as hinted earlier on, I had the opportunity to attend the meeting of National Assistant Program Directors in Dublin. Here, the Assistant Program Directors and the General Practice Trainers of the different General Practice training schemes had come from their practices and programs for one of their national conferences. They shared new and good ideas, provided and attended workshops, supported each other, socialized as peers and colleagues and inevitably met for business meetings too.

Additionally I attended the Full-Day Release Course of the General Practice Registrars and the Half-Day Release Course of the General Practice Trainees in the General Practice Training Scheme of Galway and the mid-week sessions of the General Practice Training Scheme of Sligo. In these activities the medical doctors training as family doctors while in the hospital attachments for two years (General Practice Trainees) and the medical doctors training as family doctors while in the General Practice attachments for a subsequent two years (General Practice Registrars) meet once a week for tutorials, case presentations, article reviews and problem cases for discussion.

**Conclusion**

I am prepared to share more details from the above study visit to interested groups and am looking forward to further opportunities for cooperation and support between Irish and Maltese family doctors.

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