What future for interns in general practice?

The experience of providing a general practice intern rotation has proven a positive one for Rialto Medical Centre in Dublin

INTERN TRAINING FOR MEDICAL GRADUATES has been allowed to take place outside traditional hospital placements of medicine and surgery since amendments were made to the 1978 Medical Practitioners Act in 2002. Rotations through specialties such as paediatrics, psychiatry, emergency medicine, obstetrics and gynaecology and general practice have since been possible.1

The first intern training network in general practice in Ireland was established in Donegal in 2004, which was tied to University Hospital, Galway and Letterkenny General Hospital.2 The success of this pilot scheme and the national reform of the intern application and matching process in July 2010 opened up more training posts for interns in general practice, with a current total of 11 practices involved between the six intern training networks.

International studies based on feedback from interns and trainers have demonstrated that general practice rotations provide interns with the experience of a different care model requiring knowledge and skills that would not have been acquired in teaching hospitals alone.2

One practice’s experience of interns

Rialto Medical Centre (RMC) is based in Dublin’s south inner city, adjacent to St James’s Hospital, a deprived area that presents a wide variety of challenges to those involved in primary care. The staff at RMC consists of four GPs, a general practice intern, a practice nurse and diabetes nurse specialist and a practice manager. The large majority of the patient base are GMS cardholders. The practice has been part of the Dublin/Southeast intern training network in association with TCD since July 2010.

Nine interns in total have completed their general practice rotation in RMC to date – eight TCD graduates and one UCD graduate. All interns for the 12 month period meet with the practice staff one week before commencing their intern year in July. This informal meeting provides the incoming interns with an opportunity to familiarise themselves with the premises, the computer system and to understand the duties and responsibilities expected of them during their rotation.

Weekly schedule

A typical week of 9am-5pm consists of 10 sessions in total, including five general patient consultations and two chronic disease clinics, as well as lunchtime paperwork and housecalls (See Figure 1). The practice locality and affiliation with St James’s Hospital allows for the interns to link with the care of the elderly outpatient service once a week. One clinical session a week is allocated for audit/research work to be concluded by the end of the rotation. The topic for each audit or research piece is decided jointly at the beginning of the rotation.

The interns of the three practices attached to each of Dublin/Southeast (TCD), Dublin/Northeast (RCSI) and Dublin/Mid-Leinster (UCD) training networks attend weekly tutorials on a Friday afternoon, led by the intern co-ordinator of each respective practice on a rotating basis. The topics covered include current issues in primary care and common themes encountered in general practice. These are planned in advance and agreed on by the co-ordinators.

Intern duties

Interns have their own consultation room to see patients, followed by review and prescription sign-off with a senior GP. Presentations in general practice can range from those with multi-morbidities to routine antenatal checks. Housecalls done daily during practice lunch hours by senior GPs give the opportunity for the interns to see patient care from yet another perspective, particularly in this deprived inner-city area.

Twice a week the intern participates in the nurse-led chronic disease clinics, which involves consulting and examining patients, reviewing their medication and documenting clinical measurements in line with evidence-based guidelines. The practical skills expected of GP interns do not vary much from that of their hospital-based counterparts, including ECGs, phlebotomy, vaccination, cervical smears, cryotherapy and administering nebulisers.

Interns also have a range of clerical and administrative duties, including referral letters, disease coding on the practice database, phone calls and investigation follow-ups. These duties are attended to during the practice’s closed hours. Interns also attend both the weekly practice meetings and monthly primary care team meetings which incorporate other local practices and allied healthcare workers.

Satisfaction ratings

Existing literature on the topic of pre-registration doctors in general practice shows that the majority of those who complete such a rotation are very satisfied with their time spent in the community setting.3,4 This satisfaction is derived from the difference in working environments, the greater level of clinical work, fewer working hours and more specific individual teaching in comparison to hospital-based interns.5

Regular patient consultations provide interns with the opportunity to develop and enhance their communication skills, history taking, examination and management planning, with the availability of a senior doctor to discuss each case afterwards. Experiences gained also include viewing...
the patient holistically, including social and psychological factors in illness, while developing a greater appreciation of the patient’s expectations. Leading the chronic disease clinics in RMC gives the intern a greater understanding of the role of disease management and prevention in the community. Being actively involved in the management of patients in primary care also provides an insight into the rationale for GP referrals and careful discharge planning and correspondence, something hopefully brought back to the hospital setting.3

Studies based on intern feedback have reported those starting their intern year in general practice are anxious about their perceived lack of hospital-based skills once returning to hospitals three months after their peers, while those doing their GP rotation later in the year were reported to have more confidence.4 This is something shared by interns passing through RMC from their informal feedback; however it has no bearing on their ability to perform their expected role. Studies have also shown that interns perceive that completing such rotations have helped with further progression regarding acceptance onto postgraduate GP training schemes. Of the nine interns to pass through RMC, eight have completed the intern year, five of whom are currently on GP training schemes, while the remaining three are currently working abroad.

The future role of GP interns

The positive experience in Ireland and internationally of intern placement in general practice gives great encouragement for expansion of the scheme. Graduate entry medicine in Ireland means an increase in demand on education facilities and training posts for future graduates. The projected influx of graduates and the limited available hospital-based training posts can be solved through outsourcing to general practice with proper structure and incentives. The widening of the pre-registration year in the UK to two years in 2005 allowed for greater scope to adopt such placements outside of its traditional setting. In Denmark, all medical graduates since 1991 are required to spend a minimum of six months in general practice, yielding neutral or improved economies to the practice.5

However, despite such well received reports from junior doctors and their trainers, the experience in the UK, Australia and New Zealand has shown little further expansion within these same schemes. The acknowledged barriers to such proposals include lack of suitable practices, inadequate financial incentives, increased liability, time constraints and organisational co-oration.6 This same study found that practice size plays a significant role in the willingness of GPs to take on junior doctors, with small and large practices the most willing. The supervisory role of GP intern trainers is also perceived to be far greater than that of a GP registrar participating in a postgraduate GP training scheme.8 This is a view shared by senior GPs in RMC. Furthermore, there is increased pressure on senior staff within the practice to ensure adequate care for the patient, with the added responsibility regarding satisfactory training for the intern.

A rewarding experience

The experience of Rialto Medical Centre’s participation in intern training has proven to be wholly rewarding. Both the informal and formal feedback processes report high levels of satisfaction with the rotation and provides great encouragement for the practice to continue its association. There are both benefits and drawbacks to GP participation in the scheme; however, in this practice’s experience the positives of providing teaching to enthusiastic junior doctors outweigh any hindrance. One of the recent proposals to accommodate the greater number of future medical graduates by expanding the intern period from one to two years creates a very real opportunity for general practice to showcase its training potential and possibly to hold a permanent placement in medical training for all future doctors.9

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References
1. Interns in General Practice: An evaluation of a training innovation
2. Martin AA, Laurence CO, Black LE, Mugford BV. General practice placements for pre-registration junior doctors: adding value to intern education and training. MJA 2007; 186:36-349

Figure 1: Timetable for GP interns

<table>
<thead>
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<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
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<tbody>
<tr>
<td>9am-12pm</td>
<td>Consultations</td>
<td>Diabetes clinic</td>
<td>Consultations</td>
<td>Heart failure clinic</td>
</tr>
<tr>
<td>12pm-1pm</td>
<td>Prescriptions/</td>
<td>Prescriptions/</td>
<td>Prescriptions/</td>
<td>Prescriptions/</td>
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<tr>
<td></td>
<td>housecalls</td>
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<td>housecalls</td>
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</tr>
<tr>
<td>1pm-2pm</td>
<td></td>
<td></td>
<td>Intern teaching SJH</td>
<td>Intern teaching SJH</td>
</tr>
<tr>
<td>2pm-5pm</td>
<td>Consultations</td>
<td>Care of elderly OPD (SJH)</td>
<td>Research/audit</td>
<td>Consultations</td>
</tr>
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SJH = St James’s Hospital; OPD = Outpatient department