Forum

Michael O’Brien discusses the shortage of GPs and what he thinks would be the obvious solution

WHEN YOU HEAR EDDIE HOBBS saying that GPs can charge what they want because there is now a shortage, some of us will celebrate, but what we may not be aware of is the future stress and strains that will face us in our work practices. Many GPs have closed their practices to new patients, which leaves the patients stranded, often having to travel distances to find a GP willing to accept them. We should all be aware of this and the situation needs to be sorted sooner rather than later.

How did this situation arise? Everyone is aware of the feminisation of general practice and of course women have every right to have a few years away from medicine to bring up their family. But is this the main reason why there is a current shortage? Could it be that the older cohort of GPs who are nearing retirement were not vocationally trained and in order to practise just had to put their plate up on their door; therefore there was a natural supply meeting demand? At present and in the near future, demand will far exceed the supply and the very real prospect of GP practices being under siege like current casualty wards should urge us into action. Is general practice such an unattractive career path to take, or has the process of becoming a GP become so difficult and lengthy that prospective candidates are being turned off the idea?

I don’t believe any of the above to be true. The truth is, there are very limited numbers accepted onto GP schemes. I was involved in the selection process for a GP scheme and the quality and calibre of the applicants was extraordinary. Then, to try to select the top six was a nightmare, as I felt there was marginal difference between the top 20. Any one of them would have made an ideal candidate. It is insulting to these young candidates to be rejected and to be forced to travel abroad for their further training. Unfortunately, many who travel abroad do not return. Once again, taxpayers’ money has been spent subsidising the medical student training only for these fine doctors to be exported to practices in the UK. A GP shortage will not be resolved if the number of training places is limited to such an extent. This can have many repercussions in the future, not least the fact that GPs when coming to retirement age may not be able to sell their practice on as there aren’t enough trained GPs available to take them on.

It is well known that people are at their most productive and entrepreneurial in their mid 20s to 30s. What we have now is people repeating their Leaving Cert to get into medicine, then qualifying six years later, doing an intern year and now aged 26 they embark on a GP scheme which will take a further four to five years. They are now 31-32 before they have even started practising. Many business entrepreneurs have made their first million at this stage.

Medical school is being shortened to a five-year course at present and we are taking up to a further five years to train a GP. Something here doesn’t add up. We can take an 18-year-old school leaver and turn them into competent doctors in five years but it takes another five years to train a competent doctor to be a competent GP. I don’t think so.

With regard to my own ‘limited’ three-year training I found the training experience to be both enjoyable and rewarding. Because my scheme was only three years in length does this mean that I’m not fully trained in the eyes of my peers? In my mind, there is no substitute to actually practising as a GP. The learning process is continuous and I still have a way to go before I achieve perfection!

The solution seems obvious: make more places available in medical school and change the way GP training is done in Ireland. First of all there should be a maximum length in training, ie. three years, (I think there is a European directive demanding four-year schemes. This shouldn’t be a problem as the European directive on NCHD working hours seems to be largely ignored). A three-year scheme should consist of around one-and-a-half years of hospital training and the same again in general practice.

The hospital training posts could be approved for both GP training and say for example, paediatric/medical training. Doctors could be allowed structure their own scheme, doing 18 months to include a variety of specialties, eg. paediatrics, ENT or psychiatry. There should be no shortage of excellent trainers who would be delighted to have an extra pair of hands working with them and I don’t think trainers should be paid; after all they have an extra pair of hands working within the surgery. It all seems too simple! But of course some of you will ask: “How are you going to pay for it?” Why that’s obvious, the Government... with their buckets of money generated in taxes.

Many GPs are stressed, working longer hours, trying to keep patients happy, having to live up to patients’ expectations. There are difficulties finding good associates who are willing to share the workload. The present Government wants GPs to work from morning to midnight and are looking at the profession as if it were a convenience store.

We need those interested bodies who are involved in making decisions regarding current and future GP training to act now or implore those that hold the purse strings to loosen their grip.

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