

New blood – new ways

Niamh O'Brien

My childhood was spent in Dublin and I did the Leaving Certificate in 1996. I came to Galway to study medicine, an exciting prospect having holidayed here from a young age at my grandmother's house in the city. During first and second med I lived there with my grandmother, who spent much of that time praying for me at the Abbey Church in Francis St that I would have success in my exams and find myself a nice husband. Thankfully I was blessed with both; I graduated from NUIG in 2002 and married a handsome Galway man in 2004. Shortly afterwards I commenced my vocational training in general practice under the caring mentorship of Genny McGuire and her team.

I feel privileged and proud to be a graduate of the Western Training Programme in general practice. The experience I gained working in locations as far apart as rural western Connemara and Galway city was enlightening, exciting and invaluable. My training took me five years in total, as our eldest daughter was born in 2005 and our second child in 2007.

A wise man named Pat Durcan once told me that becoming a parent would improve my ability to empathise with my patients. If you're reading Pat – I think you were right.

In the months leading up to the completion of my training programme I busied myself with preparing my CV and putting out the feelers for job prospects. My preference was and still is, to continue in full-time or near full-time work. I am glad to say that I have indeed secured work as a GP and that I work full-time. However, in order to do so I am currently working in three different jobs!

I do five clinical sessions per week: four sessions per week in a city practice and one session a week in Jigsaw, a walk-in multi-disciplinary mental health initiative for young people in Galway. In addition, I have recently commenced a half-time academic position in the department of general practice in NUIG.

This is all very new and exciting for me and I am grateful to have these opportunities. However, the sessional nature of my clinical work offers me little in the line of security and may not offer prospects for a permanent position or partnership in general practice. Of course, it's early days yet for me to get entrenched with thoughts of security and long-term prospects. Nevertheless, this is an important area of concern for me and many others. Full-time, near full-time or part-time long-term assistantships offering job security and future likelihood of partnership appear to be rare.

In the recent past I contacted friends and colleagues who are at a similar stage of their careers to me. I asked them for their input regarding their feelings around establishing themselves as GPs in a practice and progressing towards partnership.

I contacted 53 GPs, both male and female, by email and telephone. All have qualified from vocational training programmes within the past 10 years and most within the past three. Of the respondents, the majority were female. I'd like to share with you some of their thoughts, concerns and contributions.

The good news is, there is an enthusiastic population of young GPs out there who are ready and willing to work. They respect their more experienced colleagues. They

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acknowledge the years of hard work and the sacrifices that senior GPs have made in growing their successful practices.

There is a feeling that the face of general practice is evolving and that younger GPs shouldn't be blamed or made to feel guilty that expectations around working conditions are likewise evolving.

Many of the female GPs asked the question 'Are we being taken seriously?'. They worry that expressing a desire to work part-time or flexibly for a time, especially during the early years of child-rearing, leaves them in the slow lane and with fewer prospects than their male colleagues.

Most of them expressed a clear desire to return to full-time work when their children were older.

Several GPs who work 6-8 sessions a week and participate in out-of-hours rotas for their practice expressed concern about long-term security and the prospects of partnerships in the future.

Sometimes it can appear that the leave entitlements in hospital medicine are much more attractive than what is available in general practice.

The issue of maternity leave presented more than once. There is general unease and sensitivity out there around gender issues, the dreaded 'feminisation' of general practice etc.

A classmate of mine who is about to complete her GP training summed this situation up very sensibly and eloquently when she declared: "Maybe we have become too sensitive about the female issue and we should just get on with it all – family life and career, but not to allow ourselves and our families to be compromised and to let general practice follow us into the 21st century".

The male GPs who responded spoke of their desire for flexibility in their working conditions. One of them stated that to work for 9-10 sessions a week in the long-term, in light of the increasing pressures of working in a busy general practice is not healthy for GPs or their patients.

They also cited the barriers to GMS entry, mentioned lack of financial support when setting up in general practice, advertising restrictions and difficulties with leave and the challenge and cost of accessing locums during their leave or when female colleagues are on maternity leave.

I believe that these issues should not be viewed as problems but as challenges for our profession. By communicating and listening to each others' viewpoints, we



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can surely move forward together as colleagues. Young and newly-qualified GPs need to be given opportunities while their energies are still fresh and before they become disillusioned. The experience of our respected senior and more experienced colleagues must be valued, marshalled and seen as a resource for our experiences, knowledge and acquired skills.

We are ready to meet new challenges, opportunities and beginnings. We are members of a fine profession, let us not forget that.

Over the past two years, my family and I have had frequent contact with the Irish health service. Our younger daughter has a chronic medical condition and at Christmas-time she became gravely ill. To witness from the 'other side' the wonderful, untiring and genuinely spirited commitment of our fine caring profession left me feeling very proud indeed to be a doctor.

Thankfully Lucy, who incidentally is named after my beloved late grandmother who prayed for me at exam times, made a great recovery.

When I was expecting Lucy and before that her sister Orla, I was cared for by the late great Dr Ann Gibbons. Like all of Ann's patients, I am so proud to be able to say that she was my GP. Her care, her touch, her words and her love for patients will probably never be matched by any one of us.

But I'm sure that any of you that knew her would agree with me that there could be no better role model for me and those like me than Ann Gibbons.