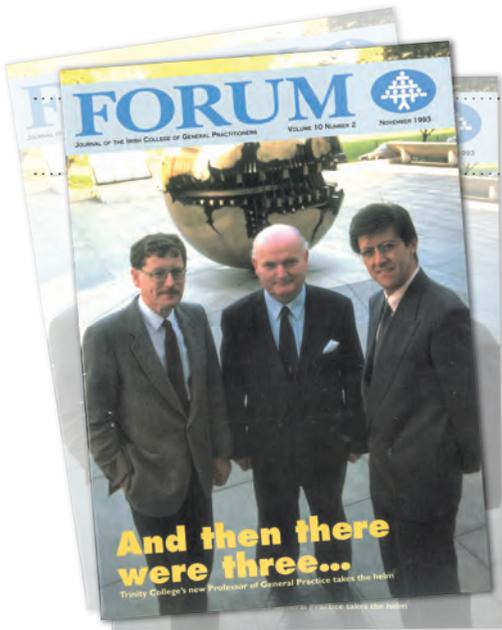


Cinderella has got to the ball



Tom O'Dowd

The 1993 November issue of *Forum* hangs on a wall in my office. It has a picture of Professor Bill Shannon, Professor Gerry Bury and myself with the caption “And then there were three...” referring to the fact that there were then three professors of general practice following my own appointment.

Bill has not changed much – Gerry and myself have frayed around the edges. If that picture were repeated today there would be seven professors in the Republic of Ireland and two in Northern Ireland. If all goes well at the University of Limerick then this will bring the total to 10 professors working in departments of general practice in the island of Ireland. Our medical schools have indeed attached a value to general practice.

In the foreword of the 2002 Howie/Ó'Cuinneagáin report on 'The present position and future needs of departments of general practice in the medical schools of Ireland', Michael Boland wrote: “the creation of chairs and departments of general practice were amongst the most important aspirations of the founders of the Irish College of General Practitioners in 1984. Naively perhaps, it was assumed that a professorial appointment would be accompanied by a critical mass of academic staff, a significant role in the curriculum, and funding for teaching practices and a research

agenda. This expectation was based on the gathering pace of undergraduate curriculum reform in other European countries and international recognition for the importance of community-based primary medical care experience for all students.”

Curricular reform in our medical schools passed Ireland by. A significant impetus for reform in our medical schools came from an unexpected quarter, when president of the Medical Council Professor Gerry Bury made medical education reform a key platform for the council. I was fortunate to be chairman of the education and training committee between 1999 and 2004 and together we led inspections of the medical schools, produced two reports for the public and generally concluded that medical education in Ireland was in a sorry state. It was unbalanced, underfunded and international innovations in medical education were viewed with suspicion.

The Government was sufficiently concerned to set up a review under Professor Patrick Fottrell which included Professor Bury and myself in its membership. The most radical development arising from the Fottrell Review was the establishment of a medical school in the University of Limerick. Under the leadership of Professor Paul Finucane, this new medical school is giving general practice unprecedented profile in its curriculum. Its first clinical posts have been advertised which include a professor of general practice, obs & gynae, psychiatry and paediatrics. There are no chairs in medicine and surgery.

The 2006 TCD survey on the structure of general practice in Ireland indicates that 42% of general practitioners teach medical students regularly. This means that the medical student has become the most frequent contact point between our medical schools and general practice. Curriculum time in our medical schools now gives equal status to general practice, medicine, surgery, obstetrics and paediatrics.

In TCD, some students now do part of their final medical

clinical exams in two of our general practices. All newly-appointed professors of general practice have war stories about battling for curriculum time in a system that only ever gave hospital experience to students. This hard-won change came on foot of Medical Council pressure, good student experiences in the practices, and lack of capacity in the hospitals.

The formal establishment of the Association of University Departments of General Practice in Ireland in 1997 has provided a network and forum for academic departments on the island of Ireland to work together in teaching and research. The AUDGPI also provides a forum for the dissemination of research through the annual scientific meeting – this year was our 12th such meeting. Nowadays, about 100 people attend this meeting and the quality of the research presentations has improved steadily.

The recent Mant Report on research in primary care in Ireland indicated that it is however a mixed bag. Fionán Ó'Cuinneagáin has observed that there is not a research culture in Irish general practice. This is not surprising as clinical medicine has relied on experience and intuition which are both hard won. Medicine rightly admires wisdom and patients respect it. Adding research based evidence to clinical practice gets newer doctors up to speed quickly and keeps older doctors up to date.

In 2001 a consortium from NUI Galway, TCD and Queen's Belfast led by Andrew Murphy secured a €1 million grant from the Health Research Board for a randomised controlled trial on secondary prevention of heart disease which will report soon. That there has been another HRB award of €5 million for a health research centre in primary care to a consortium from RCSI, TCD and QUB is further evidence that things are happening on the island of Ireland.

General practitioners can have reasonable expectations that primary care in Ireland will contribute to knowledge, both nationally and internationally.

Over 70% of general practitioners in Ireland are now working in partnerships and most graduates of our medical schools over the past 15 years cannot remember a time when there were no academic departments.

They have joined a cohort of older general practitioners who are especially generous in their time both to the ICGP and the academic departments. It is easier for general practitioners who work in partnerships to engage in the



Tom O'Dowd – war stories about battling for curriculum time

academic task of teaching and research.

We now have teaching practices who take undergraduate medical students for prolonged periods and who have registrars in training for a year at a time. It is only a matter of time until the students and registrars are joined by interns on a regular basis. In evaluating the experience in the North West on interns in general practice, Professor Peter Cantillon found it to be good and positive (December 2005).

The founding ambition of the ICGP for general practice to have a significant role in the medical curriculum has been realised in our medical schools. Exposure to general practice seems to professionalise our students and it is the only time they have significant one to one teaching from

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a senior colleague. But it took 20 years to happen. While general practice is still patronised by a minority of our hospital colleagues our students see this attitude as dated and at variance with their own experience.

General practitioners as a professional group were initially wary of academic GPs. The ICGP and others worried that a better supported and more effective academic general practice community might divert limited resources. The fact that this wariness has passed is partly due to the passage of time and careful handling of the dynamics on all sides of what Fionán calls 'the general practice family' has strengthened us all.

Academic general practice has both undergraduate and postgraduate arms. In TCD we have conducted a long-term development where we have effectively merged undergraduate and postgraduate teaching with what is now called the TCD/HSE training scheme for general practice. Professor Fergus O'Kelly and his team have added considerable life to the academic department and given us access to high quality practices for teaching and research. We now have joint appointments and we try and address areas of importance to general practice in Ireland.

We are currently putting a lot of research resources into the study of chronic disease in primary care under the guidance of Susan Smith. We are too small a discipline for undergraduate and postgraduate endeavours to live separately and the benefits of working together are considerable.

Postscript

This article was commissioned to celebrate the 25th anniversary of the ICGP but has ended up being an exploration of the journey of academic general practice. While general practitioners have been part and parcel of the

development of the undergraduate curriculum, the ICGP has had too many battles to fight to be an attentive parent to the academic departments.

The ICGP founders, who were our slightly older siblings in reality, placed us in the care of the medical schools who have ended up adopting us. Bill Shannon was appointed to RCSI when the ICGP was only three years old.

The ICGP and the academic departments have both struggled in their own ways and have developed complementary roles in a society that often takes general practice for granted. Individuals in the ICGP have made a big contribution to academic general practice. In particular I want to acknowledge the singular inputs of Michael Boland and Fionán Ó'Cuinneagáin to the AUDGPI and to academic general practice. But perhaps the bravest and most original of us all, Fiona Bradley, died too young and deprived a growing discipline of a fine mind.

The Howie/Ó'Cuinneagáin report described the demands made on the current professors of general practice as "unreasonable and likely to prove unsustainable". I don't know if what we have built is sustainable, as internationally, academic medicine is in a heap. Emily Dickinson, the poet, advised us to "tell all the Truth, but tell it slant". The unslanted truth is of course that the demands of general practice development whether in the ICGP or academic departments, has all too often been unreasonable on our families – even when at home our minds are away struggling with the job. Putting relevant and balanced medical education in place was never going to be easy and general practice will always have to work hard to keep its position in academic medicine.

Acknowledgements

Professors Fergus O'Kelly and Andrew Murphy have knocked some of the rough edges off this paper