

# Fighting the good fight for general practice

**Niall Hunter** asks some former ICGP chairmen about whether they believe the college has had an impact on health policy

The college has had great success over the years in terms of what it has done for general practice and for GPs in Ireland. Somewhat more frustrating, however, has been its attempts to influence health authority and government policy in terms of improving primary and patient care. While some important progress has been made with the health authorities in areas such as GP training, many college figures feel that the those running and planning the health services do not really “get” what general practice is all about. We asked former chairmen of the college for their views on how far we have progressed in a quarter of a century.

**Declan Murphy**  
Chairman 1987-89



**Soon after its foundation**, the ICGP created its policy document entitled ‘The future organisation of general practice in Ireland’, commonly known then as the ‘Blue Book’, published in 1986. This document is still the standard by which almost all developments in general practice can be judged. It was quickly recognised by the Department of Health as a model for future development of general practice, and very many of the changes since then reflect the principles and ambitions of that document.

The chapter on prescribing is of particular relevance at present, as it contained a number of principles for good prescribing including efficacy, safety, and cost-effectiveness, and advocated generic prescribing. It urged the establishment of departments of general practice in each of the medical colleges, and the establishment of general practice training

programmes throughout the country. The membership examination of the college is the measure of competence and knowledge accepted by the Medical Council and is a requirement for obtaining a position in the GMS.

The college embraced the arrival of computers at an early stage, and the Department of Health responded by providing seed funding to practices planning to computerise.

In each decade, the college has produced a multi-year strategic plan that attempts to set the agenda for development during that time, and the issues facing general practice now are as challenging as they have ever been. We can be confident that the ICGP will continue to advocate what is best for patients, for general practitioners, and for good governance of primary care.

## Garrett Hayes

Chairman 1989-1992



### A major achievement for the College

was getting the Medical Council to recognise general practice as a specialty. This came after many years of struggle by GPs to get this important recognition.

This put general practice on a par with other specialties and put paid to the notion of GPs as doctors who “fell off the consultant ladder.”

It was a big leap forward at the time, although it was some time later that GPs began to go on the specialist register.

Another major achievement for the College was the recognition by the health authorities of our exam.

This ensured that having the exam became an important component of the ‘points system’ used to assess applicants for GMS posts.

So we had some success as regards our contribution to primary care. As to

influencing health policy, my memory is of less success when it came to getting our voices heard with the health boards, the Department of Health and later the HSE.

I remember quite heated meetings with health officials on issues such as expanding the list of special items. One official who stood out, to my mind, was Dermot Mc Carthy, who was with the Department of Health in the 1980s and is now the country's head civil servant as Secretary to the government.

He was always very open minded to well-argued proposals and had few preconceived ideas.

A very important contribution the college has made to primary care is developing a real sense of collegiality between GPs. The college encouraged GPs to talk to each other rather than live in splendid isolation as local rivals.

## Michael Coughlan

Chairman 1995-1998



**The 1990s was the time** when the important role of general practice in the health service gradually began to gain more recognition. We began to see chairs of general practice created in the medical schools and the expansion of GP training. This was thanks to a major lobbying effort on the part of the college.

While the college has done much to develop the role of the GP, we still need a well-organised healthcare system outside the hospital gates.

Thanks to the development of training and CME we are all better GPs today and we are keeping more people out of hospital.

In the 1990s, 90% of health funding went to hospital care while 90% of the community was being treated outside hospital. I don't know if this has really changed that much today

We still have a long way to go, in areas like training. Training schemes are underfunded and we have a looming manpower shortage.

I am now afraid that after some progress, the current economic climate could lead to us going backwards.

The problem in influencing policy at government level always has been to get people to see the bigger picture.

**Brian Coffey**  
Chairman 1998-2001



**My experience has been** that there is a lack of understanding in the Department of Health and the HSE of the precise function and the whole point of general practice.

Many health administrators do not seem to really grasp how we function in general practice and this has been one of the major problems in dealing with the health authorities.

While there has been progress in some areas over the years, I think it has been an uphill struggle for the college in trying to change that mindset.

Vocational training, it must be said, has been reasonably well looked after.

The primary care teams are getting off the ground but it has been a long struggle.

There would be a worry that more and more of a workload will be piled on to GPs, and the PCTs cannot work miracles.

I would be delighted if the Minister for health were to spend some time in a GP surgery to see how general practice works.

I previously worked in the NHS and back then in any case, I found people working in

the system were proud of the NHS; they felt they belonged to the system and seemed to liaise well with local administrators.

As regards the college's influence on health policy over the years, in Ireland we do not seem to trust the HSE.

While we fulfil an important role, we do not really feel part of the whole system.

Perhaps this is a cultural difference between Ireland and the UK but I feel if we had more mutual trust things would improve.

As regards the college's influence on general practice, it has I believe had a major role in boosting undergraduate and postgraduate training and it has given huge support to younger doctors.

The quality of young GPs coming through the system is increasing all the time, but there are career pathway and life-balance issues that need to be dealt with.

Overall, when you look at the state of things as they were in 1984, what the College has done for general practice has been unbelievable.

*The College's impact on general practice and primary care has been enormous. I really feel the foundation of the ICGP has been the single most significant quality initiative in our specialty over the past 35 years and more.*

**Richard Brennan**  
Chairman 2001-2004



**The college's impact on general practice**

and primary care has been enormous. I really feel the foundation of the ICGP has been the single most significant quality initiative in our specialty over the past 35 years and more.

The college's role has been incalculable in terms of setting standards, organisation, improvements in care and in services and of course, in research and education.

The recognition of general practice as a specialty in the 1980s was hugely important, as was the role the college has played in developing a much-needed sense of collegiality among GPs.

There had been far too much professional rivalry that did nothing to develop standards of care. The single-handed practice model was detrimental to the health of both doctors and patients.

Thanks to the college's efforts we have moved away very much from what was primarily a sickness service to a more holistic model. We now have a much greater role for GPs in chronic disease management and in prevention.

The ICGP has been instrumental in showing the way through projects like the Midlands Diabetes Project, Heartwatch, the methadone project and the cervical screening programme in its earlier stages.

In terms of influencing health policy at governmental level I think it has been a bit of an uphill struggle.

We did, however, have the Primary Care Strategy and primary care became the buzz phrase.

Everyone is now talking about transferring services from hospital to primary care but the real battle has been to get the funding to follow the patient, and there are resourcing problems.

The pace of implementation of primary care teams has been disappointing. Due to the delays in implementing the strategy, we had five years of inactivity and time lost in establishing the relationships needed to develop working primary care teams.

Hospitals need to become community resources that exist to support community services rather than vice versa.

**Eamonn Shanahan**  
Chairman 2004-2007



**If you look back to the earlier years of the College,**

and its publication of the 'Blue Book' on general practice development in the 1980s, a lot of the targets set have actually been achieved.

These would include recognising general practice as a specialty and expanding vocational training from the level it was at.

It is now widely recognised, by both the health authorities and most hospital specialists, where it wasn't before, that general practice has an important role to play in chronic disease management. Shared care, it is now widely accepted, has to be the model for the future.

Largely thanks to the college's efforts, the role of the GP has moved away from primarily managing episodic illness to evolving an

increased role in chronic disease management.

General practice is now very much a specialty and trainees coming through now have the skill set that makes them well able to manage chronic illness.

There has certainly been a major equalisation of the GP's role vis a vis consultants over the past 25 years.

However, in spite of the major strides made, there are some of our number who I believe need to wake up.

They have to move with the times and cannot carry on looking after people's runny noses. The HSE would say others can do that cheaper but I don't think we have much to fear about the future if we continue to upskill and develop.