

General Practice in Ireland

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Abstract

"This article reports on the way general practice functions in the Republic of Ireland, based on a personal experience of working in that context. It describes the health care system in Ireland and the way that general practice fits in, the role of hospitals in relation to this, and the system of training for general practice."

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Introduction

I was privileged to spend two weeks doing a general practice locum in County Wicklow, Ireland. This was arranged through Locumotion, a company launched by Dr. Ray Power in July 2000. He also provided me with an orientation prior to the locum and an opportunity afterwards to attend a conference on International Doctor Exchanges, which further informed my experience. The purpose of this article is to share what I learnt about general practice in the Irish context, as another contribution to the ongoing discussion about the future of general practice in South Africa.

The Health Care system

Ireland like South Africa has a mixed public and private health sector. Unlike SA, in addition to providing hospital-based health care, the public sector also funds about 30% of general practice work.

There are 2500 general practitioners in Ireland, serving a population which has just reached 4 million people for the first time since the mid 19th century. About 1650 of these GPs have public contracts, whereby they will

see "public" patients as part of their practice.

Most private patients fund their own health care with respect to visits to general practitioners, as the major health insurers do not cover general practice. There are no fixed fees, but GPs usually charge 25 punts (Irish pounds) for adult consultations, 20 for child consultations and 30 for out of hours consultations. VHI, the government owned private health insurance scheme, which has captured about 48% of the market, is a hospital-based scheme, with no GP entitlements except for minor surgery.

"Public" patients are registered with a local Health Board, which will issue them with a card proving the holder is entitled to general medical services (GMS). A capitation payment of 45 punts per patient per annum is provided to GPs who have a panel of GMS patients, but each consultation must be recorded, with a form being submitted to the Health Board. Typically a practice would have 700-800 GMS patients on their register. These payments only cover normal daytime consultations. For any special services or for out of hours consultations, the Health Board pays a fee-for-service. The GMS panel of patients also entitles the GP to a pro-

portionate subsidy towards a practice nurse and secretary, and towards locums.

For patients with GMS cards, any prescription must be written on a special form so that the patient can have these pharmaceuticals provided to them at no cost by the pharmacy. There appear to be few restrictions on what can be prescribed. Furthermore, families have a ceiling of 45 punts per month for private scripts, after which the government will pay any balance.

On average GPs do about 5 hours of consulting per day, seeing around 30 patients in that time, and may do 1 or 2 house calls a day. The amount of after hours work depends largely on how much GMS work there is; GMS patients are more likely to call their GP at night because there is no financial disincentive. A lot of work is done by telephone (at least in the practice I was in) but there is no fee for telephonic consultations.

As in South Africa, there is no practice list, unlike the National Health Service in the UK. It is a fee for service system, except for the GMS patients - and even these only require a doctor to agree to take them on in order to get their card,

but thereafter seem to be under no obligation to go back to that GP.

GP's are involved in providing immunisations for children, and they get extra incentives to encourage them to do this. However there is no public health programme as such to ensure that everyone is fully immunised, and quite a few patients seem sceptical about the benefits versus risks of immunisation.

Most GP's tend to work as solo practitioners, with a receptionist and a practice nurse (though the practice I worked in did not have the luxury of the latter). Apparently this is slowly changing. Learning from the UK, GP's are increasingly forming groups, called co-operatives, to cover weekend and after hours work. This is also helping to bring about GP's together.

Some government support exists to support locums but until Locumotion was formed, there was no agency to assist GP's in obtaining locums. In the year following its inception, it used more than 90 locum doctors and arranged over 800 locum weeks.

Training

In order to practice as a GP, all doctors are required to go through a 3-year post registration vocational training programme. Two years of

this consists of hospital rotations in disciplines such as medicine, obstetrics, psychiatry and paediatrics. The final year is spent attached to an accredited general practice, with weekly day releases for seminars. There is a trend towards a 4-year programme, which has already been introduced by a number of the 10 schemes operating at present. In this case, 2 years are spent in general practice. About 70 GP's qualify each year in Ireland.

Approximately 50% of Irish medical graduates leave the country after qualifying. In turn doctors trained overseas are employed in training posts in hospitals, as junior doctors, for up to 7 years on a temporary registration. Where reciprocal agreements exist, doctors can get full registration – but this does not mean freedom to enter general practice, in that vocational training is required for the latter.

Hospitals and GP's

There are 10 teaching hospitals in main centres of Ireland and 15 county hospitals (secondary referral hospitals). Patients are charged for casualty consultations if they go there directly, but are not charged if they have a letter from a GP. Admissions to public hospitals are however free. There are no GP beds in hospitals.

The length of the wait to get an out-patient clinic booking to see a specialist varies but is usually about 2 to 3 weeks for major specialities and up to 9 months for a minor speciality. As a GP said to me, by the time the booking for the cardiac clinic comes around, you and the patient have completely lost interest in the problem.

There are no private laboratories – all investigations are sent to laboratories in public hospitals. It takes 3-4 days to get results of routine tests. (Some take much longer, e.g. Pap smears) Radiology reports from the public hospitals also take time. It is thus difficult for GP's to work patients up, making it easier to refer, leading to overloading of public hospitals.

Conclusion

I went to Ireland expecting to find a NHS similar to the UK, but found it to be closer in many ways to the Australian system, except that the proportion of private to public patients is much more skewed to the private side. At the same time, GP training is very much modelled on the British system. It is a system under review and it will be interesting to see the changes that occur in the forthcoming years.

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