# *Editorial*

## THE GENERAL PRACTITIONER IN IRELAND

IN October 1971 the Irish Minister for Health, Mr Erskine Childers, who is now President of Ireland, established a Consultative Council on general medical practice, under the chairmanship of Dr (now Professor) James McCormick F.R.C.P.I., F.R.C.G.P., general practitioner, county Wicklow.

An Irish Consultative Council is the equivalent of a British Royal Commission, and this one contained 27 members and met on 34 occasions. The terms of reference were to examine general medical practice in Ireland with special reference to the number of general practitioners required, their training, group practice, nursing and ancillary staff, the functions of general practice, and its relationship with other branches of medicine.

General practice in Ireland has many differences from that in the United Kingdom, the most important being the absence of a comprehensive national health service. The Irish State has a responsibility to provide a free general-practitioner service only for medical card holders, who form about 30 per cent of the population. The remainder have to pay their doctor. Furthermore, card holders are not evenly distributed in the population and so may form the main part of work of some general practices, while other practices remain entirely private. Other differences are the tendency for Irish general practitioners to work single-handed or in smaller groups than is now usual in the United Kingdom, and for few of them to work closely with nurses.

The Consultative Council's report is well worth reading for anyone interested in general practice and is essential for those who are concerned with the future of its organisation. Presented in under 100 pages, clearly printed with striking headings and contrasting type faces, it is easy for the reader to grasp the main themes. Although concise in its text, there must have been few Governmental committees on either side of the Irish Sea which have produced as many as 107 recommendations.

*Recommendations*

It is emphasised that undergraduate education, vocational training, and continuing education should be seen as forming parts of a continuum. All medical schools should have a department of general practice and links with teaching practices. Universal three-year vocational training is recommended and 18 months in general practice is suggested as one option. A vocational register should be established and the State is advised to accept responsibility for the payment of locums' travelling and subsistence to enable each general practitioner to attend 22 continuing education sessions a year.

One of the main themes of the report is that general practice should work towards a team approach; grouping is encouraged and adequate supporting staff favoured. It is suggested " that the ideal basis for a team is a group partnership of three to six doctors " —an interesting difference from the British Royal Commission on Medical Education (1968), which favoured much bigger complexes.

The Council recommends that public health nurses should be attached to group practices and the numbers should be increased as rapidly as possible.

This report veers away from the McKeown concept of the division of general practice and states " multi-disciplinary groups such as exist in North America do not have a

place in Irish medicine, but it is desirable that individual members of a group should develop special interests and skills."

Several features of the British NHS are chosen as appropriate for copying, e.g. the reimbursement of some of the salary of secretarial staff for group practices, and that Health Boards should provide health centres in appropriate areas, and also assistance with general practitioners' premises.

The report supports the choice-of-doctor scheme in Ireland. On the tricky political problem of excessive attendances and fee-for-service payments, it writes, " excessive attendances reflect traditional attitudes and the effects of social deprivation. . . . If necessary the existing disciplinary procedures should be strengthened."

*New ideas*

It would be wrong to suggest that this report simply recommends transferring the British model to Ireland. There are some radical new ideas here such as that " hospital doctors should be allowed to provide a maximum of one week's supply of medicine while at the same time referring the patient back to the general practitioner " and that " participation in developmental schemes should be restricted to general practitioners who have a special interest, have undertaken the necessary training, and are examining a sufficient number of children." Also " there is an urgent need for research into the function of hospital outpatient departments."

Other interesting suggestions are " that all doctors should carry an adaptable airway as part of their emergency equipment " and " that legislation to make the wearing of seatbelts compulsory would make a significant contribution to reducing deaths from road accidents " and " the assessment of the ability of old people to drive should be carried out by independent assessors."

For the College, there is a recommendation " that a small amount of State help should be given to the Irish Council of the Royal College of General Practitioners to enable it to act as a repository of knowledge and expert advice and to play a more effective role in postgraduate education."

*Assessment*

Once more, general practice has been put under the microscope of a governmental committee, and once again an interesting report has emerged. Some of the recommendations offered may be criticised, but all are carefully reasoned and are worthy of careful consideration.

The McCormick report is the Irish equivalent of the Gillie report in England of 1963. Both committees were instituted by the government of the day to examine general practice at a time when it was causing concern in the respective countries. Both had a powerful interdisciplinary team, both were led by a distinguished general practitioner, and both have underlined the importance of, and the future of, general practice.

Some recommendations are common to both reports and both have commented fearlessly on general practice as they saw it. There can be little doubt that the Gillie report did much good for general practice in the United Kingdom and coupled with the family doctors' charter of 1965 and the report of the Royal Commission on Medical Education of 1968 formed a watershed which led to the renaissance of general practice in Britain.

The Irish have already achieved a new financial deal and, if the recommendations of this Consultative Council are implemented, general practice in Ireland will now be greatly strengthened.

REFERENCES

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