

Every dog has its day

LIGHT AIRS

THE SNIFFER DOG WITHIN has trouble getting the scent for this issue of GPSpeak. There is so much going on.

I am reminded of Aesop's fable 'The Dog in the Manger' about a dog lying in some straw. A hungry ox came in for a feed but the cranky dog would not allow the ox any access to the straw, of which there was plenty.

The antics of some yappy college pups who don't want to share their new specialist bone with the grandfather dogs is a bit on the nose. If you think this is an exaggeration, then see the February 26 issue of Australian Doctor and the comments of a Dr Christine Human on page three, who is reported as saying, 'All Fellows! Do not allow these non-VR and grandfathered old farts (OFs) sneaking in at the back door to cheapen the credibility of general practice as a true speciality.'

It's hard not to feel sorry for this unfortunate doctor whose foot-in-mouth comment was seized on by a fox terrier at Australian Doctor. The reaction from some OFs in the next edition was swift and strong. Some experience has to be learned the hard way, but that's the point, experience. An old seadog once told me that 'there is no substitute for the miles under your keel'

When I put these matters to a patient, she told me, 'I don't like seeing doctors younger than me. They don't have the maturity of long experience. They often give a textbook answer which they think is right but it just doesn't fit.' She added, 'Some young doctors are arrogant.'

Fortunately, the anklebiters have been growled down by the Medical Board and the old dogs still have their day.

Still, it makes you wonder what happened to the mutually respectful collegiate tradition in our profession. We are talking about more than 11,000 experienced doctors who would have been downgraded. Many would have walked away. Keep in mind that the OFs still have to do upskilling and gain CPD points to remain VR. So it's not just a free ride into the sunset. The government is rightly worried about GP numbers. Mr Rudd seems like a blind man trying to pin the tail on a donkey in his quest to find enough of the elusive GP species. He is, for instance, planning to cut immigration of hairdressers and replace these with GPs from overseas. That's a story with potential for danger, especially if

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this plan is anything like the ceiling insulation policy. You can get over a bad haircut in a couple of weeks, but consequences of rushing in untested GPs from other lands can be much more serious. to an unsuspecting public. Only the most wistful among us would espouse the old system in which a freshly trained resident could nail up a brass plaque and start in general practice anywhere. The higher standard that goes with vocational streaming is not so haphazard.

Today's

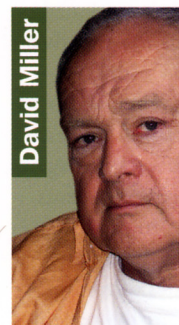
Holy Grail is the provider number, without which a doctor cannot enter the General Palace. In contrast, the old system had some flexibility, in that locums could be filled by specialists in training. It's a pity this is no longer an option.

A side effect of long post-graduate medical training is the laying down of roots. So by the time it's all done, the demands of domesticity make can make moving into areas of doctor shortage more difficult.

While on his doctor finding quest, Mr Rudd was asked by an A&E specialist why a poor little country like Cuba could produce enough doctors to export to other countries and why our resource rich land has so much trouble providing the most basic

needs. On a visit to Timor Leste, I was surprised to find that this was true. Doctors from Cuba are staffing many of the hospitals, while here, patients, including the indigenous, are fed up with difficulties in accessing GPs, especially in rural and remote areas.

The Australian health system is quite fragmented and it's easy for patients to get lost in the expensive maze, so a GP's job as a sheepdog is to direct their flock into appropriate specialist paddocks.



David Miller

docks. One's greatest asset is a well considered referral list. Much of our job is very basic, but still it requires experience and judgement.

As for imported GPs, for decades now, all Aussie doctors have rubbed shoulders with overseas doctors. As a resident, it was my lot to be one of a minority of Australian born doctors sent to a 'peripheral' hospital. I made some good friends. But I remember how difficult it was for them to adjust to our weird culture.

A great ambassador was a Mrs Sands, the resident's cook and cleaner, a kindly lady with twinkling blue eyes who insisted on being called Mum. On my first day, she asked a new group at the breakfast table, 'Would anybody like a chapatti?'

Dark eyes lit up with gratitude and when she returned with the plate, a confused doctor from Pakistan seemed surprised. He said, 'this is not a chapatti, Mum. This is a toast.'

'I know that son,' she explained. 'I just like to make you boys feel at home'.

