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A mirror or a window?

The Irish Registrar Exchange Program

■ In mid 2007 I had the opportunity to take part in a registrar exchange program established between my current Regional Training Provider (getGP) and the Donegal Specialist Training Program in General Practice in Ireland. It seemed too good a chance to pass up; a 3 month work placement in a small town with accommodation and a car provided, and without much of the tedious paperwork that working overseas often seems to bestow. There was that, and the promise of rolling green fields, the famed Irish hospitality and a smacking good pint of Guinness.

I didn't do my homework well, and so flew into Donegal airport expecting a thriving regional airport but was met at a tiny whitewashed building which seemed precipitously located at the edge of the world. Donegal makes up the northwest corner of Ireland and fittingly looks like it would eagerly drift away from the rest of the country.

As a general practice registrar, I was immediately aware and excited at the prospect of being more than a tourist, of being privy to a unique experience of travel through sliding into the role of village doctor. The first 3 weeks I was working in my clinic in Newtowncunningham, a small farming village about 12 miles from Letterkenny, was a complete contrast to the large modern community health centre I work in back home. A tiny building from the 1960s with nine seats in the waiting room, my office was in an annexed porta-cabin hanging off the back. The floor was on a decided lean and there was an unpredictable supply of running water. I awkwardly navigated a strange and counter-intuitive computerised record system; the dot matrix printer continually ate my prescription paper. I was flummoxed by the referral procedure; patient details filled out on proforma sheets and sent by post to the hospital outpatients department, whether urgent or routine. I saw a 27 year old man, whom I'm certain had early signs of multiple sclerosis, and was told by my supervisor that he might be seen by a physician before he's 30. I was unable to order CT

The Poisoned Glen, County Donegal



scans or ultrasounds, these had to go through specialist departments. There was no private pathology service and many of my appointments through the day were to do venepunctures. As peculiar as it sounds, I ached to remove a skin lesion or to wield some liquid nitrogen.

I had little out-of-hours commitments. The after hours service in Donegal is provided by a collective of GPs, which acts as a clinic and mobile emergency unit. I didn't have to start work until 10 am each day, 'no one in Donegal is awake before nine' I was told – very civilised indeed! Our clinic closed for 3 hours over lunch and because the sun set so late in the evening, I often had days full of sightseeing and adventuring alongside busy clinical work. I got the feeling the people of Donegal cram as much as they can into the summer months in preparation for the gloom of a low, wet winter. At times the laid back work schedule made me feel like I was faking it somehow, but by the time I felt comfortable within

the system, my workload seemed to balloon. As a registrar it's comforting to be able to apply your knowledge within a different cultural context. There are subtle differences such as antibiotic prescribing patterns and a lack of national screening programs. I met many older women who had never had a Pap test and was continually amazed at the unrealistic expectations of what medicine could provide.

The training program was a different experience to my own at home in Gippsland, Victoria. Registrars in Ireland meet for a day release each week and most undertake concurrent postgraduate courses or diplomas so work in clinics proportionately less. The teaching was dynamic and integrative. The 4 year training program is split into years that focus on the human life journey – paediatrics, middle age, the elderly, and end-of-life. It seemed such a cohesive way to learn; the sheer amount of time registrars spend together discussing research and new developments in medicine

engender a more fluent vernacular. I wondered what I was able to bring to their program – perhaps a broader experience with dermatology and minor surgical procedures, or my experiences working in indigenous communities. The great equaliser usually lay at the end of day in the trip to the local pub where crisps were laid out like a picnic feast and the creamy pints of Guinness flowed! Being given the opportunity to slot in with a new registrar cohort was a fascinating experience. Some days I felt like I was witness to new knowledge, a new way of doing things; then at times I felt very strongly how similar our issues and experiences of training are.

So I am home with a renewed appreciation for the Australian health care system, a head crammed with memories of some of the best people I've ever met, a new outlook on 'warm' weather, and a rather alarming fondness for Guinness. While the frustration of the health care system in Ireland would put me off working there long term, I look forward to returning and would recommend the program to any registrar wanting a new perspective on general practice, or simply wanting some good 'craic'!

