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'I'm a happy little Vegemite, doctor!'

■ **At the onset of a mild Victorian winter, four enthusiastic, fresh faced Irish general practice registrars made their way to Australia on an academic and cultural exchange. As registrars in the final throws of our fourth year general practice training in Donegal, we swapped the rugged, windswept northwest coast of Ireland for Gippsland in Victoria.**

Our initial fears of settling in among new surroundings and practising in a foreign health care system were assuaged by the 'cead mile failte' (Gaelic for 100 000 welcomes) extended by our Australian colleagues. We quickly adapted to our respective practices and, armed with the knowledge garnered from working in the Irish health care system, endeavoured to cure what ails the Victorian population.

We were treated to real 'Australiana' being based in rural group practices with community hospitals attached. As well as full consultation lists, daily ward rounds in the hospitals were shared with our general practitioner colleagues. In some cases GPs provided obstetric cover and anaesthetics to these hospitals. In Ireland, our community hospitals are essentially long term care units for the infirm and elderly and all acute admissions, both minor and major, are sent to regional hospitals. In rural Australia we were now admitting our own acute patients to community hospitals and managing them appropriately, thereby saving needless journeys to regional centres for patients and valuable hospital beds in the bigger centres.

This sun bleached country makes for sun damaged skin and our limited experience in this area was tested by the number of lesions presented to us in consultation. In Ireland the sun rarely gets a peak in and examination of pigmented skin lesions is a comparatively rare consultation. Thanks to the small caseload and other logistical reasons, lesions are removed in outpatient departments by surgical teams with only a few GPs removing them in practice. In Australia we jumped at the opportunity to wield scalpel and sutures and became somewhat proficient at removal of lesions, skin check protocol and dermatoscopy.

Though a whole hemisphere from home, we still found uncanny similarities in the problems presented on a daily basis in practice. Having come from a rural general practice training scheme in Ireland, we found the same stories being recounted by our patients, however, with a unique Australian delivery. Despite studying endless episodes of 'Home and Away' for colloquialisms before arriving, there was still more to learn. 'Crook' did not imply that the patient is a felon of any type, but was suffering from some form

of malady. The 'wog' was not a small nocturnal mammal native to Australia, but a myriad of symptoms of the influenza-like variety. Indeed, it was an influenza all the way from Mexico that stole the headlines when we arrived. Keeping up to speed with the daily updates issued by the Victorian Health Department and enforcing 'house arrest' on our patients for a week at a time due to general flu-like illness made for some interesting consultations.

One of the biggest challenges faced in practice was coming to terms with the Australian prescribing system. There was the obvious expected hurdle of differing names of medications, but also how the Pharmaceutical Benefits Scheme (PBS) differs greatly from the prescribing methodology utilised in Ireland. In Ireland there is a public system whereby you are issued with a means tested 'Medicalcard' and all medications are free. Those without a Medicalcard pay for their medications to a maximum of 100 euro per month and the doctor is free to prescribe the appropriate medication for the appropriate length of time. The PBS system limited our choice of medication and length of prescription. The system is highly efficient, advanced and undoubtedly less open to abuse by doctor and patient, however there was an inescapable feeling of impotence to the daily phone calls for permission to prescribe, held to ransom by tick box questions.

A double edged sword presented itself with the availability of radiology services in Australia. This was appreciably geographically dependent, but in all our practices we now could order ultrasounds and computerised tomography from primary care as indicated. This feat in our locality in Ireland requires a referral to a consultant, who may then order the test from secondary care. Radiology access in Ireland is a contentious issue and undoubtedly a large contributor to overcrowding of hospitals. Now as Australian registrars, and with access to radiological 'toys' previously out of our reach, we had to be careful to not only order properly indicated radiology, but to interpret the results correctly as they were returned to us solely. Fortunately our colleagues in secondary care were also quite accessible and more than willing to offer helpful advice to their mates in primary care.

We all joined our contemporaries in the Gippsland Education and Training for General Practice (getGP) and attended registrar training days. It was interesting to note the differences in the vocational programs in Australia and Ireland. In Ireland, our 4 year scheme includes a weekly meeting of trainees as opposed to the monthly get together, on average, experienced by our counterparts on their 3 year



scheme. The sheer size and increased travel distances in Australia admittedly probably has a lot to do with this. Our limited experience of the training in Australia consisted of a combination of practical workshops and outside experts or trainers presenting on a relevant topic and answering queries. In Ireland, the focus was on trainees teaching each other, providing feedback that emphasised an evidence based approach.

The academic highlight of the trip came during a 2 day workshop organised at The Royal Australian College of General Practitioners in Melbourne. Here we had the opportunity to discuss the pros and cons of our differing health care systems and we had the pleasure of meeting the affable Bart Currie, Professor of Medicine in Darwin. Apart from being blown away by the encyclopaedic knowledge of the man on all that is infectious, some of us were revising plans for trips to the Northern Territory after realising what a great little incubator that climate is for all types of bacteria hell bent of doing you in. He also gave us some tips on which snakes to avoid while up there – them all apparently!

Some field trips were undertaken, all in the name of academia of course! We sampled some of the best wine Australia has to offer on the Mornington Peninsula, begrudgingly spitting it back into buckets but returning with a boot full of wine. We spotted emus, kangaroos and wombats at Wilson's Promontory. Later we all chowed down on kangaroo steaks, enjoying the sweet meat so much we were left stuffed and contemplating a 'roo' farm in Ireland. We river kayaked,

sailed on the Gippsland Lakes and went bush trekking in its national parks. We explored as much as we could squeeze of this beautiful corner of Australia into our 2 month visit.

When we needed to up the tempo, Melbourne provided us with a cosmopolitan contrast to the rustic lifestyle of our practices. We explored it's museums, learning of the beginnings of the state of Victoria, stalked around the Salvador Dali exhibition at the National Gallery of Victoria and patronised the theatres. We enjoyed 'footy' at the Melbourne Cricket Ground and learned more of the real vernacular there in 3 hours than 2 months in general practice! We frequented the odd public house and sampled some of the foaming ales, and I'm pleased to report that this connoisseur's Irish palate at least was impressed with Australia's offerings.

Alas our 2 month tenure flew and, though brief, we feel we gained so much both culturally and academically in this exchange. The relative smoothness with which we slipped into our roles as registrars was not without some much appreciated help. We would like to thank all those in our respective practices in Bairnsdale, Heyfield, Lakes Entrance and Maffra who are simply too numerous to mention. Most importantly, we would like to thank Dr Patrick Kinsella, Senior Medical Educator at getGP and Mrs Linda Kruger, Program Coordinator, without whose enthusiasm and hard work, this would not have been possible.

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