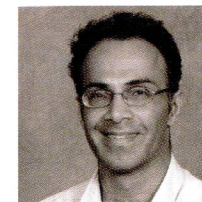


Doctors tell their stories ...

# In my experience



**DR NANU GREWAL**  
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Queensland.

**T**WO years ago I moved from a busy urban practice in Oxford in the UK to one in Queensland to discover, in my experience of primary care, compelling differences in what on paper looked superficially similar.

Most doctors enjoy general practice for the independence of thought that it engenders and the continuity of care that is its forte. Although in the UK GPs have enjoyed so-called Independent Contractor Status in the NHS for more than 50 years, there has been an unmistakable increase in authorities' interference, often labelled 'political' interference, in the day-to-day practice of clinical medicine. This ranges from rationing of certain medicines to the 'postcode lottery' of certain services.

The sense of true independence is much clearer over here. The downside is the loss

of continuity of care due to the Australian phenomenon of 'doctor shopping', which must be viewed as an inalienable right, judging from the bog-eyed look when I explain the UK way of herding patients into 'allocation blocks' to specific GPs.

Thus, at the clinical interface, the main difference I have noticed in Australia is the freedom that GPs have to practise where and how they like and that patients have in consulting with whom they like.

When I joined a practice in Oxford in 2002, it was more or less stepping into a dead man's shoes. Before I had even found the coffee room, the practice manager came into my room, put down a hefty print-out on my desk and said: "There's your 1200 patients — enjoy!"

Furthermore, all manner of bureaucratic loops have to be jumped through before

a given practice can take on another GP, to say nothing of starting up a practice de novo in a town. The spirit of per capita lives on (ie, a fixed fee per patient per year). The average consultation time is still less than 10 minutes in the UK. Day to day, there is a huge time pressure on you.

The private sector is small in the UK, and probably a little stigmatised. Here, the sector being larger clearly makes life easier for the GP at the sharp end.

However, it is in the privatised non-clinical sector (ie, pathology and imaging services) that I feel the real difference. In the UK, with the patient in the room, I would find myself almost begging on my knees to get a gall bladder or testicular ultrasound inside a three-week wait. As we all know, because general practice deals with huge areas of raw clinical uncertainty, the



availability of same-day electrolytes and beta-hCG results are a huge comfort.

I must also mention specialist advice. Many of you will scarcely believe me when I say I cannot recall being able to reach by phone a consultant-level specialist in the final six months I

worked in the UK. I could only reach an on-call apathetic registrar. Here, I can always get through — some specialists have even returned my call!

Everyone warned me that patients would be hellishly more demanding in a private practice setting. This I have

not found. In my humble experience, patients in any country want the same thing: a friendly, open, knowledgeable, sympathetic and safe doctor for their family.

The chief variables, I have found, have occurred on my side of the desk. ●

