# An Australian's report on a visit to a general practice in Switzerland

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I greatly appreciated the time and help Dr Thomas Michel took with me so that I might understand the workings of a Swiss rural General Practice when my wife and I visited Wilderswil in December 2006. I am a general practitioner who owns a practice in Australia and my wife is the practice manager. My overall impression of a Swiss rural General Practice was that it was very similar to a rural General Practice in Australia, both having their own in-house laboratory and X-Ray facilities, although these are becoming rarer in Australia owing to having to maintain expensive quality assurance commitments. The consulting rooms and equipment and the record keeping system were very much the same as in an Australian Practice. The doctor could move from one consulting room to the other without patients noticing from the waiting room. Home visits are performed in a similar fashion as in Australia. The practice was computerised in the reception area for billing purposes and for prescription writing in the consulting rooms. Most practices in Australia are moving toward being fully computerized, including clinical notes.

In Australia practices do not generally have their own dispensing arrangements, the patients having prescriptions fulfilled by a private pharmacy or by a state hospital in the very rural areas. In Switzerland very useful members of staff are the medical assistants, who have their own specific training system. We do not have these personnel in Australia but rely on trained nurses to do similar tasks.

In Australia hospital visiting and inpatient care in rural areas remain the duty of GPs except where a state run hospital has resident doctors available. GPs are still responsible for care of their own patients in a nursing home but as these homes become larger there is a move towards responsibility for the whole nursing home being specifically designated to two or three doctors.

## General practice in Australia

General Practice in Australia has been changing considerably especially since about 1990. These changes have come about owing to various factors. However, General Practice remains the primary point of contact for individuals to receive services from the nation's Health Care resources.

In Australia we do have quite a difference between rural and metropolitan General Practice. Distances from specialist care in Australia can be vast in the rural areas but readily available to GPs working in the cities. The difference in the country includes the variety and emergency of presentation of illness, the greater procedural skills required by the GP in the country and the need for more comprehensive care by a single practitioner for the patient, although the frequency of presentation may be fewer in the country when compared to a higher turnover in the cities.

There is a move towards GPs working in group practices in Australia. This means facilities such as imaging, blood tests, visiting specialists and allied health workers may be used more efficiently under the one roof. However, solo practices are still a viable alternative. Recently large companies have set up very large medical chains employing GPs for a percentage of their takings with the attraction that the doctors are relieved of management responsibilities.

Australia has a universal health insurance funded by a 2% levy on each individual's taxable income. This Commission rebates back to the patient up to 100% of the fee charged by the GP for all patient initiated encounters as well as preventative examinations and management plans for those with chronic illnesses and the elderly over 75 yrs old. From this levy the Commission also runs an incentive scheme. Practices are paid a reward for reaching a specified level of Pap smear coverage, vaccination coverage, asthma and diabetic cycle of care coverage, level of computerisation in the practice, practice surveys, education on the proper use of medications, as well as on-call and degree of rurality rewards.

Every three years each practice is encouraged to be accredited by submitting to an in depth, on site peer inspection of how each practice is managed. If the practice does not participate then the incentive rewards are denied the practice until they are next accredited.

Continuing medical education, which includes required reading, attendance at educational meetings, courses and undertaking surveys, is achieved by gaining a required number of points every three years.

In the 20 years following World War II there was a baby boom in Australia. These babies are now reaching retirement age and there is a fear that the GP workforce may not have the numbers or time to care for them at present standards. We do not have the medical assistant position available to Swiss General Practices but must rely on the nursing services to supply interested practice nurses to fill this assistant role. Medical team work is being encouraged to find ways that might help alleviate this expected shortfall in GP services. GPs are being encouraged to form teams with allied health practitioners (physiotherapists, occupational therapists, psychologists, nurses etc) regarding an individual's health care.

I was impressed how well Dr Michel managed his General Practice and particularly the contribution he and his wife made to the emergency care system in the district. I am extremely grateful for the privilege of meeting Dr Michel and learning to understand a Swiss General Practice in Wilderswil.

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