1. **Please provide a summary of your experience.**
   At first, I saw a program centered on Barnet hospital in northern London. There are several related hospitals and clinics in London, visiting mainly Barnet hospital and St Andrew's Medical Practice. In the Barnet hospital, I mainly visited elderly wards, elderly emergency medical care, and GP teaching. Also at the St Andrew's Medical Practice, I accompanied visits to outpatient clinics and clinics of nurses.

   After the program visiting, I moved to Liverpool and joined the RCGP Annual Conference.
Then I made a poster presentation on the difference between the health care systems in Japan and the UK.

2. **What was the highlight of your exchange experience?**
   The grandeur of the scale of RCGP annual conference. I was surprised that Jeremy Hunt was coming.
   I could dance with Prof. Amanda Howe at Gala dinner.
   Dr. Roger Neighbour was listening to our presentation.

3. **What is the lasting impact of your exchange experience? Would you recommend the experience?**
   All the GP was feeling proud that they are GP. In Japan, there is no established field of General practice, it is easy to be confused with general internal medicine, there is a possibility of falling into an identity crisis. I felt it necessary to establish fields as GP in Japan as well.
   It is a very meaningful experience and I strongly encourage Japanese GP to participate in this program.

4. **What have you learned?**
   Cooperation between the GP and other specialized departments within hospitals, hospitals to clinics was very smooth. The medical record system was unified, and I felt that it is necessary for future medical care in Japan to create a system that makes it easy to access patient information from anywhere.
   Also, it was helpful not only among for doctors but also that it recognizes co-medical expertise and shares work more than Japan.

5. **How has the experience influenced your practice?**
   Although it is a problem of the system, as social security cost in Japan increases and the work of doctors is increasing, it is necessary to recognize co-medical expertise such as a nurse, share work and improve efficiency.

6. **A comparison between your own and your Host’s/Visitor’s country’s:**
   - **GP training**
     The UK is more advanced. Not only was there a large number of educations for GP, training of educational method was done.
   - **The role of the GP**
     The UK is more shared. On the other hand, it is difficult for many GPs to interpret image findings, or ultrasonography cannot be performed.
• **The rest of the practice MDT**
  The UK is more advanced. Because GP has established a lot of evidence in the field of primary care.

• **Working hours and pain**
  The UK is more flexible. Time to give birth and child rearing were also firmly protected, I felt that it is also a feature that the number of female doctors is large.

• **Patient experiences**
  UK patients are more satisfied with medical treatment than in Japan. In Japan, patients can freely access any medical institution, but it seems that they are not necessarily linked to satisfaction. Probably in the UK, the citizen's reliability to the GP is high and it seems that they trust the GP's evaluation. In Japan's present situation there are many clinics that non-GP opened and some patients do not trust the evaluation.

• **Appointment length**
  Japanese people have free-access to medical institutions, and the period of an appointment length to the specialist is short. However, most patients who are non-medical cannot a choice correct specialist.

• **Consultation styles & communication skills**
  In the UK, the reliability of other specialists to GP is high and it is smoother than Japan. In Japan, the number of GPs is still small, and there is little trust in GP from other specialty departments.

• **Home visits**
  Japan may be more advanced. Japan is introducing a more profound medical fee for home visits, and it may also be affecting that many patients want to die at home.

• **Acute care**
  Japan may be able to do more advanced medical treatment. Apart from whether it is correct or not, some GPs work at ICU.

• **Chronic care**
  Evidence-based medicine is being conducted in the UK from Japan. In addition to being able to open a clinic anyone in Japan, there is no system to secure and monitor the quality of that medical care.

• **Culture**
  Japan is almost a single ethnic group and I felt a big difference. The number of foreign patients is very small in Japan, and the number of foreign doctors is very small as well.

• **GP networks**
  The number of GPs in Japan is very small, and the network between GPs is also underdeveloped.

• **Challenges facing GPs**
  Lack of an overwhelming number of GP and low perception from other departments and citizens. A new specialist system for GP has started, and it is expected that these will be improved. In fact, however, physician's specialist thinking is still strong, and a national policy may be necessary.

• **Funding**
  Japan is lacking funds than the UK. Procurement of funds for GP from increasing social security expenses is an issue.
Vocational Training Schemes of GP in JAPAN

Our primary health care approach to the community

About Saku Central Hospital's Festival

Royal College of General Practitioners