1. Please provide a summary of your experience.
   I saw GP’s practices in Waterfoot and Ladybarn, Manchester, and joined the RCGP AC 2017. It was all new for me to see, hear and feel.

2. What was the highlight of your exchange experience?
   It was the Gala dinner in RCGP AC. I was able to have a relationship with GPs in the world. It was very fun to dance!

3. What is the lasting impact of your exchange experience? Would you recommend the experience?
   I became able to observe the good and bad places of healthcare in Japan objectivity.

4. What have you learned?
   - The way to communicate with patients smoothly and catch up the real intention of them in limited time.
5. How has the experience influenced your practice?
   In my outpatient practice, I began to conduct medical interview more carefully for each patient.

6. What do you think your country could learn from UK?
   - NP system, Advanced NP and HCA
   - Flu vaccination system in the UK (In Japan we need to reserve to vaccinate in clinic)

7. A comparison between your own and your Host's(Visitor's) country's:
   - GP training
     - There are many similarities but residents in the UK are guaranteed feedback time (In Waterfoot the resident can give feedback twice a week)
   - The role of the GP
     - In the UK citizens know the role of GP and they must go to the GP firstly except going A&E or private hospital/clinic. The healthcare system does so in the UK.
     - In Japan the system of GP is not known citizens fully and they can choose to go all hospital/clinic (the “free access” system). So, many people tend to go to specialists.
   - The rest of the practice MDT
     - In the UK, it is good to make better use of practice MDT than in Japan.
   - Working hours and pain
     - In the UK, GPs finish the work on time, but doctors in Japan can’t.

Patient experiences:
- Appointment length
  - In the UK it is much longer than in Japan. In my setting, it is 3-10 mins...
- Consultation styles & communication skills
  - UK’s GPs talk to the patients much longer than them doctors in Japan because of the length of consultation and the limited medical resources (Soon we can take Xray, CT, MRI, or blood test, and so on.)
- Home visits
  - In the UK, GPs go to the patients with acute symptoms. In the morning of each days they call to the clinic and take a reservation.
  - In Japan, Home visits mean that doctors go to the patient with chronic diseases regularly (for example, once or twice a month).
- Acute care
  - In both countries, if clinic’s doctors diagnose the patient as severe, they call emergency car and send hospital.
- Chronic care
  - In the UK, NPs (and HCA) examine patients who have chronic diseases.
  - In Japan, doctors including specialist examine them.
- Culture
  - In the UK, GPs are constituted of many races, same as citizen.
In Japan, most doctors are Japanese.

**GP networks**
- In Japan, Japan Primary Care Association (JPCA) hold an annual conference and some seminars, and the local branches of JPCA hold some conferences and seminars.

**Relationship with secondary care**
- In both countries, the connection between GPs and specialists is good. Especially in the UK, I think specialists trust GPs.

**Challenges facing GPs**
- In Japan, in 2018, GP system will begin to work. I think we need to spread the GP system to citizen.