



Royal College of
General Practitioners

Erasmus+ funded Hippokrates Exchange Programme

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Participant report

Dr Ebrahim Mulla

Gratitude in the shadow of a pandemic: an Erasmus+ exchange to Kutina, Croatia- January 2020

As I touched down in Zagreb's Franjo Tuđman Airport on New Year's Day 2020 to start my Erasmus+ exchange programme, little did I anticipate how eye-opening the next 2-weeks would be. This narrative report is a product of my observations and discussions about Croatian General Practice over this time.

I am incredibly grateful to have been afforded this opportunity, supported by the award of an Erasmus+ grant from the Royal College of General Practitioners (RCGP) and The World Organisation for Family Doctors (WONCA). This exchange supports family doctors in training to gain perspective of family medicine from another European country. My host was the ever-affable Dr Tanja Pekez, the principal family doctor at 'Health Center Kutina'.

Kutina is a small-town with a population of 20,000, south-east of Zagreb, 1-hour drive on the highway towards Bosnia-Hertzogovinia. 'Health Center Kutina' provides primary care services to residents of the town, encompassing a team of family doctors, nurses and healthcare assistants. Patients queued outside to be seen in the publicly funded family medicine clinics. They presented with similar symptoms and disease pathology to the UK and likewise GPs, were the gatekeepers to secondary healthcare. Management was broadly similar, with variations reflecting pan-European best-practice guidelines, national formulary recommendations and available services.

It was clear that Croatian family doctors are well respected by patients and viewed as pillars of the community. There was no over-riding pressure to document all the red flags discussed or negative findings checked for during consultations; documentation was primarily driven for clinical, rather than medico-legal reasons. This led to more relaxed and fulfilling consultations. One seemingly unremarkable observation was that the primary care team had lunch together every day. I felt there was incredible value to this; it provided an opportunity to catch-up with the rest of the team and for informal peer-support, whilst supporting camaraderie and team cohesion.

As in the UK, family doctors also undertook visits for patients unable to leave their homes. We travelled to a farm, deep in the Kutina countryside, to review a patient receiving home oxygen therapy for advanced chronic obstructive pulmonary disease. Although my Croatian language skills were rudimentary, I was surprised how far non-



verbal cues such as a friendly smile helped in overcoming the language barrier and putting patients at ease, despite the terror of feeling short of breath.

Alongside observation at the clinic, Dr Pekez very kindly arranged a visit the local hospice. I was surprised to find that palliative care services in Croatia were in their infancy and until 2014, provision relied predominantly on enthusiasm and volunteering. Supported by the Croatian government's 'Strategic Plan for Palliative Care Development 2014–2016'ⁱ and a grant from the European Union, the palliative care centre we visited (pictured) had established a professional service to the local community.

To round off my trip, I spent a morning with the faculty at the University of Zagreb Medical School and the Andrija Štampar School of Public Health. I was fortunate to have coffee with Assistant Professor Venija Cerovečki Nekić, who heads the Department of Family Medicine. It was interesting to hear how they were facing similar challenges with managing an ageing population, whilst the new 4-year post-graduate family medicine training programme was creating a lot of work! We visited her inner-city family medicine practice and I spent time with the medical students and family medicine doctors in training on placement there. I very happily shared with them the resources I had used to prepare for my GP exams.

A recurring topic of conversation throughout my exchange was the recently introduced national screening programme for early lung cancer detection.ⁱⁱ Active smokers between 50 and 70 years of age, as well as those who have quit smoking within the last 15 years, are eligible to have a low-dose high-resolution chest CT scan. This makes Croatia the first European country to establish a national lung cancer screening programme. However, many I spoke to felt the evidence supporting this approach was not strong and these resources could be better utilised supporting core primary care services.



My host Dr Pekez (2nd from right) and the community palliative care team. Written on the wall behind them is a quote from Dame Cicely Saunders, the founder of hospice movement: *"We will do all we can not only to help you die peacefully, but also to live until you die."*



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As I reflect back and write this report amid the chaos of a global pandemic, I am more conscious of our shared humanity, our interconnectedness and the important role family medicine plays in society. I thoroughly enjoyed every aspect of my time in Kutina and Zagreb. I will take back a fondness for Croatian culture, coffee and people. I feel I have developed an appreciation for the primary care system in the UK. From the rigorous GP training programme, regularly updated primary care guidelines and equitable service provision, it is quite easy to take for granted the things which are done well. This exchange has also provided perspective to the ongoing challenges- an increasing volume of workload and scrutiny, an ageing population and a growing demand-resource disparity. I now feel more confident in contributing to the conversation about the future of our healthcare system.

I am indebted to the national exchange coordinators, my host Dr Pekez, the RCGP and WONCA for making this possible. I hope the Erasmus+ scheme can resume as quickly as possible when safe to do so and I highly recommend this opportunity to early career GPs and GP trainees.

ⁱ Lončarek K, Džakula A, Marđetko R, Sagan A. Origins and effects of the 2014-2016 national strategy for palliative care in Croatia. Health Policy. 2018;122(8):808-814.
doi:10.1016/j.healthpol.2018.07.011

ⁱⁱ Croatia first to introduce early screening for lung cancer. The European Connected Health Alliance. Available at <https://echalliance.com/croatia-first-to-introduce-early-screening-for-lung-cancer/> (last accessed 12/06/2020)

