I am a UK GP in my first year after training and I completed my Hippokrates Erasmus Plus exchange in Lecce, Puglia, Italy.

Lecce is an old baroque town in the south of Italy, surrounded by dry flat land scattered with olive trees and bordered by the Adriatic sea on the east and the Ionian sea to the west.

My host was Dr Sergio Della Giorgia and his colleagues, including GP’s and skilled secretaries, at their practice outside the centro storico. I had the issue of not speaking Italian so I was lucky to have GP trainee Dr Margherita Cantoni, who was working alongside Dr Della Giorgia during the final months of her training, translating the consultations into English. I was surprised that in Italy it is normal for the trainee to shadow the GP and consult together, rather than separately as I had trained in the UK.

Doctors apply to 3 year GP training after completion of the 6 year medical degree. In a set up different to the UK, the newly qualified GP enters a system of points collection obtained from working out of hours shifts, in order to practice as a day time GP.

Dr Della Giorgia, like other GPs in Italy, has a maximum of 1500 patients registered to his name. When he is away from work he would have a GP to replace him. In this way, the GP knows the patient and the patient knows the GP - Dr Della Giorgia told me that often, they grew up together. Patients even have his mobile number and may call him. This seemed to make things easier for both GP and patient, not as I had expected! Most of the patients I see I have never met before and there is no obligation to remain with the same GP in our larger practices.

The day is divided into morning and afternoon, with a lunch and siesta in the middle. A patient was scheduled every 15-20 minutes, but it was common for a consultation to last longer. The GPs called it therapeutic talking - the patient has to talk and it is his doctor he has to talk to. Patients did not seem to mind the wait, as they knew once they were seen they would have all their problems answered. The secretary organised who was seen next, the door was usually open, patients and secretaries carried messages in and out of the GP room.

It pleased me to see that couples were seen together and rarely a patient attended alone. A daughter may come about an issue relating to her, at the same time collect her elderly father’s prescription and discuss concerns about her mother’s health whilst handing the GP the latest blood results.

As staff were tiring they would call for a coffee break, held mid morning, when the GPs and secretaries discussed what each other had done at the weekend, laughed and told stories. Occasionally a drug rep came to meet with Dr Della Giorgia - despite not knowing the verbal language, the body language is the same.

I was impressed to find that patients carry their own results and letters and bring it to their trusted GP to discuss. I felt that this empowered the patient somewhat and
transferred some of the responsibility from doctor to patient. During a consultation, a lot of organising happens with the patient there, such as calling a specialist, calling for results, scanning results and letters, and printing. This was all possible due to the lack of time constraint. My impression was that, as in the UK, the interface between primary and secondary care was disjointed. This meeting between the patient and the GP was central to resolve this.

Aside from the scanning and printing, the computer was used for little else than to record a brief note or diagnosis. Medicolegal worries did not seem to be on anybody’s mind, although GPs do still need insurance. I thought how I might like to work in this way.

During discussions with the GPs, I learnt that the health system in Italy is Servizio Sanitario Nazionale and there is a quota capitaria per patient. Patients can choose their GP (they may change every year) and the GP takes 3 euros per month per patient. At the end of the month the number of tests/prescriptions is submitted for each GP and if the GP is thought to be using too much the government may ask the GP to pay back. Dr Della Giorgia was pleased to see that he was within the expected range when we checked online during a break between patients.

The GPs told me the priorities are, like the UK, to avoid hospital admissions, treat locally, use centres with doctors/nurses/ultrasound, and specialists who can see the patient locally. I was really interested to know that it is common for Italian GPs to learn and to practice ultrasound. Referrals, in reality, can take longer than would be advised and in some instances the GP may encourage the patient to go private in order to be seen more quickly.

A paediatrician sees all children until the age of 4 after which it is optional to be registered to see either GP or paediatrician. I am grateful that GPs in the UK follow our patients right from birth.

My time in Italy helped me to understand a little more some of the differences in the way European patients consult with me in London compared to UK patients. The lack of time constraint, asking for copies of letters and results, bringing CD’s and X ray images to me, requesting sick notes for any length of time off work – this makes more sense to me now. It made me think about how we interact with our patient and how responsible our patients are. I thought about whether in the UK we are encouraged to be mini-specialists, perhaps at the loss of general practice?

I attended a WONCA conference and enjoyed joining the local GPs and trainees in their regular socialising. What everyone wanted to know was – Brexit.

I would highly recommend participating in the Hippokrates exchange to any GP or GP trainee.