For the ERASMUS exchange I was attached to two local GP trainees based at the San Filippo Neri Hospital in Rome. My daily schedule involved attending consultant-led outpatient clinics in the Haematology and Rheumatology departments along with the two local GP trainees. The working hours for GP trainees were much shorter than UK, with trainees being expected to attend clinics from 08:30 till 13:30 each day.

Daily interaction with local GP trainees allowed me to gain an understanding of the structure of the three-year GP training programme in Rome. I was surprised to learn that GP trainees are expected to only observe and not participate in day to day clinical care whilst in the hospital setting. This is in contrast with responsibilities of a GP trainee in England where trainees are expected to consult, investigate, diagnose and manage cases, with senior support being available if required.

On arrival at the hospital on the first day I came to learn that I would not be allowed into the clinic without wearing a white coat. White coats have been banned in England as an infection control measure in recent years and I last wore a white coat when I was at medical school. I felt relieved when one of the local GP trainees kindly leant me his spare white coat for the duration of the exchange.

Having the opportunity to sit in outpatient clinics allowed me to observe a few important differences between England and Italy in clinical consultations and the patient-doctor relationship. I felt that consultations were generally not as patient-centered as I am accustomed to. I noted that the consulting doctor would do most of the talking and ask a series of direct questions to extract the relevant history from the patient. The patients mostly replied with brief responses to the questions that were asked of them. Furthermore, I observed that management plans appeared to be quite prescriptive, rather than them being made in partnership with the patient. However, on the positive side I was pleased to observe that clinicians seemed to enjoy greater professional autonomy, with little influence of performance targets on clinical consultations or patient care. Furthermore, I observed that medical note keeping was brief and succinct, and there was little time and effort wasted on bureaucratic paperwork or box-ticking exercises as is the norm in the UK. This meant that doctors could focus their efforts on patient care.

I had the opportunity to spend an afternoon with a medically qualified doctor who was now practicing ‘natural medicine’. She described to me how she had used a more holistic and lifestyle-based approach to treat clients with a range of health problems. Through our discussion I was also able to gain an understanding of how general
practice functions as a business in Italy. I learned that most GPs in Italy work singlehandedly rather than in partnership and that they are paid according to the number of patients on their list.

I feel that I was fortunate to have been selected for participation in the ERASMUS exchange programme. Through the exchange I learnt a great deal about similarities and differences in the health system of UK and Italy. The local GP trainees and hospital doctors were all very welcoming and made it a thoroughly enjoyable experience. They summarised each case in English after the patient left so that I understood the proceedings and felt involved during the clinic. I would highly recommend the exchange programme to anyone who has in interest in learning about the health system in Italy.