I am a GPST2 working in Swindon, UK. In February 2018 I took part in the Erasmus + exchange program and went to Brasov, Romania for a 2 week exchange. Brasov is in Transylvania and is a city of 250,000 in the centre of Romania. I spent my time shadowing a GP working in a single handed practice, Dr Andrea Neculau. She is heavily involved in medical education at the local university and had a 1st year GP trainee (resident) working with her on a 6 month placement. One other GP works in the same building working different hours with a different patient list. There was also a practice nurse, who managed basic repeat prescriptions and vaccinations and admin. Most GP practices in Romania have one GP working with a practice nurse. There may be a second nurse if the patient list is large.

**Primary Care in Romania**

Health care in Romania is public, and is paid for by mandatory social health insurance contributions. Children under 18, students, the unemployed and low income people do not have to make contributions. There is also a private health care system where people pay for health care. GPs are gatekeepers for the public system only.

Public health care is free for those insured (85% of people), but as there is limited funding people sometimes end up having to pay for services that should be free like blood tests, Xrays or scans. Many people choose to have tests done privately, taking their results to the GP. There are also restrictions over what GPs can prescribe – for example they are not allowed to prescribe medication for diabetes, COPD and mental health issues without a letter from a specialist!

Medication is divided into 3 lists – A, B and C. A drugs are generics or cheaper, and the patient only pays for 10% of the cost of the drug. B drugs are more expensive generics or brand name drugs, the patient pays for 50% of the cost. C drugs are free for the patient, such as TB, HIV and Hepatitis medication. Drug reps visited the GP regularly in between patients.

**The role of the GP**

The working week consisted of 3 days of 8am -2pm, and 2 of 1pm – 7pm. There would be time allocated for home visits for 2 hours before either this or after. The surgery would also be open some Saturday mornings for cancer screening programmes.

The standard consultation time was 15 minutes, but despite set appointments, extra walk-in patients were also seen on the day – one day we saw 90+ patients. Patients would often come in with family, who usually also wanted to be seen. All patients would bring in their national medical card, which would bring up brief notes from previous consultations, recent blood results if done in the public system and a list of currently prescribed medication. It would also give the ability
to refer for basic tests and specialist opinions. Patients could choose where to go for a specialist opinion, and would often ask the GP to suggest a specialist. Prescribing was electronic, and a printed copy would be given to the patient to take to a local pharmacy.

Patients would often come knowing exactly what they wanted from the consultation. I was in Brasov during flu season, so many patients would come in wanting antibiotics (Augmentin usually), or IV vitamin C. I was surprised to learn that there were no local/national antibiotic protocols. The GP would patiently try to explain the differences between bacteria and viruses, and delayed prescriptions were used in some patients. Many patients would come in wanting blood tests or specialty referrals. A large proportion of the patients we saw came in with the results of blood tests/scans/flu swabs that had been done privately and they wanted a diagnosis and treatment. If needed, patients would receive IV treatment – such as antibiotics or fluids in the GP practice.

Patients would often attend very frequently – several times in the same week to update the doctor on tests that had been performed. Due to this the GP knew the patients/families very well, which created a very good doctor-patient relationship, but one that was more paternalistic than in the UK.

GPs were also responsible for much of antenatal care and child health checks.

**GP Training**

I also spent an evening at a teaching session for first year GP trainees. After 6 years of medical school all graduates have to pass a national MCQ exam, and then they are able to pick specialties based on results. The family medicine training program is very different to in the UK. Trainees start their 4 year GP training straight out of medical school, and the first 6 months of GP training are spent working at a GP practice, mostly shadowing/doing basic procedures such as blood pressure. Following this all trainees do rotations in medicine, paediatrics, surgery, obstetrics & gynaecology, oncology, dermatology, psychiatry, neurology, diabetes, infectious diseases, epidemiology and management and bioethics. After this they do 18 months in a GP practice. The trainees in Brasov had to do exams/assignments in each of these specialties at the end of their placements, and also had to pass a written exam and clinical skills exam (which is hospital based- to examine 1 child and 1 adult).

**Conclusion**

There was much more continuity of care in primary care in Romania compared to the UK, which was a real strength of the system. Consultations can be more effective as the doctor already understands the patient’s background, both in terms of their condition and social situation. This is often lost in UK primary care, as patients rarely see the same doctor. I also learnt about treatments which are not used in the UK but are commonly used in Romania such as IV vitamin C and the use of immunostimulants to prevent respiratory tract infections in certain at risk groups of children (and researched the evidence behind these treatments). I hope to use my experiences to better understand European patients coming to see me in the UK – at my previous practice I had a number of Romanian patients.

I really enjoyed my experience and would definitely recommend it to others in the future.