1. Please provide a summary of your experience.

As a part of the UK and Japan GP exchange project, I visited the UK from Oct 3rd to Oct 16th. I had some great opportunities, to observe a clinic in Swindon and attend the RCGP (Royal College of General Practitioners) Annual Conference. I observed GP practice at Purton Surgery which is located in Swindon. They have eleven GPs and about thirty other medical staff. Each GP has a special interest and can consult each other, so the clinic looked like a small hospital which works well.
2. **What was the highlight of your exchange experience?**
   Through this exchange experience, I noticed an importance of having a pride in our job. I repeatedly heard the GPs in the UK say "We are very proud that we are GPs". I clearly remember the vice president’s message "GP is the most trusted professional in our society." In Japan, the concept of general practice is vague, so we, young GP trainees, often feel the loss of identification. I will be certified as a family physician in Japan which is equivalent to a GP in the UK next summer. I feel that I have to be more confident that I am a family physician like GPs in the UK.

3. **What is the lasting impact of your exchange experience? Would you recommend the experience?**
   Looking from the outside, I can see my own country from a different angle. Now, I can understand how Japan's primary care system is better than before, because I can compare the system in Japan with the one in the UK. Japan can not incorporate the asset of the UK's medical system into Japan's directly, because our history and our medical framework is completely different. Through this experience, I understood that Japan needs to create Japan's own primary care system. I want to be a doctor to help create a better system in Japan’s primary care. Of course I recommend this experience for other young doctors.

4. **What have you learned?**
   Through observation, I learned a lot of things about the UK medical system I did not know. Firstly, the content of medical work is divided into each vocation in detail. For example in the UK, nurses can see some patients who are already diagnosed such as DM, COPD and asthma. Paramedics can do home visit like doctors. In Japan, only doctors can do that. Secondly, the way of examination is more diverse. For instance, there is a system of a phone examination in the UK and GPs can prescribe medicine without an actual physical examination. I thought doctors in Japan may be able to reduce their workload by sharing their work with other vocations and accepting the other ways of examination such as a phone examination.

5. **How has the experience influenced your practice?**
   I became more interested in medical system itself. I would like to join some political seminar about medical policy if I have a chance.

6. **What do you think your country could learn from UK?**
   We can learn from the UK that the necessity to think about what the minimum medicine is like in order to maintain universal health care. There is a NICE guideline which consider cost effectiveness and covers a wide range of primary care problems. It helps GPs provide
patients with standardized medical treatment. In Japan there is few guidelines considering about the medical cost effectiveness.

7. A comparison between your own and your Host's/(Visitor's) country's:
   - **GP training**
     In the UK, educational system of GP has been established, so the content of training program is standardized. In Japan, there is a rough framework of a training program, but the content is not standardized and still under discussion. The number of doctors who can teach residents primary care is not so many.

   - **The role of the GP**
     In Japan, the concept of general practice is not established. It is not understood well among even doctors. In Japan, in the past and even now, specialists were not trained about primary care but were given the title of general practitioners, and have worked in a clinic and played a role in primary care for decades. I would like to work to establish the concept of general practice and increase its value.

   - **The rest of the practice MDT**
     In the UK, nurses can see some patients who are already diagnosed such as DM, COPD, asthma. Paramedics can do home visit like doctors.

   - **Working hours and pain**
     I think most doctors in Japan work longer hours than GPs do in the UK. I was surprised when I heard that GPs’ over workload is one of the major problem in the UK. It is interesting that I hardly ever heard the discussion about over workload in Japan. I think most of doctors are used to work long hours in Japan. Actually, when I was a junior resident I was scheduled for eight double shifts per month at my hospital, but I thought that was the way it was.

   - **Patient experiences**
     In Japan, there is no limitation for patients to go to medical care, so patients can go to whichever hospital and department they want to go. In the UK, as medical access to hospitals where specialists work is controlled by NHS, patients are required to first go to their local clinic where the clinic would make an appointment at a hospital where the patients would go to.

   - **Appointment length**
     In Japan, appointment length is very short. They even can go to see a specialist in a hospital without an appointment. In the UK, the problem of an appointment length is getting improved. However, I saw some patients who have private insurance and hope to see specialists earlier than their usual appointment during my observation.

   - **Consultation styles & communication skills**
I thought GPs in the UK have good communication skills, but 10 minutes seems a little short term especially for elderly patients with a lot of complications.

- **Home visits**
  In Japan, patients have to register in advance in order to have home medical care.

- **Acute care**
  In the UK, patients with acute symptoms have to wait at least a few days for actual medical examination. In Japan, most patients would consider it very stressful because it is natural for them to see a doctor the day they hope.

- **Chronic care**
  At the clinic I observed, doctors tend to change every visit when patients with chronic problems come to the clinic. So, it seems hard to keep continuity of care. I thought the locum style which is getting popular in the UK may be related to this problem.

- **Culture**
  I am sorry, but it is difficult for me to answer because this question is a little vague.

- **GP networks**
  I am not sure because I did not have any chance to know that during my observation.

- **Relationship with secondary care**
  I thought there is not so much differences between the UK and Japan. We need to write a letter to secondary care to refer patients. In emergency case, we need to call to secondary care.

- **Challenges facing GPs**
  Through some lectures at the conference, I realized that the UK medical system also has some problems. The problem of relationships of specialists, distribution of doctors, overworkload and budget problems are similar as in Japan, but Brexit and IMG problems may be harder than the problems Japan have. I knew every country has the similar problem.

- **Funding**
  In the UK, the income of the clinic is determined by the number of patients registered to the clinic, and do not depend on the number of patients who are actually seen in the clinic. In Japan our income depends on the number of patients we see and the amount of tests and procedures we perform, so medical cost tend to be excess.