An Erasmus Exchange- Italy, Pisa 2017

Background

I spent 2 weeks shadowing Dr Puccetti in Pisa from the 21st May 2017 to 2nd June 2017. First I would like to pay my thanks and gratitude to Dr Puccetti for his hospitality and for welcoming me into Italy. I would also like to thank his trainee Dr Maria Giovanna for her kindness she showed during the 2 weeks.

During a time of political uncertainty in the United Kingdom, BREXIT and the snap general elections I felt that this Erasmus movement was something that I was extremely privileged to encounter and more importantly gain a wealth of knowledge and be able to enable me to allow for a collaboration between Italy and the UK in such a volatile era. I had chosen Italy due to the fact that it had been voted as the second best healthcare system in the world by the World Health Organisation and that it shared a similar ethos to that of the NHS, a healthcare that is essentially free to all to access, be it with some differences.

Being unable to speak Italian was not a problem and I was fortunate to work alongside Dr Puccetti’s team as they ensured that they explained everything to me. This is something that I will be eternally grateful for.

The Surgery & Consultation

The surgery I shadowed was much smaller than any UK surgery. It was interesting to see that the GP had no reception staff or nurses on site and just ran a clinic by himself with the aid of a GP trainee. Patients did not have to make appointments in advance and in fact just turned up and queued in a polite and respectful manner for their turn. On my first day I sat in the waiting room for about 90 mins. Here I saw that patients talked to each other, joked and smiled- perhaps something that has been lost in the busy UK healthcare system, a real sense of a community. They also allowed patients to go in front of them if they thought the patient needed to see the doctor sooner than later. Patients could wait up to 2 hours to see the GP but there was not even one instance when this was seen to be a problem by patients. Patients seemed to be cheerful and had respect for the doctor and medical profession. I feel this model to be very personal and very effective and something that I will take back to my UK based practice. Dr Puccetti was also fortunate to have a very capable GP registrar in the room with him. The GP Registrars job was that to do prescription requests, to see patients alongside Dr Puccetti and to answer the phone whilst Dr Puccetti was consulting.
hoping to solve many queries over the phone which thus reduced face to face appointments. I think this model was something that worked in Italy as patients did not mind being interrupted and understood the work load of the GP. This is something that would not work in the UK and more so would attract a high level of patient complaints and detract from the patient-doctor relationship. Perhaps litigation has a big role to play in the UK system.

The Dr I shadowed seemed to be happy during the 2 weeks and I did not see any real level of complaint from him. I felt this model of consultation may be something we could adopt in the UK to help solve supply-demand needs. I felt that as the patients were in charge of their medical needs rather than a paternalistic approach, patients often led the consultation and had clear and concise questions that they wanted answered. I felt that this way of consultations worked very well in Italy.

**Patient attitudes**

There remains something to be said by taking your health in your own hands. What was astounding was that patients in Italy came prepared to the consultation with a list of problems and previous clinical history (be it from clinic reports, blood results, test results). Patients seem to own their health and used the GP to help guide them for further treatment. It was important to know here that the patient -doctor relationship was truly based on respect for each other and it could be seen as a passive observer that this ultimately allowed for primary care to work efficiently. Patients were explained their conditions in sometimes what we would describe as ‘technical jargon’ but it was surprising to know that the patients in Italy were Intune with medical words and in my opinion had a better understanding to medical complaints. As I was about to leave Italy I began to reflect on what I had seen- something quite opposite to that of UK primary care and the system I work in. I will truly miss the patient –doctor relationship that seems stripped of bureaucracy and just seemed to work and deal with the patient, pure patient choice, in terms of medications, referrals, specialist visits rather than the didactic guideline approach in which the UK primary care is based upon. There are however important reasons for the differences that are out of scope for this report.

**GP training**

The GP training seemed to be very well organised just like in the UK. I was fortunate to attend a GP training education day that happened on a weekly basis. I found this to be off very high level based on general topics. The day I attended was to do with fertility and there were a range of consultants and GPs that spoke about these issues from each perspective. I felt the level of detail was high and at specialist level but useful to GP trainees. Trainees found these days useful both for their content and peer support. Their seemed to be a good degree of respect for the speakers and trainees were engaged. I think this is very similar to the UK.
Salary

What I found to be very poor was how little the GP trainee gets paid. I was advised they get paid around 700-800 euros a month. I felt this to be extremely poor and actually felt that many trainees may not be able to survive on such incomes. Contrary to the UK where GP trainees get a better pay.

Conclusion & Impact

In all at a time of political uncertainty and BREXIT I was extremely fortunate to have been given the chance to go to Italy on the Erasmus scheme.

I feel the experienced has not only made me more knowledgeable into the Italian healthcare system but feel I gained an experience that cannot be taught. I have seen that primary care in Italy is based on a strong patient-doctor relationship with mutual respect for each other allowing for care to be efficient, patient centred and safe. Patients seem to have respect for each other, are compassionate towards each other and are generally in charge of their own health which I believe leads to less wastage and greater concordance. Interestingly Italy also has an ageing population. I found that the use of combination medications in such patients to be useful as it often helps relieve the burden on carers/ NOK and patients own time.

I think the most important thing to take away from this exchange is that of respect. The respect that users had for the health system in Italy was at a much higher than what I have seen in the UK. Respect for others and colleagues is also something that if found the Italian system to have abundance off.

Thanks

I am thankful to Dr Bernadeta Bridgwood, Erasmus lead for RCGP and Dr Pauline Foreman (GP trainer) for allowing me to participate in this scheme. My thanks to Dr Puccetti and his team for arranging the Pisa exchange.