On reflection, my primary care experience in Italy is one that will guide my clinical practice for years to come. I observed the varied and multifaceted aspects of general practice in Florence. During my team in Florence I was mainly based with a young general practitioner (GP) in Sesto Fiorentino which is a municipality (comune) in the Metropolitan City of Florence, Tuscany, Italy. During my exchange, I mainly observed different aspects of General Practice. This included observations of general practice clinics, attendance home visits, participation in out-of-hours sessions, observation of complex discharges by GPs in the secondary care hospital, visiting a home for non-residents with Long-term conditions. Additionally, I also attended a meeting on migrant health and gave a presentation of general practice in England to GP and GP Trainees.

One of the first things I noticed about general practice in Florence was the way in the general practitioner plays an integral role in each patient’s life and sits firmly at centre of the clinical care a patient receives. The general practitioner host had a clear understanding of the social, physical and emotional circumstances of his patients. Unfortunately, in England, our short consultations and the lack of continuity of care makes this difficult. Throughout my time in Florence, I reflected on the importance of continuity of care and wondered what changes (if any) could I make to my own practice to improve continuity of care in England. Additionally, having 15 minute consultations in Florence enabled the patient to tell their story fully and encouraged open and honest dialogue between the doctor and patient. I was impressed by this. Moreover, this was something I wanted for my own patients. As my host has a personal list of patients, he gets to know them very well, therefore lengthy documentation is not necessary. More time is spent discussing rather than writing. The patient has the doctor’s full, undivided attention.

However, with greater continuity and increased appointment length also comes far greater patient expectations. This is not a criticism but more of an observation. I observed that my host was readily available for his patients and they could seek his help that their choosing. Though access at my practice in London is very good, rarely would the same GP be able to deal with a particular patient’s issue on different occasions. I wondered how I would cope with greater patient expectations? My training is split between academic and clinical general practice, therefore by default I am not actually that accessible at all. These are issues I never ever thought about prior to my exchange. Now, I wonder how important is accessibility and continuity of patient care with the same GP. After observing this first-hand in Italy, I can now say it’s imperative!

Because there is such a close relationship between the patient and the GP, there seems to be little role for other clinicians. For example, clinical pharmacists and
physician associates are non-existent in the Tuscan region where I was based. Trust between the GP and patient is very strong therefore having another clinician may disrupt this relationship. In addition to trust, the GP is viewed in a very positive light in Italy, more so than in the UK. The level of respect the patient has for the GP is evident which also enables the fostering of a strong patient-doctor relationship.

The area in which I was based had a fair homogeneous society with very little diversity within the patient population. However, during my time, I was also exposed to migrant health needs. I visited a home dedicated to managing the long-term health needs of patients which no residence status in that region. This included migrants or Italians who were homeless. This home is overseen by a GP and Italian GP trainees also gain experience in this home. This set-up was only one of its kind in Italy and provided a cost-effective means of providing long-term care to those without health insurance. I am doubtful if something similar exists in England but I will look into this.

The out-of-hours session I attended was similar to that in England. However, I felt access in this region was easier for the patient compared to the area in which I practice. This exchange also enabled me to observe how GPs are used in secondary care. I observed GPs playing an invaluable role in the discharge of complex patients. In England, a similar role is undertaken by the Ortho-geriatrics team. I was also given an opportunity to share my experiences of General practice in England and provide an overview of our GP Five Year Forward View.

The key aspects I have taken away from this experience is the importance of continuity and accessibly of patient care and building strong relationships with my patients. Overall, I have learnt that like all European countries, healthcare demands are rising while finances continue to become constrained, therefore it is important for us to share and learn from countries to ensure that we are always provided the best possible care.