I completed an observership in a GP surgery in north Madrid for 2 weeks which involved:

- Sitting in with a Spanish GP seeing patients together and learning from her management plans
- Observing my Spanish host GP conduct ultrasound scans
- Shadowing nurse practitioners and phlebotomists and discussing with them their role in the GP surgery
- Sitting in with paediatricians during their clinics and observing/learning from them assessing children
- A visit to the main tertiary hospital in North Madrid (La Paz)
- A visit to the local pharmacy
- Attendance of a monthly regional meeting of hospital doctors and primary care doctors to address the main issues in north Madrid at La Paz

I found the entire experience very enjoyable and highly educational. My hosts were very friendly, cooperative and accommodating and keen on making my trip to Madrid a wholesome one. On comparison of our two countries - I learnt that there are many differences between the NHS and the public healthcare system in Spain and a lot of these are related to primary care. I found that some services and systems worked better in Madrid whereas some were actually more effective in the UK. An example of the former came to light during my clinics and conversations with the on-site paediatrician at the GP practice, a concept that thus far is alien in the UK. All children up to the age of 14 years were seen only by community paediatricians who worked alongside GPs at the practice. This worked very well as this meant that not only were the paediatric patients getting an immediate specialist opinion but it also meant that their parents were more reassured with the advice. This led to reduced requests/need for hospital referrals compared to the UK, which helped alleviate a lot of the patient burden from the hospital. Attending the regional meeting between primary and secondary care doctors was extremely informative. A big part of the discussion involved the administration of medication by the A&E department. In Spain, A&E departments do not dispense any medication at all and write a note for the patient to take to a GP instead. In many instances this causes a delay in treatment, especially on a weekend or a bank holiday. The A&E team (doctors and nurses) was extremely resistant to the suggestions of the primary care representatives to change this system, as they were afraid this would lead to an increase in A&E attendances and also cause an unmanageable increase in workload for the nursing staff. It was interesting for me to note that medication dispensation in A&E actually worked very well in the UK and I realised that this was a luxury that not every European country provided. This particular meeting also brought to light, unsurprisingly, that many of common issues discussed were also problems in the UK – for example, the overuse of PPIs in primary care or...
the prescription of expensive drugs initiated by secondary care doctors. This alluded to the fact that more international collaboration may be the key to finding better solutions for these issues quicker.

In the primary care setting, I found the patient-doctor interaction of particular interest as it was far more paternalistic in Spain compared to the shared-care model we use back in the UK. This seemed to be en par with patient expectations and seemed to be the norm as far as consultation styles go. Another interesting observation I made was that at times, the reason for attendance to the GP was merely to give positive feedback, which is pretty much unheard of in the UK. Consultations to just inform the GP that the antibiotics that they had prescribed a month ago had worked or that actually their abdominal pain had improved and were now fine were not uncommon. Given that the appointments in Madrid were only 6 minutes long, this seemed befitting reason for a consultation. Also, I felt that it was actually quite encouraging to receive positive feedback, whereas back at home in the UK, we generally only see the patients again where the treatment hasn’t worked and they’re not better.

On the flipside, I wasn’t the only one that has taken something from this experience but I feel I have also been able to impart some knowledge of my home country to my hosts in Madrid. I conducted a power-point presentation on London, the UK medical school and post-graduate training systems and the NHS structure, which was very much appreciated. In addition, I built a wonderful rapport with my hosting supervisor and had many interesting conversations with her about the differences between our countries in terms of healthcare, culture and the patient population.

All-in-all, I felt that that I have gained a lot from this program and thoroughly enjoyed it. I would highly recommend to everyone!