The practice where I conducted my exchange placement was Unidade de Saúde Familiar at São João do Estoril, which is a Family Health Unit. It has seven qualified doctors, six trainees and covers around 13,000 patients. The doctors work as civil servants for the government rather than business owners, but still have a degree of autonomy over the practice and the way it is run, which allows continued quality improvement. The concept of the importance of the family, perhaps providing an insight to the patient's life outside of the consultation room, is very noticeable. At my practice in the UK there is the option of searching for co-habitants, but at USF São João do Estoril this information is immediately clear on the patient's home screen. My placement supervisor explained how he has around 500 families registered with him, as well as referring to individual patient numbers. I learnt that even when a child moves away for university or gets married, they can continue to be seen by their family doctor if they want to. It is perhaps not surprising that they would, given that the same doctor has likely seen them regularly throughout childhood. It can also be beneficial for the clinician to understand the family dynamic. For example, I have previously seen a parent struggling with her child's disruptive behaviour, however from knowing the mother I know that she has struggled with a chaotic life, domestic abuse, and frequent house moves- all helping to paint a picture of the challenges the child has faced, rather than the need for a medical diagnosis.

Although the practice where I work does encourage continuity of care, there is not the same link of patients to GPs, and a lot of younger people would not even be able to say who their GP is, in stark contrast to the Portuguese system. However, I also recognise the challenges this can bring. For instance, not all family members necessarily find the same doctor and same consultation style suits them, despite this it is unusual to change doctors. Additionally, you are less able to utilise second opinions from colleagues and benefit from the individual strengths and knowledges of individual doctors.

This is combated somewhat through the option to see any doctor on the day for acute problems for a 10 minute consultation, although booking a routine appointment with their usual doctor has the advantage of being 20 minutes in length. Portuguese doctors do feel there is a problem with a lack of doctors and lack of appointments; however I was still amazed at the frequent review appointments offered at 20 minutes, which there would not be the time for in UK primary care. GPs in England are increasingly having services moved out into primary care, such as cancer recovery or shared care prescribing. In Portugal this seems to still remain the remit of hospital medicine. Additionally, patients pay €5 euro to see a GP, and €3 for a prescription, and I wondered if this puts patients off attending. However many patients are exempt from charges, for example children, pregnant women, people with certain chronic conditions and those that are unemployed.
A major difference between our health care is the provision of family medicine clinics. Children are seen every few months in their first year of life, and then frequently for routine reviews up until age 18. These appointments discuss any parental concerns, as well as growth, sleep, school, general well-being and as they get older puberty and sexual health. These appointments are 30 minutes in length and seem very comprehensive. Doctors are also the main point of contact for pregnant women, even conducting scans, differing from England when a woman has little contact with her GP and sees a midwife throughout the pregnancy. I feel here there is a fundamental difference in the role of a GP, and that in Portugal doctors review and care for well people through normal stages of life, rather than in the UK where generally they provide support to patients with a problem. This is a major shift in the concept of health and the importance of preventative care, and must make for a more enjoyable mix of patients seen. The benefit of these family health centres has also been demonstrated in several studies, particularly showing patient satisfaction.

I spent some time shadowing a GP trainee at the same stage as me. Following six years at medical school, one year of work as a postgraduate is completed before choosing to specialise in family medicine. This is a four year course, so a similar length of time to GP training in the UK. Trainees work by taking patients from the practice list of the trainer rather than having their own patients. I feel that, despite my short time in my current practice, I already have patients who are choosing to be seen for a further review by myself, which gives a sense of autonomy over how I practice and the doctor-patient relationship I develop. I feel it is possible that in Portugal patients could feel short changed by seeing a trainee, rather than their regular doctor they booked with. I feel this is a benefit of the UK system as I continue to forge my consultation style and practice.

A final area of difference to be commented on is in the consultation style itself. Most noticeably is the use of white coats, immediately differentiating themselves as clinicians from patients. There is also a more formal lay out to the consultation room, with a desk as a barrier between the patient and doctor. Despite this, in other ways the style is more informal. For instance, underneath the white coats trainers and jeans are worn, as well as the practice in Portugal by greeting patients they know by kissing cheeks. Whatever the superficial differences noticed, I took away the importance of similarities in consultation styles crossing county and language barriers, such as the importance of eye contact, mirroring, non-verbal and verbal cues.

In summary, my placement in Portugal was valuable to experience how another European country conducts healthcare and the differences reflected on I can take away to continue to improve my practice in my home country. It forms a memorable and enjoyable part of my GP training, and I would highly recommend it to future applicants.