I was fortunate enough to be offered the chance to take part in a 2 week Hippokrates Exchange Programme in Lisbon this year. The Hippokrates Exchange Programme was created in 2014 and gives GP trainees and First 5’s an opportunity to spend time shadowing a GP in a different European country in the hopes of increasing awareness of other ways of working and building relations with doctors around Europe.

I was particularly excited to take part in the exchange as I felt it would help to form my views and influence my practice as my training progressed as a first year GP trainee in the infancy of her career.

My time in Lisbon was spent shadowing Dr Sofia Pinto and her team of 8 GPs, 2 practice nurses and 4 administration staff at the newly established USF Baixa. USF Baixa is located within the Martim Monitz district of Lisbon, which, similarly to London is known for its high migrant population. This meant that I had the opportunity to see how GPs in Lisbon dealt with the difficulties associated with having such a diverse population, which include inequalities to access to health care and differing prevalence of certain medical conditions. This was highlighted in one particular case that involved the diagnosis of Female Genital Mutilation during a routine child health evaluation. While carrying out research around the topic I found that 97% of women between 15 and 49 years of age in Guinea Bissau have undergone FGM. This highlighted to me the importance of awareness of other cultures, especially in a multicultural city like London. This will help me to understand the communities better and offer healthcare that meets their needs.

The demographic of the doctors working at USF Baixa was unusual to both UK and Portuguese systems as it was made up of a team of junior GPs who were all within 5 years of finishing their training. The vision of this practice was to bring fresh ideas, methods of working and practices to improve the health of the local community. The energy and enthusiasm of the team was palpable and was echoed by the general high morale within the rest of medical team. This was refreshing to see and inspired me to bring this sort of energy back to the UK in a time when the morale within junior doctors and primary care in the UK is at an all time low.

The organisational structure of primary care in Portugal is similar to that of the UK but with differences that significantly impact on patient behaviour the day to day practice of GPs. Primary care consultations in Portugal are free for family planning, maternity, diabetes and child health. For all other GP appointments, patients pay a small fee, which I found meant that patients tended to presented with a number of different complaints at one time, perhaps to offset the cost of paying for further consultations. Appointment times in Portugal are also 20 minutes long in contrast to the 10 minutes allocated in the UK. This allows clinicians more time to adequately explore the patient’s complaints and other overarching health needs during the consultation.
General practice in Portugal is funded through the central government via regional organisations called ACRES. Unlike the UK partner system, all Portuguese GPs are employed by the ACRES. This means that many if the management responsibilities that GP partners undertake in the UK are not performed by Portuguese GPs, freeing up their time for patient care. At a practice level, a practice coordinator, who is also a clinician undertakes local management and organisational activity. Although this system ensures clinicians spend the majority of their time doing clinical work, there is less autonomy for them than that of UK GPs who have more control over their working patterns and running of their practice. It was eye opening to learn of the organisational structure of GP in Portugal and how this has changed over the years. I feel that this knowledge will be particularly useful for me over the next few years as GP in the UK continues to undergo significant changes.

My biggest challenge during the exchange was the language barrier that meant that majority of patient consultations were translated to me at intervals during the encounter. This meant I was forced to pay great attention to the nonverbal aspects of the GP consultation and the physician’s style of consulting which included an opportunistic BP check for all of the patients seen.

Patient continuity is at the centre of general practice in Portugal. Each practitioner has a list of patients that they care for and come to know well throughout their lifetime. Patients can only book routine appointments with their GP but will be seen in urgent cases by the next available doctor on that day. This is a marked difference to the UK where patients are able to book an appointment with any doctor of their choice at their earliest convenience. Although this improves patient choice and accessibility of care, this often comes with the sacrifice of continuity of care.

This level of continuity meant that Dr Pinto knew her list of patients well. I was amazed at the detail in which the clinician is expected to know individual patients, their medical conditions and also their wider social situation and family. GPs in Portugal not only manage routine appointments but take on the all of the maternal, child health and family planning responsibilities that could normally be delegated to other colleagues in the UK such as health visitors, midwives and sexual health clinics. In light of this I felt that in the UK, the availability if more human resources means that GPs are well supported and tasks that do not require doctor input can be delegated to other teams and health professionals.

As a result of many of the above factors, Portuguese GPs are able to build strong doctor patient relationships that allow them to more effectively tackle the bio psycho social factors that are known have a significant impact on health.

I would encourage other GP trainees to take part in the Hippocrates Exchange Programme. It has been an eye opening experience and will go a long way in helping me to become a better practitioner for years to come.