

## **Report of my Hippokrates Exchange Experience**

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The idea of applying for a training period abroad, in the context of my GP training, first came to me as soon as I've learned that I was supposed to plan for my 6 months' period of optional training. I got to know this possibility by the bias of the former Euract Hippokrates Program and, having discussed the aims of my stay together with my tutor for this training, Per Kallestrup, we agreed they could be fulfilled in this kind of experience.

The training began with a lot of surprises concerning our two health systems which are definitely very different. Although the undergraduate medical training seems quite the same as far as its duration and composition is concerned, the GP training is quite alike. It lasts longer, devotes much more time (50%) to hospital rotations, GP trainees are less supervised, they have less contact with the practice during their hospital rotations, they don't stay in the same practice for the whole training, they don't have one permanent tutor and there are no exams during all the training or even at the end of it, the evaluation being done in a continuous way by the other members of the staff (doctors, nurses and secretaries) with whom they've worked. GP trainees are encouraged to organize themselves in educational groups meeting once a month to discuss a pre-established theme either with a specialist in the area or among themselves. This encourages continual education and can be a step to improve active learning even after the end of the training period.

Generally, GP's organize themselves in groups of 4, in average, owning a small practice and employing normally 2 nurses and 2 secretaries. As they own the place, they are free to organize it in whatever way they find convenient and to decide what kind of investments to do. The negative point about it is that they have to worry about money issues instead of focusing exclusively in medical practice.

Even though they only work 37 hours a week, they manage to see more patients a day

than Portuguese doctors due to their tight scheduling of a patient every 15 minutes, which they execute carefully. Nevertheless, patients should only present one complaint per consultation, having to decide which one is more important to them if ever they have more than one. This strategy allows doctors to better control their schedule, to avoid too long consultations and to center themselves in the complaint that really matters. They also deal with a lot of subjects either by telephone or by e-mail (for example, sending blood-test results, giving simple advice or renewing a chronic disease prescription which can be sent by internet to the pharmacy), disposing of more time to do home visits, for instance, when required.

Acute situations are dealt with quite in the same way as in Portugal. However, chronic ones are surveyed by doctors generally only once a year or whenever patients are not controlled and stable. The other follow-up visits are accomplished by nurses who can generally spend more time with the patients, allowing a more efficient approach and, in general, better results.

Almost all the practices, even the smaller ones, have a small laboratory, allowing doctors to obtain a blood count, CRP, glucoses, HbA1c, INR and urine microscopy within a few minutes which spares them from unnecessary consultations and favors a more rational prescription.

The referral system from primary to secondary care works like the Portuguese one except for acute situations. Effectively, in general patients can only go to the emergency room after a first contact (either personal or by telephone) with a GP who refers them to this service when needed.

Surprisingly, even though an exterior look would find that the Danish health system meets the needs of the population, people are not completely satisfied with it. They find that waiting 3 months for a hospital consultation is too much. However, they are quite satisfied with primary health care. My general impression is that people go to the doctor for minor things and that only very seldom GPs have to deal with very complicated or badly controlled patients. Danes tend to take good care of their health. In conclusion, I think that Portuguese GP training is better organized than the Danish one, allowing trainees to get a consistent education in lesser time. However, the idea of creating educational groups would contribute to improve it even more. In general, Danish GPs are not better or more qualified than Portuguese ones: they are just better organized and dispose of more facilities, which make a really big difference. As far as facilities are concerned, we can hardly do anything about it except to hope that one day we will also have them. But regarding organization, it's up to each GP to improve it in order to offer a better service to his/her patients. This one month experience allowed me to understand the way in which I want to work: to make use of the different communication facilities to deal with small issues, to ask nurses for a more close collaboration specially as far as chronic diseases are concerned and to organize the schedule in periods of 15 minutes consultations with one complaint per consultation.

From all the things I could write here and from the much more I wasn't able to write, I evaluate this experience as highly positive and recommended to every trainee who wants to broaden his/her views and who's always looking for a way to improve his/her skills.