

## **A view on Portuguese General practice – by Cristina Vitan, GP Trainee UK**

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At the beginning of October 2011, I took part in a two weeks Hippocrates international exchange in Portugal. The aim was to observe and learn about the Portuguese General Practice with the view of sharing and learning from other countries' medical training and medical system experiences.

I started my visit with a four days trip to the island of Madeira, where their Annual National Congress of GP trainees and family doctors took place.

Here I had the opportunity to meet several enthusiastic trainees from all over Portugal and Madeira island. One third of country's trainees attended this meeting and the majority of them presented audits or research studies.

Whilst talking to several trainees from different areas, I have learned that their GP training has been increased from three to four years at the beginning of 2011. There was a variation across the country on specialties undertaken by trainees and its duration throughout their training.

Portuguese trainees require four compulsory specialties before they can be awarded a certificate of completion of General Practice training: Psychiatry, Paediatrics, Obstetrics and Gynaecology and Emergency medicine. In addition they need to complete 2 optional specialties. By the end of their training they would have spent more than half of their training time in General practice.

In their first 3 years GP trainees' work is mostly shadowing, with limited clinical responsibilities. In their last year, all spent in General practice, they share their tutor's patients, with very few being booked in their own clinics.

Their exams are rather more in number and of a slight different format. They sit an entry national exam and based on their mark are allocated to one speciality. The most popular specialties in Portugal are Cardiology, Ophtalmology and Dermatolgy and amongst the least desirable ones are Radiology, Pshychiatry and General Practice. This is in line with the financial remuneration as trainee, qualified specialist and opportunities for private work.

During each attachment trainees sit an informal exam with their clinical supervisor. The final exam has three parts; first, they present a summary of patients and their families they have seen in General Practice – more or less like a portfolio of patients; secondly they sit a theory exam; this is followed by a viva which most trainees I spoke to felt that it reflected subjectivity. At the end of their GP training a job is offered to all of them.

I left the volcanic and exotic island with a glimpse of reflection on the pragmatic UK MRCGP examination and the job insecurity at the end of it, for my next destination: The Health Centre of Eiras, just outside the ancient city of Coimbra. I spent the remaining 2 weeks observing in their General Practice clinics.

Eiras Health Centre is a practice covering 17,000 patients, has 10 full time GPs - of which 2 are trainers, 4 trainees and 2 medical students attached to it while I was there.

Portuguese General practice appointments' system is similar to the UK's one, most of them booked in advance. The availability of appointments is on average 3 weeks. However, some of the older population were attending the surgery requiring appointments on the same day whilst waiting by doctors' consulting room. My impression was that despite this inconvenience to doctors, patients did get seen on the same day. They also run a daily emergency clinic where the "ad hoc" patients can be fit along side emergencies.

Appointments' length vary between 5 and 45 minutes, with an average of most consultations I sat in of 20 minutes.

Home visits are a rarity for doctors. However they are quite a routine for nurses. I spent an afternoon visiting patients in their own homes with a dedicated nurse. All of them required change of wound dressings and a lot of reassurance.

Other clinics run in the Health Centre of Eiras were: Nutrition clinics, Children's well being, Maternal health, Family planning, Minor surgery, Diabetic, Hypertension and Smoking cessation clinics and Podiatry. There was an optometrist, a social worker and Psychiatry liaison nurse attached to the centre.

Referrals to secondary care are made via e-mail system. Patients return their discharge summaries to their own GPs. Thereafter doctors spend a significant amount of time entering them manually on the computer. Clinical notes are kept electronically and coded in accordance with their national requirements with the help of an approved software ICPC2. Prescriptions are printed electronically and repeat prescriptions are submitted by patients when required, in a similar way as in the UK. They are substantially subsidised by the government with a small fee payable by each patient.

GPs run their own patients' lists and they look after one's entire family. Patients could contact their own GP via e-mail to ask for advice or to inform doctors about their illnesses' progression.

Whilst I was there, the National Portuguese Health Department released their first national clinical guidelines.

On one hand the Portuguese and UK GP training have many similarities. On the other hand, there are few differences, of note, the increase from three to four years of training, four compulsory specialties, a different exam format and a most desired guaranteed job at the end of their training.

General Practice in Portugal resembles in many ways that of the UK's. Despite going through developing stages - in my view, it had patients' well being at its core.