Final Report

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I have found the Hippokrates Exchange of huge benefit both professionally and personally. I undertook a wide variety of activities in addition to the proposed timetable outlined above. Along with daily GP surgeries and home visits, I attended the practice meeting, spent time with the secretary, attended the national annual GP research meeting and met GP trainees and recently-qualified GPs, attended a tutorial with local GP trainees, visited the regional pharmacy headquarters to learn about their monitoring and research activities and how this fits in with primary care, and had many tutorials with my host.

I have chosen three specific aspects to reflect upon in the final report: patient ownership of health, family and continuity of care and practice management. I plan to write a more comprehensive account with my Host, which we aim to present at my Deanery's annual research meeting and to publish in a healthcare journal.

Ownership of investigation results and specialist reviews

In the UK, all investigation results and letters from hospital specialists written to GPs about their patients are routinely received by the GP. The GP must act upon all the results and correspondence received about all patients in their practice, deciding if further action needs to be taken. In Italy, patients obtain their investigation results and have letters from the specialist. The GP generally only becomes involved if the patient makes the decision to see the GP about their results or specialist visit. The system in Italy places a strong emphasis on patient autonomy, encouraging patients to take ownership of their healthcare. This system is problematic for some patients including those with cognitive difficulties, reduced mobility and elderly patients who may find it difficult to access the services, keep their healthcare related documents in order and communicate these with the GP. The system also enables the GP to respect the patient's privacy in rare cases that the patient does not wish to share their results with their doctor. The system in Italy reduces the daily bureaucratic burden for GPs, this must be balanced with the potential negative aspects when looking for mechanisms to promote patient ownership of their health-related matters.

Knowledge of family and continuity of care

There seems to be a strong emphasis placed upon the family unit in Italy, and the GP seems to be

at the core of the family community. The GP has an in-depth knowledge of the family, which enables a true holistic approach to their care. I saw numerous examples of this during my placement, with the GP able to place the patient within the context of their family, work and environment. The GP was able to manage complex situations with great skill, demonstrating that knowledge of the family and their general life circumstances is a key part of being a GP.

Continuity of care is also a strong ethos in Italy. Each GP has their own list of patients and the way the appointment system in set up (a mix of open surgeries and pre-bookeable appointments, with the GP having the flexibility to fit in extra patients and visits as required) enables patients to see their own GP. This allows continuity of care and the GP to acquire knowledge about patients and their families over generations.

The administration and management of general practice in Italy is very different to that in the UK. The GP surgery I visited consisted of 3 GPs, 1 practice nurse and 1 administrative support (acting as a receptionist, making appointments and handling queries) who worked for 20 hrs a week. The financial management was solely undertaken by GPs, which took a considerable amount of time from their clinical work.

The GP collated data required monthly himself, with no administrative support for assistance; this had to be collated out of usual clinical hours and required a high level of IT knowledge to complete this task.

Personnel issues, such as difficulties in staff relationships, are also dealt with solely by the GP. For example, the administrative support employee and one of the GPs had a disagreement which had to be 'mediated' by another GP. This can cause challenging working relationships and, whilst it is advantageous that the GP is aware of the situation, the support from a practice manager may be welcomed by both parties.

Spending time with a GP who was dedicated to his work and clearly cared about his patients, in a system that seemed to encourage continuity of care has been inspirational. I have a new appreciation of the privileged position that GPs hold, caring for patients and their families throughout their lives. I aim to incorporate these values into my consultations, practising holistically and encouraging patients to take responsibility for their health. I can see the benefits of a structured healthcare system such as that in the UK and aim to learn more about the management side of general practice, particularly the specific role of the practice manager and work-related personnel issues.

I would thoroughly recommend undertaking a Hippokrates Exchange to my fellow GP trainees and GPs at an early stage in their career. There is a huge amount to be learnt that can only be realised once a placement has been undertaken. I am very grateful to my host and his family who enhanced the whole experience though their kindness, generosity, enthusiasm to share a wide range of healthcare experiences and willingness to translate!