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General Practitioners

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Participant report

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I completed my exchange to Oldenburg, Germany in September 2019 against the backdrop of ever more turbulent political times for the UK and its relationship with Europe. Being in Germany during such a momentous week in UK politics was both valuable and interesting, and while on the exchange I had a discussion with most people I met about the UK leaving the EU. This backdrop has helped to frame my reflections on the exchange and what I learned from the 2 weeks.

Oldenburg is a city in Northern Germany. It is, compared to where I had been working in Wythenshawe, an affluent city. Most people cycle everywhere in Oldenburg. This was epitomised by the first patient I met, a 90-year-old lady who had fallen off her bike.

“Is this typical of 90-year-old ladies in Oldenburg?” I asked the doctor I was with at the time.

“Yes, fairly” came the reply.

Wow. I thought. This *is* different.

During the exchange I stayed next door to Professor Michael Freitag, my host GP. Every day I went to his house and was warmly welcomed by his lovely wife Anna and their 5 children at home. Their 6th child, co-incidentally also called Charlotte, had recently moved to the UK for a year’s study. I could not have spent time with a more wonderful or welcoming family. Although I learned so much that will benefit me professionally, the real highlight of the exchange for me was spending time with them. As an independent, career-focussed woman with no children, reading children’s stories and going on the school run were things I’ve never done before. Living so closely with a family whose life is so different to my own significantly broadened my view.

One night one of the children had an earache. Anna put raw onion on his ear as an age-old, natural remedy. As a scientist and statistician with a firm focus on a robust evidence-base for medicine, I was initially dubious of the medical merit of this approach. After witnessing a miraculous recovery from the earache, and then subsequently having my own earache cured with the same treatment, I am now firmly convinced. My reflection on this was that General Practice isn’t all about the science or the evidence, it is about listening with an open mind and thinking about the holistic picture. It is about doctors understanding that patients and caregivers can be experts as well.





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To translate this to my practice as a GP, this aspect of the exchange has given me more understanding of how other people live; the joys and worries of parenting, what it is like to be a mother and housewife, what it is like to be a child today; I can use this to put my patient's experiences into a context and be more truly holistic.

Differences between UK and German General Practice

The two main differences that struck me during the exchange were the differences in GP training and the difference in the role of the GP in the healthcare system.

GP Training

One of the most striking differences between General Practice in the UK compared to Germany is the training pathway for GPs. In the UK we have a very structured training route. We have a supervisor, weekly teaching sessions, set exams and a predetermined set of jobs which give us useful and relevant experience for a career in General Practice. On discussion with GP trainees in Germany, this is very different. GP trainees in Germany find their own training jobs, and must complete a set number of hospital placements before going into practice.

My usual week as a GP trainee in the UK has 3 sessions of learning time set aside, for attendance at teaching sessions for all the trainees in the region, and for a one-to-one tutorial with my supervisor.

In Germany, there was no structured teaching programme for GP trainees. Discussion and reflection with GP trainees in Germany made me really appreciate the structured training we have in the UK. Not only is it good to have a set pathway, with structured posts and protected teaching time, having a supervisor who follows you through your training is also incredibly beneficial.

There were certainly benefits to the German GP training system though. Clinically, GPs got good relevant experience in fields of their choice, meaning you could take a job to develop your skills in an area you were weaker in or develop a special interest. Also, being responsible for your own learning and continued professional development rather than having structured mandatory teaching gives the benefit of more flexibility in your learning and greater personal responsibility.

Role of the GP within the healthcare system

Another striking difference between General Practice in the UK and Germany was the role of a GP. In the UK, an important part of a GP's role is as a 'gatekeeper' to secondary and tertiary care. This was different in Germany, because patients could directly access specialists without referral from the GP. For example, if a patient had a





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rash, they could directly book to see a dermatologist instead. In the UK, this could happen if you had private insurance, but generally people see the GP with most problems first rather than self-refer.

This was very different, and it reflected the different healthcare systems in the two countries. Both countries have Universal Health Coverage as defined by the WHO(1), with Germany ranking 8th in the most recent Commonwealth fund healthcare system rankings, with the UK NHS coming first(2).

The NHS ranks highly for access and equity, but poorly for outcomes. Germany is similar across the domains of care process, access, efficiency, equity and outcomes. Spending wise, based on 2014 figures the UK spends approximately 9.9% GDP on healthcare, and Germany 11%(2).

Germany has an insurance-based healthcare system, with 2 types of insurance – public insurance and private insurance. Insurance is approximately 15% of the salary, with half being covered by employers. Those earning more can take out private insurance, and those on welfare have their insurance membership covered by local authorities(3). In the UK, healthcare is a universal, tax-based service free at the point of use. It is a true example of a socialised medical system where treatment is based on clinical need and not ability to pay and you can have anything from emergency surgery and chemotherapy to an anti-fungal cream completely free at the point of use(4). Interestingly despite this, 11% of the UK population still pays to take out private insurance anyway(5).

During my time in Germany, I had many discussions about the different healthcare systems and our roles as GPs within them. A common theme among German colleagues was with the German system being insurance based and allowing self-referral to specialists, it did sometimes result in over investigation, and perhaps not always adhering to the epidemiological principles of screening. However, ease of access and reduced bureaucracy and waiting times were a significant benefit to patients when compared to the NHS.

How the experience has changed me

Since returning from Germany a few things have changed for me both professionally and personally. My practice has changed; I now try encourage

and empower patients to think of their own solutions to some problems, rather than trying to solve their problems myself. This is something we are covering in our GP training sessions currently. In Germany, I felt patients were very willing to take responsibility for their own health, for example by organising their own referrals after the GPs advice. I saw this as a positive thing to bring to my own practice.





On a personal level, I have continued my German language course now I'm back but the main difference is I now cycle there every week. Living in Oldenburg, the city of cycling for 2 weeks has affected me!

The experience has renewed my enthusiasm and excitement about being a GP. I saw so many examples of excellent practice, caring, thoughtful and skilled German doctors; I learned so much from the people I worked with. My experience and discussions with my German counterparts also made me see there are some really great things about UK General Practice as well, and the exchange has made me appreciate these things more now I am back.

During my last few days in Germany, I thought about how I could summarise my experience. I knew I wanted to write about the experience to share my learning and emphasise the value of this sort of experience to General Practitioners. Eventually, it became clear to me what my main feelings about the exchange were.

The more I thought about the differences between primary care in the UK and Germany, the more I realised that the most important things are very similar. German GPs care about their patients and want the best for them in the same way we do in the UK. Listening to the patient was still the core part of any consultation, and a shared understanding of the illness narrative was the goal. Kindness and empathy, care and professionalism were the cornerstones of the consultation in both countries. The presenting complaints were similar, as were the patients' ideas, concerns and expectations.

Going back to the first paragraph of this report, and the turbulent backdrop against which my exchange was set, I realised that the words that perfectly summed up my feelings about the experience were,

'We are far more united, and have far more in common than that which divides us'(6)

These words, so poignantly from British MP Jo Cox, to me, sum up why it is so important, even in these difficult and turbulent times, to nurture the global links we have as GPs.

References

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