



Royal College of
General Practitioners

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Participant report

Dr Natasha Glover – Italy – 19/05/2019 to 01/06/2019

I was honored to be one of only a small number of people funded to do an Erasmus Plus exchange to another European country to observe family medicine in a different setting. I chose to go to Italy and, having met a GP trainee from Italy, who was on the Italian Exchange Committee, at the last RCGP Annual Conference, I already had a contact, who I could ask for a suitable practice. She suggested I come to Tolentino to shadow Dr Paola Mutani, a family doctor who has worked in the area since 2004.

Tolentino is a small rural town in the Marche region in central Italy with a population of about 20,000. It is a hill town with a beautiful old centre, which boasts a number of churches and old palaces. It is famous for being the place where Napoleon and Pope Pius VI signed a treaty in 1797 reducing the territorial and economic powers of the papacy and it was also the site of the Battle of Tolentino, which returned power to the papacy 18 years later. The closest city is Ancona, which is a large seaport on the Adriatic Sea.

Dr Mutani is a single-handed GP, but she works in the same building as three other family doctors and shares her room with a nutritionist and a psychologist. As seems to be the case with all GPs in Italy, she is able to choose her own hours depending on demand and list size. She has 1500 patients registered with her, which is the maximum allowed per GP by the Italian health system. She usually spends half her day seeing patients in surgery and the other half of the day is used for routine as well as urgent home visits (usually about two a day), visits to the local nursing home and admin.

One of the first things that struck me when I arrived was the structure of each surgery session: there were usually about 7 pre-booked patients with 30-minute appointments and then further patients just slotted in with anything urgent if required. The patients could talk about as many problems as they wanted, and they fully led the agenda of the consultation. They often brought in test results from investigations done by specialists at the hospital for the GP to explain to them and I observed them on several occasions asking for tests to be requested or results to be explained for relatives, who were not present during the consultation. The GP also received numerous phone calls from other patients during the consultations asking for an appointment or to discuss clinical matters, as she does not have a receptionist to deal with these calls. The secretary and other patients also often walked into the room in the middle of consultations.





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I felt the longer appointments worked very well allowing doctors to fully deal with a patient's concerns. Although there was a rough time frame for appointments, the time taken very much depended on the patients' needs and no one seemed to mind waiting a bit longer knowing that their own problem would be dealt with thoroughly. This contrasts significantly with the British system of set 10 or 15-minute appointments, which I do not feel is conducive to a patient-centred approach and does not make it easy to build up the doctor-patient relationship.

What initially shocked me was the limited or often complete absence of documentation about each consultation. The only record of the patient having seen the GP was the scanned in test results that they had brought in. Very occasionally, the GP might also write down a couple of words to indicate the reason for the consultation e.g. chronic cough. Dr Mutani asked me why we had to make notes and I explained that it would help other GPs, who saw the patient at a later date, and that the written notes were also sometimes used as proof of what had been done if the patient sent in a formal complaint. In Italy, however, most doctors work single-handedly, so there is no need to 'hand over' to colleagues and every GP therefore knows their patients and their previous history very well. I love the idea of having your own list of patients that you know well and feel that we have definitely lost some of that continuity of care in the British system with its large health centres and super-partnerships. According to Dr Mutani, the number of complaints received is very low – this may be because the GP, at least in rural Italy, seemed to be like an extended family member that patients trusted nearly unconditionally. It may also have something to do with the fact that the system is a lot more risk averse, with patients being able to get investigations much more easily than in the UK.

Another big difference was the amount of antibiotics prescribed. I witnessed numerous consultations, where the patient came in with a fever or a cough and was then given a course of antibiotics, despite there being no evidence of an underlying bacterial infection on examination. ~~the chest sounding clear on examination.~~ Both the GPs I spoke to suggest the reason for this was that the patients were felt to be high risk, for example due to having diabetes or other pre-existing health conditions. The types of antibiotics given also varied significantly to the ones prescribed in the UK. For example, amoxicillin was rarely used, as the resistance rate in Italy is much higher; instead the GPs often prescribed cephalosporins and fluoroquinolones.

All drugs are prescribed by brand name rather than as generic preparations, so drug reps were regular visitors to the practice. They would often speak to the GP between patients, telling them about their latest product and giving out free samples; even the GP teaching session I attended was run by a drug rep. Not having to prescribe generic drugs in line with national or local guidelines meant that the patient had more options available to them (e.g. combination treatments), but it made me nervous seeing how much influence the drug reps had on what the GPs prescribed.





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Finally, I spent some time with the GP trainee I had met at the RCGP conference last year. I learned that GP training in Italy was only established in 2004. Like in the UK, it takes three years to complete and you spend about one year in general practice with the rest of the time divided between different specialties at the hospital. However, there are no exams and no portfolio – the trainees just have to be signed off by their supervisors in each placement. The amount of teaching received seems to vary from area to area; locally it was arranged for an afternoon every two weeks, whereas in northern cities it apparently happened for a whole day every week. As it is such a new training scheme, there is still a lot of work required to bring it to the level of the British system: it will require setting up general practice departments at the medical schools and also developing more quality standards including exams and an online or paper based portfolio. I also found it fascinating to see how the patients behaved when they saw their GP. They often had quite animated discussions about why they felt they needed a certain test or treatment, but, even if the GP disagreed, they rarely left the consultation angry or dissatisfied. People also seemed generally more stoic than in the UK. I have seen many patients with anxiety or depression break down crying whilst speaking to the GP, whereas I did not see a single patient cry in my whole two weeks in Italy.....

In summary, this exchange has taught me a lot about what we could learn from other countries but has also made me realise how proud we can be of our primary care system in the UK.

