



Royal College of
General Practitioners

Erasmus+ funded Hippocrates Exchange Programme

Project no.: 2018-1-UK01-KA102-047158

Participant report

Dr Vinoth Gnanaganesh – Spain – 06/10/2019 to 19/10/2019

I have had an unforgettable experience this year, by taking part in the Erasmus Exchange program. It has motivated me to work toward the type of GP I want to be, and solidified my passion for primary care.

Hosting

I hosted Elisa, a 3rd year GP Trainee from Florence, Italy, in my practice in Dulwich. She spent most of her time shadowing me whilst I worked, and it was so insightful to compare our training programs and general practice as a whole. The take home points from the experience of hosting her, was that GP training is a lot more hands on in the UK, with a lot more responsibility placed on trainees. General Practitioners in Italy tend to work in small practices, with a low threshold for referral to secondary care. Elisa explained that patients could demand home visits even when they were not housebound, and the doctor would have to attend. Pay for GP trainees was significantly lower than the UK but pay for GPs was substantial, as they tended to run practices alone. She also mentioned that General Practice had a tendency to be viewed in a negative light by other specialties.

A comparison of Primary Care in London with that of Mallorca

For my Erasmus experience, I travelled to Mallorca. I was attached to a health care centre in a town called Binissalem, situated 30km from Palma. The government organisation that oversees all of primary care in the Balearic Islands is Salud de Islas Baleares. They fund, oversee and coordinate multiple centres all over the island of Mallorca. These centres are the equivalent of GP practices in the UK. They are grouped into a cohort consisting of 3-5 village centres, with each group having its main PAC centre. The PAC centres operate 24 hours a day, Mon-Friday. I was attached to a PAC centre in Binissalem.

GPs worked a five day week from 8am to 3pm for 4 days a week and 2pm – 9pm for 1 day a week. Additionally, they would do a resident night shift every fortnight from 8pm – 8am, with an expectation to continue their normal clinic the next morning.

I was incredibly lucky to be attached to Dr Marcos, a GP from Salamanca who had been living in Mallorca for over 7 years. She spoke Castellano Spanish, which I can grasp, with her patients as opposed to Mallorquin that everyone else used to communicate. She was an inspiring clinician and person, who went above and beyond, to make me feel welcome and helped make it such an insightful experience.





Royal College of
General Practitioners

After undergraduate training, newly qualified doctors in Spain have to sit a tough national exam that takes at least a year of study. During this time, graduates do not work or earn money, and focus on the theoretical exam. Many do not achieve their desired mark and opt to re-sit a year later. This exam determines the points they have to apply for the specialty and area that they want. Hospital specialties tend to require higher points. This is very different to the foundation program that we have in the UK, where newly qualified doctors rotate through various different specialties giving them a base with which to base their decisions of further training on.

GP training lasts four years, with hospital placements and primary care placements.

GPs in Mallorca always worked with their nurse. Both clinics would run side by side, with GPs having the ability to send patients through to the nurse for things like urine analysis and swabs and the nurse could ask the doctor for advice. The partnership of this doctor and nurse tended to be constant, with rotas matching up so that they did clinics, and night shifts together.

Appointments were 8 minutes long and clinics tended to overrun but 15-30 minutes on average. A key difference that I observed was the "Coupó", every GPs list of patients. Despite having named GPs in the UK, busy practices like mine tended to have patients seeing different doctors throughout their life. There was a strong emphasis on continuity of care, with patients and their families all seeing the same GP.

GPs wore white lab coats over their clothes and set up the room so that the desk and computer was between themselves and their patient. The GP I was shadowing liked the sounds of the UK system where we don't do this.

They did not have the concept of the Duty Doctor in Mallorca, partly due to the "Coupó", which meant that every doctor would have a few urgent same day appointments in their surgery each day, in addition to home visits.

With a large elderly population in rural Mallorca, a new initiative had been set up to help patients with chronic conditions. These patients would be linked in with a senior nurse who was the lead for chronic diseases at the centre, and would help coordinate their care, referrals and admissions.

The IT systems were similar to ours, as was the link to local hospitals but there was a large burden of work from private medical providers who did not link up in this way. GPs would routinely be expected to interpret blood results requested by another private doctor.

Putting aside the expected differences in systems, working patterns and challenges in the workplace, a key difference that I observed during my time in Binissalem was the uniqueness of the doctor patient relationship in a rural Mallorcan village with that of an inner city practice in the UK.





Royal College of
General Practitioners

Doctors would regularly hug patients, receive small gifts, and know the ins and outs of the entire family dynamic. This is in part due to cultural differences but also what one observes in a rural community the world over.

I think that Spain's centralised approach to primary care has its limitations, with no room for a competitive market, hygiene factors like health and safety can start to slip, especially given that they do not have the equivalent of CQC checks regularly.

They have the benefit of an open, warm culture, which lends itself to a successful relationship between primary care clinicians and patients. Additionally primary care feels less solitary and isolating as it can sometimes feel in the UK.

This experience has been one of the best things I have experienced in my life, and it has taught me a lot about myself. I love having continuity of care with patients, and it sways me towards a salary partner role in August 2020. I would recommend the Erasmus program to all GP trainees, as it gives you more than just additional perspective on primary care in another country, it opens your eyes to all the opportunities you have right in front of you at home.



vasco da gama movement



Erasmus+

This project is funded
by the European Union.