**EIT S3 GP V1.mp3**

**Matt Eastland** [00:00:06] Should nutrition be a fundamental part of health care? Do GP's really know enough about it? And do the general public have enough access to nutritional advice? Hi everyone, I'm Matt Eastland

**Lukxmi Balathasan** [00:00:18] and I'm Lukxmi Balathasan and this is what we're discussing today on The Food Fight podcast.

**Matt Eastland** [00:00:23] We're from EIT Food, Europe's leading food innovation community, working hard to make the food system more healthy, sustainable and trusted.

**Lukxmi Balathasan** [00:00:31] And thanks to our soon to be released online course on nutrition for health and sustainability, this episode will explore whether doctors receive enough training and education around nutrition and the challenges and opportunities to making nutrition a more fundamental part of our health care.

**Matt Eastland** [00:00:47] For this conversation, we're joined by two health specialist, first, Margherita Ronco. Margherita studied medicine in Turin and after university, she's then trained for three years to become a GP. She's been working as a GP for a couple of years and has recently opened her own practice. Thank you for joining us today, Margherita.

**Margherita Ronco** [00:01:06] Hi everybody - thank you.

**Lukxmi Balathasan** [00:01:07] We're also joined today by registered nutritionist Hannah Baugh with seven years of experience, has worked in food manufacturing, driving nutritional improvements and ready meals for retailers such as Marks and Spencers and Iceland in the U.K. And more recently, Hannah has worked in the catering sector where she's led healthy eating initiatives in the workplace. Thanks for joining us today, Hannah.

**Hannah Baugh** [00:01:27] Thank you for having me.

**Lukxmi Balathasan** [00:01:28] Brilliant. Thanks both.

**Matt Eastland** [00:01:31] So the online course we are soon to be launching is aiming to help medical students receive knowledge around nutrition. And I guess why is this important? Well, we've all been to the GP quite a few times, I'm assuming, in our lives. But personally, I mean, I've never actually gone to GP and been given any kind of nutritional advice. In fact, I think the only time that's happened is when I myself sought out the nutritionist. So I guess when we've got such an obesity epidemic across the world and we have issues with things like diabetes, why is nutrition advice not provided when we go to visit your GP? And surely we're kind of missing a trick here. So that would be something worth unpacking, I think now. But before we get into the topic of today, Hannah, maybe you could explain to us all and our listeners, how did you get into nutrition? What is it about this space that really interests you?

**Hannah Baugh** [00:02:23] I think from a very basic level, I have always been really interested in food. I was lucky to grow up in a household where my mom and dad were brilliant cooks. I was always in the kitchen with them. They encouraged me and my siblings. So there was always a factor of it there. And then as I went through the stages of school, biology was one of my favourite subjects and sort of the interaction of the environment with how your body works. And then it just sort of was a merge of the two things, really. And then when I was looking at options for university, nutrition was an area of interest. So I sort of went down it that way really.

**Matt Eastland** [00:02:58] Amazing and now that you're in this space, can you give us a kind of a brief overview of what does it involve to be a nutritionist? What's an average day look like for you?

**Hannah Baugh** [00:03:08] Oh, it's honestly

**Matt Eastland** [00:03:10] ahah or does that not exist?

**Hannah Baugh** [00:03:12] No, honestly, totally different. And you can ask every nutritionist and they will give you something different based on what sector they're in. So when I was in manufacturing, a normal day for me would be spent very much in kitchens with development chefs. They would be creating recipes for retailers, products and then I'd be analysing the recipes and much to their disgust, I'd be telling them to take the salt and the fat and reduce this, remove that. But lots of benchmarking against products and some really stringent guidelines that we have to follow, whereas in catering it's a bit more back of house. So there's menu development to align with again, lots of government legislation restrictions in terms of what we can feed children in schools and also the fun stuff. So I do sort of workplace initiatives. So again, with chefs, we invite colleagues into kitchen development kitchens and work on cookery skills or kitchen confidence, that sort of thing. Or it could be private client based. So as of the past year, it's all been online. But yeah, having chats just quite informal conversations with people to find out about their health and what their lifestyle goals are and then working on programmes and support plans for them. So, yeah, really varied but it's fab in that sense.

**Matt Eastland** [00:04:27] Amazing love that. Yeah, it sounds super varied. And are you connected in any point into the kind of the GP space and the doctors and the health care system, does that work at all for you?

**Hannah Baugh** [00:04:38] I don't often link with well actually that's not true. I was about to say I don't often link, I do some work in terms of workplace wellbeing in the health care settings that we have, but that's very much for the staff at hospitals rather than patients. I sort of leave patient feeding to the dieticians who are considerably more qualified to do so. However, I have worked with private clients who one in particular springs to mind, was diagnosed with type one diabetes quite late in life and is a very active individual fitness instructor. So she was really struggling with hypos and hypers and I don't ever prescribe medicine or anything like that. I take all of those cues from the dietician or the consultant that she was seeing. So I know exactly what medication she's on. But in terms of how that then translates into lifestyle, so she needs to eat as well as medicate, and that's the bit she was struggling with. And she personally felt she didn't have the support there for that. So that's where I come in and providing recipes in meal times. And if you're having a hypo, eat this. If you're about to do some exercise, you need to consider what you're about to eat and those sorts of conversations to translate, I guess, the science into User-Friendly information.

**Matt Eastland** [00:05:52] Got it.

**Hannah Baugh** [00:05:52] So I guess there's crossover in that sense

**Lukxmi Balathasan** [00:05:55] and this client that you're seeing now where they referred to you from sort of the health care system, or just you know

**Hannah Baugh** [00:06:04] I guess in fitness, similar fitness circles, she became aware of me and the work that I was able to do. I have there is sort of a link, really, because I work with children in schools for menus that are bespoke to their requirements, which in some cases includes diabetic children. So they can't always eat certain things or they need that carb counted meals. So I provide all of that information. So I think just from general conversation and finding out the areas that I work in, she then approached me and she said, would you be willing to take on a new client of an adult scenario? And so yeah, so that's how we ended up working together.

**Lukxmi Balathasan** [00:06:41] Hmm thanks for that, Hannah. And coming to you, Margherita. So you are obviously trained for multiple years to become a GP. And during that time, you know, you probably see the fundamentals of biology and anatomy. But how does nutritional training and food fit into your training programme as a GP?

**Margherita Ronco** [00:07:01] Actually there wasn't any programme about nutrition. When you learn biochemistry, you have to learn about nutrients and the chemical reaction, but then it's...they're all things you just forget two days after the exam. But nutrition is lifestyle as diets and so on are not really part of any programme. Nor during university, nor during the GP training.

**Lukxmi Balathasan** [00:07:28] Oh, right, that's really interesting. Now that you're practising, in your opinion, do you think that would have been valuable information to have had?

**Margherita Ronco** [00:07:36] Yes, because as you start working, you realise that to actually lack some skills and it's true for nutrition and it's true for many other things. Here in Italy, we have a very theoretical education, which is not very practical. And as you start to do the job, you understand that you need to learn something by yourself.

**Lukxmi Balathasan** [00:07:59] And so now looking back at your education, do you think nutritional training is something that medical students should be receiving?

**Margherita Ronco** [00:08:07] Yes, of course, should be very important, should be something more organised? Let's say so.

**Lukxmi Balathasan** [00:08:14] And I guess is there anything specific now when you're interacting with your patients? Like what advice do you think you would be able to give them? Or would you rather just refer them to a dietician or nutrition like Hannah?

**Margherita Ronco** [00:08:27] Well, in my everyday practise, I always giving nutritional advice. And as you analyse blood exams, you need to tell them something about glycemia or high fats in the blood, I'm always acting like a dietitian. If there's something that's too much for me, I just send them over to a more specialised doctor, basically.

**Matt Eastland** [00:08:50] So do you think then that the two areas of sort of, let's say, kind of conventional medicine and nutrition, are they complementary and should they be complementary?

**Margherita Ronco** [00:08:59] Yes, especially for a GP, because one of the main points of a GP is to modify and to correct people lifestyle as you tell them they should not smoking. You have to teach them how to eat because many people think that potatoes and peas are vegetables. So when you use stuff from this convention, you have to start from the basics.

**Matt Eastland** [00:09:23] Yeah, got it. So do you think then I mean, this is an open question to both of you. Should this nutrition advice, should it be delivered by mainly by GP's, mainly by nutritionists or a kind of a happy marriage of the two together?

**Margherita Ronco** [00:09:38] I think it's ethic that the advices come from the GP the first time, because in Italy we don't really have this idea of connecting the things on territory and the hospital. We are like two separate things, especially in this period with covid and so on. Hospitals just closed. So many people came to us. And all the metabolic problems like diabetes, like problems with cholesterol and so on, just get bigger and bigger and bigger. So you become the first step the person comes across.

**Matt Eastland** [00:10:20] Got it and Hannah, do you agree? Do you think that GP's should be the first point of contact and then kind of get referred on?

**Hannah Baugh** [00:10:26] Absolutely. Because there's certain things as a nutritionist that I can't and other nutritionists shouldn't be doing. So things like diabetes, for example, we shouldn't be prescribing medication in terms of insulin calculations that should remain with the dietician or GP. That is their area of expertise. However, after that part has been done and the GP is offered what they feel is suitable, there should, in my opinion, be an option for further support for referral to in most instances, there are a lot of nutritionists who are qualified enough to be able to work with patients. I guess the issue comes because nutritionist isn't a regulated title. So where is a dietician is, you know, the credentials of that individual nutritionist? Not so much, but I guess in a health care setting that would be controls in place to make sure you referred to somebody legitimate with the correct education. But, yeah, I absolutely think there should be a mix of the two, especially in the UK, where we can see the strain that the NHS is under. There are a lot of us who are here and ready and willing and want to be able to help. But there doesn't seem at the moment to be that connection with the outside world, it's all it's quite insular. So if you already work in the NHS than you may get a referral. But I know one of the hospitals that I work with or the company I work with, I think it's about a four hundred bed hospital and they only have three dietitians for the whole site. They have patients to look after and they're outnumbered so especially with covid and the amount of time that people spend in hospital beds, not eating, often being tube fed. So for the dieticians to then step away from that and then speak to people who maybe do have other health conditions, but they're not deemed as life-threatening, there isn't the resource there to support it. So I think it would be brilliant if there could be a link between more of us, but.

**Lukxmi Balathasan** [00:12:23] So it sounds like the dieticians you talk to me, I don't have a full understanding, is someone who comes in while you're a patient, while you're already in the hospital, whereas there's a potential role for nutritionist and the role of the prevention side. So even before going to a GP, so can you do you have any thoughts on that, like the role that prevention has to play in the nutritionist role even before a patient steps into the health care system?

**Hannah Baugh** [00:12:47] So, yes. So I think one of the things that was mentioned in the government's obesity strategy last year was encouraging GP's to prescribe cycling as a method for weight loss and managing overweight. That's great on paper. But if you're... You perhaps don't have a bike or you don't know how to cycle or perhaps don't even want to cycle, it's not a viable method to support people in losing weight. And I think that GP's are under so much pressure to see so many patients. I don't know about you guys, but if you're trying to ring up for an appointment here, it's really difficult, really difficult.

**Matt Eastland** [00:13:23] Yep.

**Matt Eastland** [00:13:23] So I do think it would help general practitioners and the health services across Europe, not just the NHS, if there was a precursor where people could maybe approach a nutritionist for some support ahead of it getting to a medical situation where they require input from a medical professional.

**Lukxmi Balathasan** [00:13:42] And I think that almost speaks a little bit about the knowledge. I mean, it's sort of ingrained into us, right? You have a little cough, cold, anything scratch you go to your GP. That's your first point of call. And that might be hard to change. But what level of knowledge do you think a GP needs to know? So is the question to both of you to be able to then say, actually, this might be something that nutritionists might be your first port of call? So what do you think that a GP might need to know, Hannah? And also, Margherita, from your point of view too, that would really help you assess maybe I'm not the right person? Maybe this is something a nutritionist needs to deal with first?

**Margherita Ronco** [00:14:17] Well, to me, it depends on the disease. I mean, for example, diabetes type one, to me, something an endocrinologist or a dietician should see. I'm not giving any advice, but the man was in his sixties that gets a diagnosis of diabetes type two. Maybe doesn't even need drugs. Well, I can start from the diet and exercise. So it depends on the level of gravity or renal failure. I don't know. They need something more specific about proteins. I cannot count how many protein a person gets in one day. So that should be for a dietitian.

**Lukxmi Balathasan** [00:14:59] Hmm. And do you have a system? So I think for right now, like you said, you know, at what point to send someone to endocrinologist, you know at what point to send someone to haematologist specialists. But do you think you have the skill sets right now through your training to be like ok, someone comes in for my example, I'm always tired if I come in to my GP and say I'm just always tired. And then, you know, you find out that I actually eat like one meal a day and it's usually just coffee,

**Matt Eastland** [00:15:25] which is actually true.

**Lukxmi Balathasan** [00:15:28] Yeah, ok. I'll admit it. True story. But, you know, I always think maybe I should go see my GP because I'm just chronically tired. Would you feel comfortable within sort of your training to be like, actually, maybe before I put you through the health care system with all the MRI's and blood tests, maybe you should have a chat to a professional nutritionist. Would that be something you would consider? Or do you feel like you have the skill sets or the support of your health care system in Italy to be able to do that?

**Margherita Ronco** [00:15:56] I think it's like a philosophical question about my job.

**Lukxmi Balathasan** [00:15:59] Ahaha ok sure.

**Margherita Ronco** [00:15:59] Because once an old doctor told me that the role of a GP is to understand basically if there's something dangerous or if it is something you can phase gradually, I mean slowly. That's the key point of every question, every problem or people. You have to be able to do a basic starting level to say so, to solve on the basis of the problem, then if you see the problem gets bigger, then you need to refer to someone else, ok? So it's always like this. It's a, I don't know, respiratory problems. So you can do a basic spirometry in your office then if you see it's ok, you stop there. Then if you see there is something wrong that you just called endocrinologist, it's basically our job works.

**Matt Eastland** [00:16:57] Yeah. And can you, I guess, sort of bring this to life for us and maybe bring people into your office for our listeners. So when you know you're obviously seeing patients all the time, maybe now a bit more virtually. Can you give us some examples of patients questions with regards to nutrition, if they even ask and how maybe you see that has evolved since you've started, if you were able to offer that

**Margherita Ronco** [00:17:24] they don't ask anything actually

**Matt Eastland** [00:17:26] don't ask any questions.

**Margherita Ronco** [00:17:27] No.

**Matt Eastland** [00:17:28] That's interesting to know. And do you think is that because they're not aware enough themselves or because they might feel like embarrassed, they don't want to be talking about these sorts of things with a GP, what's your sense?

**Margherita Ronco** [00:17:42] I think it's both of them. Then it depends on the person, because if you have, for example, an obese and sometimes a girl, a guy of twenty four, twenty four years old was BMI was forty two.

**Matt Eastland** [00:17:58] That sounds high.

**Margherita Ronco** [00:18:00] And he had just one kidney. He came to me because you had a urinary section and he was worried about the kidney. Then I solved the problem of the kidney. Then I looked at him and I said, you realise you weigh too much. With just one kidney and it was like it wasn't his problem. I don't know how to explain it. He wasn't even aware or maybe he didn't want to face it. I don't know. And then I made all the speech and they sent him to the biggest hospital in Turin, where they had the obesity centre, but he didn't come for nutritional advice.

**Lukxmi Balathasan** [00:18:40] Hmm.

**Margherita Ronco** [00:18:41] So it wasn't his main problem.

**Matt Eastland** [00:18:43] Yeah. Thank you, Margherita. Hannah, I can see you wanted to add something.

**Hannah Baugh** [00:18:47] Yeah. So it's a really, really interesting point. There's a study just been released about the impact of covid on school food in secondary schools, in particular, what the provision is. Obviously, it's changed a lot because they've got to shorten lunch breaks. They've got to keep the bubbles, all of that sort of thing. But one of the quite, I guess, opposite ends of the scale, really, there was a noticeable increase in junk food being sold because it's quick, it's grab and go is easy. But also there is still very much a perception that healthy eating is uncool and there is still a perception amongst younger generations. So I think you just mentioned then that your patient was 24 years old. They still very much a culture of I'm invincible like food. It doesn't matter what I eat, it will be fine. And that's a really hard attitude to combat. And I think I've also encountered we've got so used to having quick fixes for things. So if someone can have a drug that does what they need to do, they want to take that. They don't want to go to the gym and they want to eat burgers. There's nothing wrong with eating burgers, but they want a high fat, high sugar diet because that's what they enjoy rather than the effort that goes into to healthy eating. There is still very much, I can't obviously comment for the rest of Europe, but the way I've seen it in the UK, there is still very much that approach to health.

**Matt Eastland** [00:20:10] That's interesting because it seems like there's a weird conflict here that I mean, again, my assumption is and please challenge me this, that the awareness of things like obesity and like making healthier choices is increasing, at least in the media on the social. So it seems like it's it's more out there and people should be able to sort of digest that. And yet, not maybe particularly for young people, they also don't necessarily care at this stage of their life. I mean, is that, how do you overcome that? I mean, if people are more aware they're still not bothered, what's the solution? I mean, who do they go to? And if they're not prepared to talk about it or they don't want to talk about it, what do we do?

**Hannah Baugh** [00:20:52] Yeah, it's a really interesting conversation and one I don't have the answer to. But there is a lot of feedback and research that shows people are sick of having health rammed down their throats. You can go online to...probably the not most scientific, but the very well-read - Daily Mail or the Sun. And there is something food related every single day, whether it's related to a fad diet or the latest 'don't eat this because it will give you cancer!' People are so confused. The word healthy is now something that people switch off to. And marketers have also jumped on that because they don't use the word healthy anymore. They talk about wholesome or nutritious or delicious or they're trying to use positive words because there is such a dislike for things like healthy out there. And I think it's really interesting because there absolutely is an increase in awareness, especially with sustainability being such a target. We have absolutely seen, especially if you lock down an increase in people supporting local businesses, becoming more aware of where their food is coming from, possibly Italy are already ahead of us with that. I think there is a difference in culture across Europe versus over in the UK. But on the flipside, we have highest levels of food poverty in the UK that we've had for a very long time, and levels of obesity do differ within different ethnic groups. Unfortunately, it is a sad fact there does need to be more support for the different groups and how the eat well guide for example, how that translates to different cultural eating, because at the moment it is a very white British guide, so it doesn't often translate to those groups that need the information the most. So I think there is a big disconnect. As you said, it's about linking the two in an affordable and attainable manner, I think, which is not easy.

**Lukxmi Balathasan** [00:22:54] Yeah. I think your point about that word healthy, almost having a negative connotation Hannah really interesting. So Margherita, like, what's your take on that? Do you find that your patients are coming to you because they feel unwell, they have a specific diet, you know, they expect a diagnosis, a referral or a prescription from you. Is your impressions very similar to what Hannah said? Do you feel like if you start to talk health that they might have, kind of, switch off from the advice you're trying to give them?

**Margherita Ronco** [00:23:22] Not really, actually. So I think people come to me, they do not expect nutritional advice they just expect me to give them drugs.

**Lukxmi Balathasan** [00:23:32] Yeah.

**Margherita Ronco** [00:23:32] So that's the point.

**Matt Eastland** [00:23:34] Yeah quick fix.

**Margherita Ronco** [00:23:35] And so if they, for example, high fats in blood, they expect me to give them the medicine. And as I prescribe the medicine, I say, but you should also be careful about your diet because medicine would not be enough. Or maybe in two years it won't be enough anymore. So and they are kind of surprised. So it's not their expectation.

**Lukxmi Balathasan** [00:24:02] OK, but they welcome your advice?

**Margherita Ronco** [00:24:04] Yes.

**Lukxmi Balathasan** [00:24:05] OK. And this is something that Matt and I were chatting when we were developing the script. And I wonder whether, like you said Hannah about prescribing, I mean, if GP's started prescribing apples and carrots, is this what it's going to take for people to change their behaviour? Like they need something, a professional to be able to tell them, just stop doing this? What do you think, Margherita?

**Margherita Ronco** [00:24:31] I think this kind of thing should start from the paediatrician.

**Lukxmi Balathasan** [00:24:34] Ok.

**Margherita Ronco** [00:24:37] Because I think that working on children is kind of easier. They're more elastic than us. And sometimes children then take good habits in their families. So maybe this kind of job could be much difficult for us, but not so for a paediatrician.

**Matt Eastland** [00:24:56] Yeah, so that's interesting. So if we if we start with kids when they're young and they get more used to having that kind of advice from a paediatrician, A - they're going to take that into their families when they're young and maybe sort of say to the parents, we should all be eating better. You know, that's that's a big plus. And B - it might just become something which is more normal for them as they get older to be able to say, I want to go and see my GP or nutritionist to talk more about my health and my healthy choices I need to make, I think that's really interesting. So maybe more focus needs to be put on sort of, you know, youngsters in the space. Hannah do you agree?

**Hannah Baugh** [00:25:33] 100 percent. So I do workshops in schools. And I think the other thing that's really important that should be added is, in my opinion, cooking is a basic life skill that everybody should be able to do. And there is no consistent provision for food, cooking, nutrition, health in the UK curriculum. There are bits that form other parts of modules. But where you get geography, teachers, history teachers, maths, English, in schools, you don't always have food technology teachers or even the availability of kitchen facilities. I know the secondary school I went to, they've got rid of their kitchen facilities because they didn't have a consistent teacher, so they've done away with it. It's now just another regular classroom. And I think if you're teaching people about health, which is absolutely important and should be that, I 100 percent agree. But you also need to give them the tools to then be able to implement that knowledge. So I consistently come across children. And my favourite question to ask them is, so what's your favourite food to cook? Who cooks at home? And I will always get pizza. So I play devil's advocate, I'm like ahh brilliant! You make the dough and they're like no, I just take out the freezer and I put it in the oven and it's soul destroying because these and it's not I'm not I'm absolutely not blaming the parents, but it is a generational thing where if you're in a household that just eats read emails and takeaways or from freezer to plate, that's creating the habits that you're going to take through into adulthood as well. So if there is some sort of a system in schools to educate on food groups health, how that translates into the kitchen then and inspiring the kids love the hands on stuff. I go into a classroom with a bucket full of all sorts of food and they are straight in there, no questions asked. They want to be involved. So I think they, like you say, they're like sponges as kids and they take information in and they go home and try stuff. And also kids give in to peer pressure really easily. So if they see their friends trying things and doing things, they're more likely to do it because and I've had conversations with parents who've gone, oh my God, how did you get him to eat that? Like, I can't get him to eat that at home. I said, I haven't. I've just left the kids to it, gave the instructions, given them the tools, and then they go far away with it. So it absolutely does work. We just could do with a wider implementation of it. I mean, it'd be interesting to hear do they have that in the curriculum in Italy or is it something that we're behind on?

**Margherita Ronco** [00:28:08] No In Italy there's anything about that, but we are the culture of food. So it exists here in Italy to take things from the fridge or the freezer and just put in the oven. Ok, but still, I can't cook very well, but I know how to cook the basics and all the surviving. And I think many families are like me. Then things get worse in like poorer neighbourhoods. As we see here in town we just made a study about diabetes and heart attack and we saw that there's a very high prevalence in certain neighbourhoods and the very low one that in the richest neighbourhood of town, maybe habits are different now in this between these neighbourhoods and no so there should be something at school. I strongly believe in this point.

**Matt Eastland** [00:29:09] Yeah, I have to admit I totally agree. And just as a personal side note, I remember when I went to university, I mean, I was always quite into my food, but, you know, probably could always have done better. But to your point, Margherita, I knew how to survive right? So I went to university. I was more than happy to cook for myself. However, I did come across some very interesting characters. One of my friends who I will remain nameless, but she actually watched me cooking one day and she asked me, how do you do that? And I was making cheese on toast and she didn't know how to make cheese on toast. And she spent about four months of her first year of university eating baby food and Rusk's - Rusk's are like baby biscuits because she didn't know how to eat. And, you know, so it's and she's actually from a, you know, let's say quite a well-to-do home and, you know, so it's definitely there is an issue here with, you know, sort of lower income communities. But I think it is probably more prevalent as well because I've seen it myself. But anyway a sidenote, sorry to my friend, she'll love me name dropping.

**Lukxmi Balathasan** [00:30:15] But I find that that education piece, you know, you said to starting from a really young age, quite interesting. And I'm thinking about it in terms of like the holistic health care right? So, you know, we said GP's are the first point of call, like what are your thoughts? You know this if we can rebuild the health care system, you know, what would we need to have in place to be focussing on prevention and education and the younger generation? You think how do you think we can change, you know, medical training to sort of integrate with sort of a new system of prevention and health? Any thoughts on this utopic world?

**Margherita Ronco** [00:30:52] That's a difficult one.

**Lukxmi Balathasan** [00:30:54] What would you think would be helpful to you, Margherita, in terms of you, practising GP, in terms of your skills training? And what support systems would you like to have in place to be able to support your patients for optimal health?

**Margherita Ronco** [00:31:07] Well, I think the in the utopic world, I don't know, during the GP practice, which was well done, I can say things were divided by topics and they were very practical. And I think one of these courses should be focussed on nutrition, for example, but in a practical way, because you have to translate the advice in something the person can do in their everyday life. It's fine to have a plan. Then you have to be, as Hannah said, you have to be able to cook everything. You have to it has to be possible because maybe you come to buy fresh vegetables every morning. So you should be given the instruments to translate the medical finger into real life. So let's say so.

**Matt Eastland** [00:32:02] So practical training based in the real world rather than you know theory.

**Margherita Ronco** [00:32:06] Yes. Exactly. Exactly.

**Matt Eastland** [00:32:09] That's good. And Hannah do you agree?

**Hannah Baugh** [00:32:11] Absolutely. And I think going back to one of the questions earlier, if I was approached by somebody who was saying that they were lacking in energy and feeling quite lethargic immediately, when you asked that question, I had a whole host of questions that I would immediately ask you back. So I feel like for a GP where they are taught about by the breath tests and the blood glucose tests, there should also be a part of that where they're taught about the questions that a nutritionist would ask in a sense of and so do you eat meat because there could be a B12 deficiency that obviously you do the blood tests to review iron levels, but also dietary, what are you eating in terms of if you are vegetarian, are you getting your iron based pulses and things in there? And are you staying hydrated? That's a huge one, a really simple, easy one for lethargy. And so I feel like there should be that sort of training where not only a GP's talked about the medication and the clinical ways to address something, but also the really simple dietary questions that could also lead to simple solutions in those situations.

**Margherita Ronco** [00:33:32] And it's also funny because when you ask a patient how much he drinks, he says, enough, OK, enough. Enough is what? OK, when I'm thirsty? OK, then one bottle, two bottles. How many? Ah half a litre. OK, and you understand it's not enough and also their idea of enough is always something funny

**Matt Eastland** [00:33:56] and let's be honest, whatever you do actually drink, you then take off at least 30 percent.

**Margherita Ronco** [00:34:01] Yes, exactly. Truly, yes. Yes.

**Matt Eastland** [00:34:05] But it's really interesting because I wonder, do you have conversations like this together as nutritionist and GP's? For example, do you ever have moments in your life where you can talk to a GP and say it would be really great if when somebody comes in and says, I'm feeling really tired if you ask these set questions or something like that? Do you have those conversations?

**Hannah Baugh** [00:34:27] Not me personally in the sector that I'm in only because I don't have regular contact with GP's. And I know and I think that's probably one of the things that started the conversation in the UK about the additional training that GP's should be given to arm them with the correct tools. I'm sure somewhere along the line that was well, I guess it was budget cuts and things as well, wasn't it? We can't afford to keep prescribing all of this medication. Are there other things that could be done to improve people's health before they have to be given medication or requiring hospital appointments and the MRI scans and the stuff that goes further? So it probably forms part of that conversation, but I don't know for sure because it's not something that I've been involved with

**Lukxmi Balathasan** [00:35:12] that's quite interesting. So do you think I'm just thinking like, well, there's two things here. One of the podcast we did earlier on Alternative proteins Nutrition, we had a nutritionist and a medical student on there. There's an interesting opinion came out. Actually, GP's are trained to do one specific thing and nutritionist dieticians are trained to do another thing. So should doctors be the ones who are giving out nutrition advice or should nutritionists and GP working side by side to look at the patient holistically? What are your thoughts on that Hannah?

**Hannah Baugh** [00:35:41] I would like to see working side by side, but then I also think a GP needs to have that information to then be able to point their patients in the right direction because there will be situations where nutritional intervention doesn't work. You will still need that clinical support. So I absolutely think that GP's should have that information. But I also appreciate they have to hold a lot of information. So in terms of doing everything, they should have that in their portfolio, if you will, but then have access to other specialists that they can then refer on to, because like we've said already, people are specialised in different areas. We should be able to access the different support systems that are there.

**Lukxmi Balathasan** [00:36:28] Do you agree, Margherita?

**Margherita Ronco** [00:36:30] I agree. Yes, I think the ideal office is an office when there is a GP, a nutritionist, a psychologist and something else.

**Lukxmi Balathasan** [00:36:40] Wow does not exist?

**Margherita Ronco** [00:36:42] No, not here at least, I don't know in other countries but that would be great.

**Matt Eastland** [00:36:49] So what steps do we take then to get closer to that place where at least GP's and nutritionists and dieticians are working closer together? What needs to happen in order for that? Is it just a question of money or is it, does it go broader than that? I mean, how would you like to work closer together, I guess, is my question.

**Margherita Ronco** [00:37:13] Well, it might be easy from a certain point of view, because if you have a big office with many rooms, it's something you can fix. I mean, it's something you can organise. You have a friend was a nutritionist you tell him ok come and work with me. So I think that the making it bigger. So I don't know the highest levels. I mean, I've learnt that everything over me are able to organise such a thing honestly.

**Hannah Baugh** [00:37:41] Yeah I think it comes down to funding. Ultimately, we are all there and available and ready. And I think purely from my own background, you look at an athlete, they have a multidisciplinary team around them. So they have a coach. They will have strength and conditioning. They will have a physiologist, nutritionist, physiotherapist. They will have a whole team of people around them. But that cost a lot of money and they have all sorts of input to be able to pay for that. So and also GP's and doctors and nurses and consultants have stated anecdotally many times in the UK that they don't have time to be able to dedicate so much support to each individual. So, again, you either need to put the money in to pay for more resources at a very basic level of just providing enough GP's for what's needed. And then the next step is to try and bring in the multidisciplinary approach to be able to support people across all areas.

**Margherita Ronco** [00:38:42] Exactly, I mean, for example, if I want a nurse to work with me, I have to pay her.

**Lukxmi Balathasan** [00:38:47] hmm.

**Margherita Ronco** [00:38:47] So the sanitary system won't pay them. That's a problem, I can't pay everybody.

**Matt Eastland** [00:38:54] So it's a question of more money and people trying to build maybe their own health team around them somehow, you know, rather than.

**Margherita Ronco** [00:39:02] Exactly.

**Matt Eastland** [00:39:03] Always reaching out. That's super interesting and a really nice place, actually, to start wrapping up. So I just want to say it's been a real pleasure talking about this. It's a very complex topic. And, you know, we admittedly, we're all a little bit worried about going into it because this you could just go all over the place. But it's been really fascinating listening to opinions. And also from a personal point of view, I used to be very obese as a child. So I have gone through all of this myself and have never once been given advice as a child. And I don't think I ever was in a surgery where they actually said to me, you're overweight, which maybe I should have been told. But anyway, so where would you divert people to? So what resources would you point people to as a starting place just to say you should go here to start learning about this? What would you advise Hannah?

**Hannah Baugh** [00:39:53] There are some brilliant NHS resources available, which I know it sounds like a cop out answer, but there is a ton of information that is all provided by medical specialists on the NHS website and a brilliant resource for as a family is the change for life resources. They do all sorts that are packed with recipes and really user friendly, budget friendly suggestions on how to get fit, how to maybe lose a bit of weight if you need to, and ideas for getting the whole family into the kitchen, starting from basics right the way up to some more advanced work. So, yeah, absolutely. In those directions. And please, I can't stress this enough. Get your information from professionals. There is a lot of misinformation on social media. Please go to those who are qualified and registered in their area of expertise.

**Lukxmi Balathasan** [00:40:45] Brilliant advice. Yeah, that's something definitely we were discussing today when we were planning for this. Lots of misinformation in nutrition space. And what about you, Margherita? What advice would you have for up and coming GP's in terms of being able to support their patients from a nutritional point of view?

**Margherita Ronco** [00:41:02] The first advice would be to study and the second one, there's a very well done website that I usually use and it has a different nutritional, how to say, plans according to the pathology, according to who you are. So a mother expecting a child or an older adults. So it would be an instrument. At least you have the main points and you can use them as suggestions for patient

**Lukxmi Balathasan** [00:41:35] Brilliant. Thank you so much.

**Matt Eastland** [00:41:37] What's the website, Margherita?

**Margherita Ronco** [00:41:38] I can email to you. It's made by Grana Padano, you know the cheese.

**Lukxmi Balathasan** [00:41:46] Interesting.

**Matt Eastland** [00:41:47] That's interesting.

**Margherita Ronco** [00:41:48] There's an app for the diet and it's well done

**Lukxmi Balathasan** [00:41:58] That's brilliant.

**Matt Eastland** [00:42:01] Definitely look that up thank you very much. And just about yourselves personally, I mean, if people want to know a bit more about you and what you do work and our listeners go for more information, Hannah?

**Hannah Baugh** [00:42:11] Yeah. So I have a website currently under development, but I'm on Instagram @hannahrosenutrition. So feel free to come and find me on that.

**Matt Eastland** [00:42:20] Wonderful. What about you, Magherita?

**Margherita Ronco** [00:42:22] I'm kind of prehistoric, I don't have Facebook, so just send me an email, ok?

**Matt Eastland** [00:42:35] We won't send your email address out. Just incase you get inundated. Yeah, OK.

**Margherita Ronco** [00:42:41] Thank you.

**Matt Eastland** [00:42:42] Wonderful. All right. Well, once again, just wanted to say huge thanks for your time today. Really interesting topic. There was probably a number of areas we could have just kept going on that. So really appreciate your time. And I just wanted to say that this has been The Food Fight podcast. So as ever, if you'd like to find out more, head over to the EIT Food website at www.eitfood.eu and join the conversation via #EITFoodFight on our Twitter channel @EITFood. And if you haven't already, please hit the follow button so you never miss an episode. That's it for now. Thanks, everybody, for listening.