

IN OTHER LANDS

ANCILLARY HELP OF THE GENERAL PRACTITIONER IN HOLLAND

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IN HOLLAND MOST GENERAL PRACTITIONERS work single-handed. Of the total of 4,650 general practitioners in this country only 15 or 20 are working in a group practice. I suppose that this difference is the cause of another difference, *viz.* the ancillary help in both countries. Most group practices in Great Britain have secretarial help; sometimes there is a qualified nurse to do the wound dressing, injections, etc., and in some of the larger group practices I have seen a laboratory worker. But in the single-handed practices none of these ancillary helpers are "the right women in the right place".

Of course, the secretary or receptionist can do a lot for the general practitioner. She can answer telephone calls, she can handle the patients' cards, type letters and so on, but she has no experience in nursing procedures, or in laboratory work. In the same way, a qualified nurse in Holland has no training in laboratory work or secretarial work (at type-writing, etc.) and a technician only knows about laboratory work. The consultants in Holland who are often working single-handed without hospital appointments, also need a specially trained ancillary worker. For these reasons, in 1947 some doctors in Holland started a training course for girls of about 18 years to become what we call a *dokters-assistant* or doctor's help. At the moment approximately 5,000 out of the total of 13,000 doctors in Holland have an ancillary helper in their practice and many of them are qualified as *doctorsassistants*.

During the years several training institutes have been founded in Holland, some on a non-profit basis, some commercial. In 1961, the Dutch Royal Medical Society decided to regulate this training and established the "Permanent Commission for Doctorsassistants". The aims of this commission are:

- (1) To do everything possible in the name of the Royal Dutch Medical Society to contribute towards the provision of good training for doctors' assistants, it being understood that the Society itself shall not conduct this training;
- (2) To aim at uniformity in training and in examinations and, on this basis, to aim at equivalence of diplomas at institutions giving such training;
- (3) To give advice to the managing committee and individual members of the Society in matters concerning doctors' assistants.

Eight training courses are under supervision of this Permanent Com-

mission for Doctorsassistants (P.C.D.). Every institution has a supervision commission and two of the members of this commission are delegates of the P.C.D. Most training courses last one year, some last two years. Most institutions hold evening courses, some day courses and one is a boarding-school. One of the courses is partly written, partly oral. The cost for a one-year-course is about £45. Every course includes a training period of at least three months (during the wholetime or six months half-time) with a general practitioner, or at a policlinic where one or more general practitioners consult and where the student receives practical training in the doctor's practice.

During the course the student gets a training in the following subjects:

A. Administrative

- (1) A practical training in typing, unless the candidate can show that she has obtained a valid certificate from a recognized institute.
- (2) Knowledge of medical administration, including looking after the filing system of the general practitioner and the particulars provided by the specialist. Knowledge of the N.H.G. card, N.H.G. pregnancy cards and card systems in book-form is important, as are the different ways of filing these card systems and the specialists' letters.

(N.H.G. is the Dutch College of General Practitioners. As our health-services have no card for the patients as the N.H.S. has in Britain, we provide the general practitioners with a special card designed by the Practice Organization Committee of the College.)

- (3) Knowledge of medical terminology.
- (4) Exercise in reading and interpreting letters about patients and typing letters, either dictated direct or on to a tape recorder.
- (5) Knowledge of financial administration as needed by dispensing general practitioners and specialists from the health services; knowledge about compiling details for accounts, making out of these accounts and their further processing; knowledge of the different financial systems used by general practitioners.
- (6) Knowledge of simple bookkeeping.
- (7) Knowledge of taxation and personnel administration.

B. Medical—theoretical

- (1) Knowledge of the principles of anatomy and physiology.
- (2) Knowledge of the principles of diseases.
- (3) Knowledge of the principles of health.
- (4) Knowledge of procedure in the practice (medical customs) and the official and private organization of the practitioners.
- (5) Knowledge of medical ethics.
- (6) Some knowledge of a number of social laws, i.e., Diseases Act, Health Service Degree, Law for the Regulation of the Health Service for elderly people, accident laws, and practice in the application of articles from these laws as far as they are connected with medical practice, as well as some knowledge of the gist of some other laws.
- (7) Theoretical knowledge based on laboratory practice as mentioned under C.
- (8) Theoretical knowledge of disinfection and sterilization.

C. Medical—practical

- (1) A practical training of at least 26 study hours in bandaging and first aid, unless the trainee can produce a valid first aid certificate.
- (2) Practical training in laboratory tests:
 - (a) Routine urine testing including microscopic examination and

- analysis of urine sediment.
- (b) *Stool test*: reactions on occult blood.
- (c) Preparing of *slides* as for worm egg test.
- (d) *Blood test*: drawing of blood from the finger, Sahli and siccahaemometer haemoglobin tests, preparing and reading of the sedimentation rate: leucocyte count, erythrocyte count, preparing and staining slides.
- (3) Knowledge of instruments
- (4) Sterilization practice, using boiler or electrical sterilizer, hot air sterilizer.
- (5) Practice in the preparation of injections.

Only candidates who have passed an examination that is supervised on behalf of the P.C.D. get a full qualification signed by one of the delegates. The earnings of these *doctorsassistants* in the first year after their qualification are about £35 a month and in ten years they can reach a salary of about £59. There are always more applicants than there are places in the courses. About one-third of the girls who passed their examination take a job with a general practitioner, one-third with a

TABLE I
WORK OF THE DOCTOR'S ASSISTANT BESIDE THE SURGERY HOURS

	<i>Average a day during 57 days</i>		
	<i>Hours</i>	<i>Minutes</i>	<i>Seconds</i>
Telephone calls with patients		9	4
Telephone calls to reach the doctor during his visits		2	6
Oral requests for visits		3	1
Oral advice			41
Writing formulas		1	45
Filing patients' cards		24	40
Injections		9	6
Assisting the doctor to prepare the visit bag		6	35
Sterilizing		21	30
Domestic jobs (cleaning the surgery, etc.)	1	11	34
Clearing away instruments, etc., after surgery		34	15
Shopping		3	48
Cleaning bandages		12	18
Typing letters		10	39
Typing diets		4	24
Administration		46	2
Tea		5	52
Urine investigation		9	7
Stool investigation			8
Blood investigation		22	35
Home visiting (injections, wound-dressing, laboratory)		25	21
	5 hr.	24min.	31 sec.

specialist and the others go to medical institutions such as a polyclinic, health service laboratory, school medical service, or hospital. Most of them have a full employment of eight hours a day. In my practice of about 2,500 patients I made an analysis of the time spent on the several parts of the work of my *doctorsassistant*. This was divided between work during the surgery hours and work outside these hours (see tables I and II).

This was a surgery without appointments. For appointments we can add another 20 minutes a day.

TABLE II
WORK OF THE DOCTOR'S ASSISTANT DURING SURGERY HOURS

	<i>Morning surgery</i>		<i>Afternoon surgery</i>	
	<i>Minutes</i>	<i>Seconds</i>	<i>Minutes</i>	<i>Seconds</i>
Preparing for surgery ..	3	27		
Searching cards	7	42	2	49
Telephone calls	10	49	6	48
Oral request for visits ..	1	50		33
Oral advice		6		5
Writing formulas	6	20	2	22
Filing patients' cards ..	3	25		59
Injections	5	8		
Preparing injections ..	1	4	2	14
Assisting the doctor ..	2	35	2	12
To prepare the visit bag ..	3	24	2	15
Sterilizing	4	54	3	14
Domestic jobs (cleaning surgery, etc.)	3	28		56
Clear away instruments, etc. after surgery ..	15	14	11	7
Shopping		12		11
Administration	4	4	1	52
Blood investigation ..	8	4	7	30
Bandaging	7	50	1	47
	89min.	36 sec.	46min.	54 sec.

In these tables we did not mention the inevitable 'selfcare' of the assistant.

Together we find a working time of 7 hours and 41 minutes and with the selfcare we reach a time of eight hours—a normal daily worktime. Experience teaches that the doctor gets most from his assistant when she has a special room. This can be an administrative room, a treatment room, etc., and it is most profitable when she has her own telephone apparatus. In an enquiry set up amongst 302 doctors, I found that only 39 (13 per cent) had a separate telephone for their assistant; the others had only one in their own consulting room. As you see in table II, the assistant spends 17 minutes during consulting hours on 'phoning (no appointment system). In Holland a second apparatus costs 6 shillings a

month yet a doctor with a *doctorsassistant* and only one telephone spends 1s. 6d. an hour by phoning himself. This is only one example out of many to illustrate the usefulness of a *doctorsassistant* in a well-organized practice.

There are many other problems to speak about concerning the *doctors-assistant*. I only mention the responsibility of the doctor concerning his assistant who is giving injections, taking the blood pressure, doing laboratory work, etc. Probably these problems are similar but not quite the same in both our countries.

CORRIGENDUM

Dr Alex Gordon's name was incorrectly included amongst those listed under *In memoriam*, in *Journal* No. 55. We apologize to Dr Gordon and regret any inconvenience this announcement has caused.

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HOMOEOPATHY

A week's intensive course of instruction in homoeopathy will be given by The Faculty of Homoeopathy at the Royal London Homoeopathic Hospital, Great Ormond Street and Queen Square London W.C.1 from 23 to 27 May 1966. This course includes a series of lectures to be given daily by Dr Elizabeth Wright Hubbard of New York. Medical graduates and senior students of medicine are invited to attend this course for which there is no charge. Grants in aid are offered by The Homoeopathic Research and Educational Trust. Further particulars may be obtained from the **Dean of the Faculty at the Hospital.**