

Training for general practice in Holland*

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MEDICAL education in the Netherlands has not been able for many years to keep abreast of the demands of medical practice.

The original objective of Dutch medical education was to train the medical student so that he could practise the full range of medicine, surgery and obstetrics. When this objective was given its legal recognition more than a 100 years ago, it was already becoming an illusion. Further developments in medical science and health organisation have since emphasised the illusory nature of this plan. The result has been that the objective of training has become more and more vague and medical teaching has suffered accordingly. A number of special disciplines developed which were taught partly in the universities and partly elsewhere.

Medical register

Specialists (consultants) are registered under the joint responsibility of the Minister, the universities and the Dutch Medical Association. Legally anyone can establish himself in practice as a specialist, but in reality this is possible only for those whose names are on the register.

No register of this type exists for general practitioners. After university training any doctor can establish himself in general practice. Thus medical training has two objectives, preliminary training of intending specialists and training for general practice. This situation caused inconveniences and uncertainties in medical education and many different groups have for years urged that it should be changed. The Dutch Medical Association prepared a report, a state committee was appointed and the Dutch College of General Practitioners pleaded for a more suitable educational programme for general practice.

Changes in training

About 1965, the medical faculties tried to renovate medical education, and in the same year the Dutch Institute of General Practice published a plan for an experimental postgraduate training course in general practice. Soon afterwards, the Minister for Education and Science ordered a giant committee of medical faculties to prepare a draft for a change in the medical curriculum in which education for general practice was to be given a place.

The faculties reported to the Minister late in 1966 and these plans were given legal form in September 1968.

A new curriculum has been introduced since, but the University of Utrecht started on these lines as early as 1965. The change of curriculum meant that it was no longer necessary to plan the experimental postgraduate training course for general practice, because the new curriculum offered ample space to do this in the university context. The curriculum has not been changed solely with a view to education for general practice.

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As a general principle the Minister had also asked to shorten the duration of medical education and the faculties themselves wished to modernise their programme.

A number of desiderata have been formulated in legislation, but this is regarded as only the beginning of the process. In his comment on the "modification of the Academic Statute" the Minister quotes ". . . that this plan should be regarded as the first step (for the time being the only realisable step) on the way to more radical future changes in medical education". These changes require more radical changes in legislation concerning the authority of the medical practitioner and it is very difficult to effect them without substantial modification of the entire structure of the health organisation.

The new course

The changes can be summarised as follows: the length of the course has been reduced from seven to six years by diminishing the proportion of the basic science subjects, and modernising teaching methods by offering optional subjects.

The aim is no longer to present an apparently complete package, but to train the medical student to handle medical thought models and to acquire knowledge and skill.

There are two years of clinical work in this period of six years. One as a so-called junior and one year as a senior 'co-assistant'. The course ends with a formal examination—the assistant physician examination.

The seventh year, which is still the responsibility of the university, is now available for elective training. The future specialist can begin to study his subject while the general practitioner also starts a special course of training. For all students this year ends with the qualifying examination.

This pattern has been accepted by other Dutch universities and it was subsequently established by law. More freedom has also been given to the university to transform future developments in medicine and teaching policies. The examination policy has also been liberalised. Utrecht University thus needed practical teaching for general practitioners.

Netherlands General Practitioners' Institute

It was not entirely fortuitous that 1965 also witnessed the founding of the Nederlands Huisartsen Instituut (Netherlands General Practitioners' Institute) in Utrecht, with the full co-operation of the university and the Dutch Minister of Social Affairs and Public Health following the initiative of the Dutch College of General Practitioners. In 1966, a formal link between the University and the Institute was established by the founding of a Chair of general medical practice and the creation of a department of general practice connected with this Chair. Initially the national Institute and the university department were very closely associated but this was changed last year. The two institutes are now separate, although still housed close to each other. This paper only describes the activities of the university department.

It should be mentioned that all seven Dutch medical schools now also possess departments of general practice. Five have a Chair of general practice, and two an associate professor.

The curriculum of first year medical students was altered in 1965 and as the Chair was founded in 1966, it was possible during the following years to develop the new programmes.

The first year

The student's first year begins with an introductory course, which aims to familiarise him with the doctor's professional function. Clinical and pre-clinical subjects are

included in this course as well as some aspects of general practice. It is hoped to expand this course still further in order to develop the motivation for the study of medicine.

The second year

During the second year so-called 'gamma' training is given, the purpose of which is to familiarise students with the interaction between patients and society, between sickness and the environment. This part of the curriculum is organised by a team consisting of students and staff members of the department of general practice. The team also includes non academic social workers and district nurses. In all 24 hours of the student's time are spent in gamma training. Methodologically the emphasis lies on discussion in small groups.

Third and fourth years

During the third and fourth years of training, formal lectures in general practice are given, amounting to a total of 40 hours. The use of the formal lecture is to be regretted, but it must be stressed it has been impossible to modernise all aspects of teaching mainly because of staff shortages. The accent on this part of the course is on the application of medical knowledge to general practice.

The third year includes a period of 40 half-days of optional practical work, the student choosing his own field, one of which is general practice. Usually about 80 students (more than 30 per cent) select general practice, and we hope to make this course compulsory within two years. Students accompany a general practitioner on his rounds, discuss their experiences and findings in seminars, pay independent house visits and study the literature. About 40 general practitioners in Utrecht and its environs co-operate in this project.

Another topical aspect is the process of decision making in general practice. Thus the essential examination at the end of the fourth year consists of the presentation of a case on the basis of which the student is required to make a number of decisions.

Vocational training

While it is possible that a trainee scheme in general practice will be introduced in future, at the end of the sixth year as well, so far our main work has been organising a vocational training scheme in the seventh year. Since the radical changes were only introduced in 1965 the first batch of seventh year students arrived in 1971.

The vocational training is given under the aegis of the university and lasts one year. It does not follow that one year is the ideal length of such training, only that this is what is provided. It is possible that this period will have to be extended. It was chosen for purely pragmatic reasons in order to gain some experience of this type of training. It is compulsory and a relatively large number of general practitioners will be required to participate in it. Finally, at present there is only one year available in the university curriculum.

The course

The course consists of two weeks of instruction followed by a period of 22–24 weeks in a general practice and 22–24 weeks in a small general hospital.

The aim of the two weeks instruction is to prepare the assistant physician (trainee) for independent work in general practice. They are confronted with a variety of syndromes and a number of complaints which they will often meet in practice. They also learn a number of procedures and great attention is paid to one of their biggest initial problems—writing prescriptions in general practice.

Finally, a start is made with training in the 'verbal and non verbal aspects' of the doctor-patient relationship.

The assistant physicians are divided into groups of 13, each group with a member of the staff of the Institute of General Practitioners as its mentor. It is not intended that all kinds of knowledge should be presented to the assistant physician, rather that they be exposed to all aspects of the problem solving process in general practice. For example, they do not merely copy prescriptions from a book, instead, a number of complaints and diseases are discussed and the examples used to outline the choice of a particular drug, or the mode of prescribing. The members of the staff of the department act as teachers for a number of subjects in this part of the course.

The two weeks of seminar work is intended to make the introductory period as effective as possible both for the assistant physician and for the general practitioner with whom he is to work.

Return days

The seminar can relieve the general practitioner from some of his work load during the introductory phase. After completing the seminar the students disperse into various practices one to each practice, but meet again one day per week as a whole group under the supervision of their original mentor on so called 'return days' (day release).

The purpose of these return days is to blend the learning process with the work they are doing. This system of return days has been chosen for various reasons. The assistant physician might as an alternative be left entirely in the hands of the general practitioner. However, this approach would demand a great deal of this doctor in that he would have to perform his general practice duties as well as give systematic support and training to the assistant physician. For this reason the general practitioner is mainly asked to give the student as much independent work to do as possible. However the two need to confer together daily to enable the assistant physician to report on his activities. In other words, the general practitioner can supervise the daily activities of his trainee.

On the return days the cases are more systematically discussed under the guidance of the mentor, each student in turn presenting a case. The exchange of experience between students has been found to be of great importance, not only with regard to content, but also emotionally.

The psychologist, also a member of the staff, participates in the training programme including that of each return day. Considerable resistance needs to be overcome in the students to have this accepted. There is a fairly strong tendency for the value of somatic medical information to be exaggerated—perhaps as a result of the earlier training, and in my opinion, particularly by the clinical training period. During the first six years the positivistic-biological aspects of human illness and existence are very heavily stressed. General practice, social medicine, medical psychology and psychiatry which all play a role in the undergraduate teaching do not at this stage counteract this image. This problem may decrease in future as psychological training occupies a growing place in the students' training.

Gaps in knowledge

Ample attention is also paid to medical information during the return day discussions. This aspect is not simply included in the programme, but instead a certain period is reserved for this on each occasion. If a medical problem is encountered that cannot be solved in a simple manner, by means of discussions in the group, the subject is included in the programme.

The principle of stimulating the students' diligence to study and also to promote a correct attitude with regard to continuing education, implies that everything must be done to encourage the students themselves to prepare a paper on the subject in question.

In other cases, combined study of the literature is carried out; sometimes also experts are invited to discuss a particular topic with the students.

The system works well and countless subjects are brought to the fore. Some of them illuminate the gaps in the teaching of other departments. For example, elementary aspects of otology and dermatology were discussed at the students' request. University teachers are preferred as source persons, and are also offered a feed-back of their earlier lectures which is appreciated.

It is hoped that this approach will lead to alterations in the undergraduate education, although it is not intended primarily to correct the gap in the undergraduate curriculum. We need our time specifically for the various aspects of general practice medicine.

The staff of the department of general practice are involved as much as possible in the teaching committees of the faculty.

General practitioner teachers

General practitioners participate in this part of the training and agreement has been reached with the other universities by which each university restricts its activity to its own region. The recruitment of general practitioners has taken several years and the principle of voluntary selection has been followed as much as possible.

Successive waves of information about the training programme were presented to the doctors. Their interest in participation was then evaluated. Those who remained interested were selected for a visit. Thus about 100 general practitioners were selected.

Some of the criteria for selection were: domicile in or near Utrecht, the doctor's age and experience, the size and organisation of the practice, the presence of good administration and good equipment.

The ability of the general practitioner as a trainer was assessed by his willingness to participate in the educational programme. It is expected that the doctors already participating in the programme will continue to volunteer to do so. Undoubtedly some will drop out, but most have so far been very enthusiastic.

In order to maintain their links with the Institute, monthly return days are also organised for the general practitioners, when they can exchange ideas with the regular staff members and discuss problems of organisation and training.

Also, medical information on requested subjects is presented at each meeting. Usually a specialist is invited but not to deliver a programme, but to answer the general practitioners' questions. This form of continuing education is thought to be better suited to the general practitioners' requirements. In addition, the library is at their disposal and video tapes and sound tapes are also available. The problem is whether or not a six month period in general practice is enough. It is felt this will have to be prolonged.

Hospital period

Following the period in general practice the assistant physician enters a hospital, and the purpose of this is to teach him to bear responsibility as a hospital doctor. It is hoped they will be able to supplement their clinical knowledge and skills which the assistant physicians have become aware are lacking from their general practice experience.

The students are attached to one department and they do not rotate. They do, however, perform duties outside their department, such as outpatient work in specialist departments and evening, night and weekend duties in the hospital as a whole so that they become conversant with emergency work of all kinds.

This arrangement will also, it is hoped, reduce the frequent friction between general practitioners and consultants. During the hospital phase the students also return to the

Institute once every fortnight for evaluation of the same kind as they had in their period in general practice. Initially the Institute had arrangements with six smaller hospitals (with 150–450 beds each). This number has now been increased to nine.

The Institute of General Practice

Staffing

This description shows that the Institute of General Practice in Utrecht University now has an adequate training capacity, including adequate staff. Besides the 100 general practitioner teachers, the staff of the Department of General Practice consists of one professor, seven full-time and five half-time academic members, one librarian, three administrative staff, and two housekeeping staff, a total of 18 people.

During 1971–72 a total of 80 assistant physicians will be trained. The number may be slightly increased in 1973.

Finance

The formal relationship between the doctor and the university is based on a simple contract. Each is paid Dfl. 3750 per half year (£447·00) to cover expenses.

The hospitals receive no payment but all the assistant physicians are paid a salary by the university of Dfl. 800 (£95·00) a month (£1140·00 per annum). They are legally licensed to practise medicine, but this is restricted to those practices and hospitals which are appointed by the medical faculty as suitable for training.

Research

No mention is here made about scientific research in the department, nor of the working methods in other universities. The other Dutch universities are three years behind Utrecht in this concept and are now starting similar programmes. While scientific research is not ignored most attention is given to teaching. Now that the programme has been created it is hoped that more attention can be given to scientific research as well.

Medicopolitical problems

Considerable pressure has been exerted to change the structure of medical training by the professional medical organisation, the Royal Dutch Medical Association and the Dutch College of General Practitioners. These organisations desire to have the university training of the medical student completed within six years, that is at the time when students are now certified as assistant physicians.

The subsequent course of training might then be organised in the same way as for specialists, that is at a post university training course, under the common responsibility of the medical faculties of the professional medical associations.

While this aim can be understood and good reasons exist for it, granting it would require the creation of a new system of organisation because the actual training can only be done by university departments. The financing also would require some restructuring. It is not yet clear how all this will be done, but the Dutch government regards the present Common Market regulations as a severe obstacle to achieving this organisation of post-graduate training.

Conclusion

This paper aims to provide an impression of the activities in the Institute. An enormous field remains to be developed, both as regards teaching and research. However it is stimulating and encouraging to know that general practice is in the ascendant and this is indeed a basic condition for achieving a human, comprehensive medical care for which so many patients are longing.