*Vocational training and postgraduate education in general practice in Holland, 1973**

E. R. SEILER, M.R.C.G.P., D.C.H., D.Obst.R.C.O.G.
General practitioner, Edinburgh

Holland, with a population of approximately 13½ million people, 389 inhabitants/sq. kilometer, is one of the most densely populated countries in the world. The birth rate, which has been steadily dropping during the last five years, is now about 16 per 1,000 per year and with a stable death rate at about 8·5 per 1,000 per year, it is estimated that there will be a population of about 16 million people by the end of the century.

At present, there are 17,381 doctors, of whom 4,504 are general practitioners. Until the middle of the 1960s there were more general practitioners than specialists, but this ratio has now been reversed and today there are about 6,000 specialists, most of whom work in hospital.

One third of the general practitioners carry out their own dispensing and most still work single handed from their own homes. The average list size is 2,900 but some doctors look after up to 6,000 people by themselves. Most of the general practitioners, *huisarts* (home doctors), employ a physician's assistant, who works as a receptionist, secretary, and nurse. They tend to have neat, small, book-lined surgeries and separate examination rooms, and their mode of work is similar to ours. Their mornings are usually taken up with long surgeries, with 5–7 minute appointments, some starting as early as 0700 hours! In the afternoon they visit, hold baby clinics, or see patients whose problems require more time. Few doctors have organised evening surgeries.

Seventy per cent of the patients, those with earnings under £3,000 a year, are obliged to join the sick fund, a government insurance organisation and get ' free ' medical treatment. The doctor is paid about £6 per head for the first 2,000 of these patients, and then about £5 per head. The other 30 per cent or " favoured few " as one doctor described them, are usually insured with private sick funds. Some of the non-medical people argued that this system favoured two types of caring, but most of the doctors did not agree. Special industrial ' control doctors ' deal with insurance certificates for absence from work due to ill health.

There is a tendency to favour rural practice, with the result that the cities are becoming under-doctored. There is still little movement towards grouping, and there are only 90 group practices, and 20 practices with separate practice buildings. There are 20 health centres at present. Many doctors, however, work in practice groups and share off duties. These groups consist usually of five or six doctors who often meet and discuss their work. The average gross income for a general practice with 3,000 patients is £20,000 per annum, but over 60 per cent of this is taken by tax and other expenses.

Vocational training

At present, vocational training for general practice in Holland is part of the seventh year of the undergraduate curriculum and takes the whole year. It is intended that this year will become a postgraduate exercise, still under the aegis of a university and that the basic university training will be for six years. Although not compulsory, it will be in effect obligatory, as the sick funds will not pay any doctor who is not registered and a doctor who has not completed a period of vocational training will not be registered. It is hoped that in future, vocational training will be extended to two years.

(1) Utrecht University

While vocational training in Holland is still evolving much of what is done now and what is planned, is due to the lead given by Professor van Es of Utrecht University, the first professor of general practice in Holland. He has an academic staff of 18, with full-time and part-time doctors

* Report of a Stanning overseas fellowship

Journal of the Royal College of General Practitioners, 1974, **24**, 720—725

and two educational psychologists. The part-time doctors are paid for 2½ days work by the university—one day for teaching, one day for studying, and half a day for staff meetings and administration. The rest of their time is in active general practice.

There are about 100 more general practitioners who, although not directly connected with the department, are involved in the vocational training programme. They allow the young doctor to work in their practices as trainees for six months and are paid by the government approximately £750 a year. These trainers at present are considered as hosts, and not directly involved in the teaching programme of the university, but it is realised that the teaching they do, directly and by example, is very important in the attitude the young doctor is likely to develop, and their position in relation to the university is under review.

The Department has to cope with just under 100 students who do vocational training in general practice each year. The year is divided into three parts:

(a) Preliminary two weeks in the department,

(b) About six months working with a general practitioner ' host.'

(c) Approximately six months working in hospital.

(a) *Preliminary two weeks*

This period is mainly to instruct the young doctor on what he will do during his time in the practice. It is also used to teach him to work in groups and he is given intensive training on group dynamics by the psychologists. Subjects such as the care of the dying, interviewing techniques, hospital referrals, and especially prescribing, are explained and discussed. This is usually carried out by group discussion on the management of specific cases, but role playing and audio-visual aids are also used.

(b) *Working with the general-practitioner ' host ' or trainer*

Trainees while working in general practice have full clinical responsibility, but are expected to discuss with their trainer what they are doing. Every week they have to come back to the Department for a full day. I watched two groups of 12 young doctors and their general-practitioner lecturer, a member of the university department, during one such ' day release,' and was impressed at their enthusiasm and obvious enjoyment of the work.

0900–1030

The young doctors reported on what they had been seeing in the practices. Problems which arose were discussed by the group and where the answers were not known, the student was asked either to look this up, or go and see a specialist about it. A special period at the end of the afternoon was set aside for such reports.

1030–1230

One of the students described a problem case and they broke up into small groups to consider the future management. After half an hour, they re-assembled and discussed each of the small groups' proposals.

1400–1600

The psychologist took the group in an exercise on decision-making. The problem involved employees in a business firm in which one was to be promoted and another dismissed. The psychologist indicated to the students how, after a time, when the field was narrowed down, their emotions become involved in the decision, e.g. one of the employees was a black man who was very good at his job.

The closed circuit television equipment is sometimes used to amplify different aspects of interviewing techniques, and to indicate the different levels at which consultations can take place, and a specialist is occasionally invited to clear up points which have arisen at previous meetings.

1600–1730

This time was devoted to case management and more group discussion and reporting back.

The group was informal with a great deal of cigar, cigarette and pipe smoking and in the morning, innumerable cups of coffee were drunk. Tea was handed round in the afternoon

and later, I was offered beer or sherry. I asked the young doctors what they thought of the day release and they unanimously agreed that they were very worthwhile.

(3) *Six months in hospital*

The hospital phase has been the most difficult part of the vocational training programme to organise. Ideally, the young doctors should be placed with a specialist, well orientated to general practice. Unfortunately, most of the specialists are not particularly interested. There are no places available in the larger teaching hospitals where a house officer's post in a good firm almost certainly promises a consultant position in the future and the smaller peripheral hospitals favour interns who will stay for at least one year. The hospital and not the university has to pay the doctor at this stage of his training, which is a further difficulty. The feeling at present is that this phase of his education may well have to be changed and perhaps the whole year spent in general practice. There seems at the moment to be little sign of integration taking place between the hospital service and general practice in Holland.

(2) Other universities

There are seven universities at present in Holland and each has a department of general practice. Five of these departments have professors and two have associate professors. In the new university that is being built in Maastricht, one of the first three professors to be appointed was in general practice. I visited the two universities in Amsterdam and the university in Nijmegen. None of the other universities has yet started an organised vocational training scheme, but one of the universities in Amsterdam hopes to start this autumn, and all the other universities apart from two will make a start next year. Because students graduate throughout the year, about two every week, these new departments will be able to start in a small way and modify their methods as they go along.

Most of the departments intend to organise a course similar to that organised in Utrecht, which is not altogether surprising, as members from each of the universities have been meeting constantly during the last year to discuss these courses.

One variation being considered by Dr van Goldrop in Amsterdam's Wilhelmina University is to form groups with students in allied professions. Such a group might consist of two or three medical students, one or two social-work students, one or two cross nurse students (nurses similar to our district nurses but with some health visitor work as well), one or two student physiotherapists and one or two student midwives. Such groups would offer ideal training for all and be valuable in promoting good relations and understanding when they become established in their future professions.

Training the teachers

(1) *Selection*

Teaching general practice in Holland, as elsewhere, is very much in its infancy. Initially, Professor van Es hand-picked his staff from those doctors who were willing to work in with him. The prospect of giving up $2\frac{1}{2}$ days a week to teaching was not popular with general practitioners, mainly because of the loss in earnings. General practitioners receive almost £20,000 a year while the part-timer is paid only about £2,000 a year for $2\frac{1}{2}$ days work a week. Full-time lecturers earn between £7,000 and £7,500 per annum. These high wages may seem impressive to the British doctor, but when it is considered that over 60 per cent of this income may go on expenses and that the standard of living is much higher than it is in this country, they are not obviously better off than their British counterparts. They work exceedingly hard and the homes which I saw, were little better and much smaller than ours. Houses generally in Holland are small and tall, with narrow rooms. They are often three storied and the rooms linked by precipitous staircases. Large detached houses with a garden are a rare and expensive commodity.

Today, with an established Department, Professor van Es plans to select his new staff by their age, what they have written, how they practise, and their proximity to Utrecht. How they will fit into the Department, however, is of paramount importance, and to try to assess this quality he intends to interview new applicants with as many of the department as possible. The interview will take $1\frac{1}{4}$ hours and will be in two parts; staff and applicants will be divided into two groups and will change over half way through.

Some of the points he will be looking for are:

(a) Will the applicant fit into the department?

(b) Is he flexible?

(c) Can he stand a quarrel?

(d) Do we like him?

The 100 or so ' host ' (trainer) general practitioners have at present been selected on their willingness to take a young doctor into their practice and on their proximity to Utrecht. In ten years' time, Professor van Es feels that there may be more careful selection. Other departments are having to take on new staff as they grow and, although the positions are advertised in the press, full-time members will probably be appointed from the part-time lecturers.

(2) *In-service training*

All the members of full-time and part-time staff at some time attended a course or courses on group dynamics. Throughout Holland, I was conscious of the stress placed on learning how to handle and use groups.

Besides weekly staff meetings at which policy and problems are discussed, there are faculty meetings and inter-university committees. The heads of the seven departments of general practice meet one another regularly. Most staff travel abroad and the departmental libraries are fairly well stocked with foreign journals. There is a journal club at Nijmegen and a departmental monthly paper at Utrecht which aims to keep all the staff and trainees in touch with new developments. There are other methods at present only rudimentary, being tried by other departments to assess the teaching abilities of the trainers.

At Utrecht, the deputy head of the department, Dr Brower, is heavily involved in the production of television medical programmes for the national network, from which a library of videotapes has been collected.

Postgraduate continuing education

(1) *The College*

The Dutch College is keenly interested in postgraduate education. Small group discussions in the evenings, usually at monthly intervals, are favoured. These are organised by the 30 local faculties and are often held in one of the doctors' houses. A specialist is occasionally invited to attend.

During the last 15 years, one of the main aims of the College has been to promote vocational training in general practice. Now that this has become a reality, but almost entirely organised by the universities, there is some loss of direction. One of the functions of the College, through a national board, will be to assess the various training schemes to make sure they retain a high standard. Although no examination after vocational training is at present envisaged, a number of doctors I spoke to were in favour of some sort of test before being allowed to join the College.

Over 50 per cent of general practitioners are members but it was felt by some that it was too easy to join and therefore did not mean very much. The annual college congress, which is basically a scientific meeting, attracts many general practitioners. There is a monthly journal entitled *Huisarts en Wetenschap* which includes reviews of articles in foreign journals of special interest to general practitioners, compiled by the national study group for documentation. Other publications include a series entitled " Building Bricks " (*Borowstenen voor de Huisarte geneeskunde*), *Patient Registration Cards for General Medical Practice, Two Systems for Financial Administration, Appointment Systems, Reprinted Letters from General Practitioners to Specialists.*

There is also an index for limited morbidity registration and a translation of the E book. The practice organisation committee has designed and described a town practice bag and an accident casualty case. There are a number of reports available to the member on other useful topics such as colour coding for ' at risk ' patients, the use of the peak flow meter, and the tasks of the doctor's assistant.

The College is also involved, in a consultative capacity, in the television (Teleac) postgraduate courses for general practitioners. There are a number of working groups in progress and one of these is studying the requirements of general-practice tutors.

(2) *The Institute*

In 1963, the College created the Netherlands Foundation for the promotion of general medical practice. The specific aims were:

(a) To promote scientific research in general practice,

(b) To promote further education and training for general practice.

In 1965, the Foundation became established in Mariahoek, Utrecht, and the Department of General Practice at that university is now housed next door. In 1970, it became the Netherlands Institute of General Practitioners and now has two full-time directors looking after three departments.

(a) The Department of Information, which is concerned with every aspect of general practice, has a permanent exhibition which includes among other items, modern sphygmomanometers, disposable equipment, different filing and records systems. Doctors wishing to start group practices or appointment systems can obtain comprehensive information. There is also a well stocked library.

(b) The Department of Service initiates and undertakes general research e.g. screening programmes, or morbidity surveys.

(c) The Department of Postgraduate Education runs courses, organises the Phonodidactic Service, the Dutch Medical Recording Service, and the sound library.

The director in charge of this department is also involved with the formation of new group practices and health centres.

(3) *Hospitals*

Local hospitals hold clinical meetings, usually once a week. Where there is more than one hospital they take it in turn to organise these. These meetings are fairly popular with general practitioners as well as with hospital staff.

(4) *General courses*

As in this country, courses are organised periodically on a regional and national scale, which might include subjects of special interest to general practitioners or be specifically aimed at the general practitioner. Some of the best run courses are the Boerhaave postgraduate courses organised by Leiden University. Doctors have no financial incentive to undertake postgraduate education as they do in Britain, but their expenses are apparently tax deductable.

Experiments are taking place with course design, and Dr R. A. H. Melker of the Nijmegen university has introduced highly successful courses lasting a week, during which about 20 general practitioners discuss a few illustrative cases in great detail.

(5) *Local courses and regional meetings*

The local postgraduate training groups set up jointly by the College and the Dutch Medical Association are guided and supervised by an N.C.G.P./N.A.G.P. (Dutch Medical Association) committee. Some doctors, however, have regular local meetings without the backing of any large organisations, and there are other autonomous societies similar to our medico-chirurgical societies.

Training other members of the team

(1) *Physician's assistant*

These capable girls handle:

(a) Reception work, telephones, appointments and enquiries.

(b) Records and filing. Each patient has a card which is usually filed in families. The cards are filled in every time the doctor sees a patient and they are taken out with the doctor on his calls. In one practice, the assistant read all the letters from the hospital, which were filed separately, and copied the parts which she felt to be most important into the patients notes in red ink.

(c) Nursing procedures, e.g. dressings, assisting in gynaecological examinations and taking blood pressures.

(d) Laboratory work. They take blood, and undertake haematological investigations and test urines.

To be a doctor's assistant, the student has to have the same qualifications in her secondary school education as those required of a nurse. Her training is for one year and takes the form of six months' practical training with another doctor's assistant and six months of lectures, which are given by general practitioners. This can be done on a part-time basis or by a postal system, but takes slightly longer. The students have to pay for their training.

The 'cross nurse'

There are three organisations which employ 'cross nurses'—Catholic, Protestant and government. They work independently in a haphazard way. In the larger towns, they all have central departments, and peripheral or district houses in which the cross nurse lives, one nurse always being on duty. Although used by the doctors, the nurse works independently and is paid by denominational Cross funds. Patients pay an annual contribution to these funds and have the use of the specific nurse when required. The nurses are fully trained, e.g. three years in hospital and then a further period of two years' training in the Cross Institute, mainly on social and public health. They combine the function of the district nurse and health visitor. The term 'district nurse' in Holland, however, denotes a cross nurse who works centrally, usually in an administrative capacity, and does not refer to the nurses working in the field. This difference in terminology occasionally led to difficulties.

(3) *Midwives*

There are two quite separate ways of becoming a trained midwife. One method is similar to our own, e.g. three years of general nursing and one to two years of midwifery. The other method is through the Institute of Midwives, who train their nurses quite separately for four to five years.

A pregnant woman in Holland can decide for herself whether she wants her baby delivered by her own doctor or by a midwife. If she chooses the midwife, this nurse handles the total care and the doctor is only involved with the postnatal examination. If the mother wishes to have her baby in hospital, she has to pay for this herself, unless there is a medical indication, in which case it will be paid for by the sick fund. There are, however, many medical indications, and the trend is towards more hospital confinements; in some parts, however, almost 50 per cent of the deliveries still take place at home. Twenty-four and 48-hour deliveries in the hospital are becoming more popular.

(4) *Midwifery home help*

This is a partly trained nurse-cum-home-help, paid by the Cross fund, who stays with the pregnant woman before and after her delivery, usually for about ten days. Her hours of work are usually from 0700 to 1900 hours, but occasionally she lives in. She does the housework, cleaning and shopping, for the household and also assists the doctor or midwife during the delivery.

(5) *The pharmacist*

In Holland, this is a well trained person with a seven-year university education. There are only 850 at present, as about one third of doctors still do their own dispensing. The pharmacist confines his activities solely to dispensing and does not run a chemist shop.

(6) *The psysiotherapist*

He or she may work in hospital but may also work privately. Some of the doctors I spoke to include him in their concept of the team.

Acknowledgements

I wish to thank the Royal College of General Practitioners, and through the College, to Mr Ellis Stanning of Lloyd's Pharmaceuticals, for the award of a Stanning overseas fellowhip.

I also wish to thank Professor van Es and the members of his department, the members of the other departments of general practice I visited and the doctors in the Institute of General Practice and the Dutch College, who spent so much time and effort describing their work to me in English.