

The Annual Congress of the Dutch College of GPs

We have a lot to learn from the Dutch College of GPs when it comes to finding a winning formula for an annual meeting. In fact, having attended the 2005 meeting in the Hague last month to give (to my astonishment) its opening keynote address, I think we have a lot to learn from the Dutch. We have a lot in common with them, including, most importantly on this occasion, a common language — 95% of the entire population can converse in English. General practice in the Netherlands is similar to ours and it is undergoing similar changes. And Dutch GPs share British GPs' ambivalence towards what is happening. As the conference chairman, Henk van Weert, said when he invited me, '... your book *The Paradox of Progress* gives word to feelings, that are found by many Dutch GPs.'

He also said, in a subsequent telephone call, that they expected between 1200–1500 attendees — one-third of all the GPs in the Netherlands. I didn't really believe this could be so, but on the day the number was 1600. They filled the World Forum conference centre in the Hague and its auditorium which seemed about the size of the Royal Festival Hall. Our nearest equivalent, the College Spring Meeting, peaked at 600 attendees a couple of decades ago in Oxford, and dwindled to a couple of hundred before being abandoned for this year. How do they do it?

For one thing, the Dutch combine unpretentious informality with meticulous planning in a way which is their own. There was, for example, a full rehearsal the day before — every word and every slide of the main hall programme. Enabling me to practise my opening sentence in Dutch and to adjust things in response to their suggestions. Would I, for example, say something about 'join-up-the-dots-and-there-will-be-a-right-answer-to-everything' medicine because

another speaker had been asked to pick up on that. So an hour back in the hotel room with my laptop and I have a new presentation and a modified text on my memory stick, to be efficiently loaded up and printed out, respectively, by the technicians a few minutes later. Then my wife and I and the conference organising committee all catch a tram down town for a brisk walk past the parliament buildings and a meal in a fusion restaurant.

On the day of the conference there were no cars at all at the convention centre, everyone came by public transport. Cheerful doctors approaching in waves from the tram stop. Trains converging on the Hague packed with GPs, contributing to the party atmosphere, which evidently attracts people back year after year.

It is a single-day conference, always on a Friday, just for GPs, with a complete range of ages. Including 200 or so trainees, at a reduced charge. Each year the conference has a different venue and a different theme — this time it was cardiology. There was a balance of serious academic material, a panel-game-like cardiac risk-factor quiz, and a closing musical satire by a band of GP jazzmen. The proceedings were conducted with a kind of elegant, courteous informality which I found completely admirable. This atmosphere continued in the evening when about half the delegates reassembled in a magnificent deconsecrated church in the centre of town for a great meal and an absolute ball. But definitely not black tie.

The congress title — 'Het hart op der juiste plaats', 'To wear one's heart in the right place', showed not only that we share the same sayings, but caught our shared realisation that there is a right and a wrong way to apply the new, target-driven, audited style of practice. I pointed out a Netherlands' flag I had placed on my website, which clicks to a special

page of links of information on the UK QOF system and makes it easy for them to compare the 'performance' of any practice. The page received more than 50 visits from the Netherlands during the weekend following the conference.

But I think the thing that made quite a lot of them tell me that my talk was 'inspirational' was that I put words to the feelings of many Dutch and British GPs, that patients in the brave new world of technology need the human qualities of traditional free-range doctors more than they ever did. And that politicians and bureaucrats, poor things, are the last to be able to see this.

James Willis