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A SNAPSHOT OF GENERAL PRACTICE IN EUROPE

Amidst all the hard work and concentration required while training to be a GP in the UK, we rarely get the chance to think about how our colleagues in Europe are faring, or, indeed, how they qualify to become a GP. This gap in knowledge was filled by a lucky group of us who participated in an excellent exchange programme in the Netherlands organised by the hospitable Dutch trainees.

The aim of the visit was to assemble nearly 40 aspiring or newly qualified GPs from all over Europe to participate in a busy educational programme while staying with a Dutch trainee. This allowed us to learn from each other about general practice in other countries, while also giving us a special insight into the Dutch system.

Training in the Netherlands consists of 2 years at a general practice, fulfilling a role similar to the GP registrar, and a year of posts in acute medicine, general medicine, and psychiatry. It was interesting to note the obvious importance of communication skills in the Dutch training, much the same as in ours. Multidisciplinary involvement also plays a major role, and our lasting impression was of the similarities between the Dutch and the UK medical systems.

As well as spending time at a general practice, we attended the weekly education day for trainee GPs at the local university; here, time is spent discussing guidelines, difficult cases encountered that week, and general issues around training. That particular week there was an opportunity for us all to explain how general practice training worked in our respective countries, including any problems and how people were striving to overcome them. The German and Italian trainees were notable in their current enthusiasm for setting up organisations and events for their trainees, as until now there has been little central focus for aspiring GPs during their training. The Portuguese trainees defended the fact that their system still had a single named GP to care for a patient and his or her family, arguing that this was the essence of being a 'family doctor'. The Greek trainee was impressed by the computerised records we have available in the UK and in the Netherlands.

With regards to consultation length, most trainees were envious to hear that the Swedish have a minimum of 15 minutes per patient and

up to 1 hour for mental health issues. However, Croatian and Slovenian GPs see up to 60 patients per day. It was also interesting to learn that Dutch GP trainees now have the opportunity to complete a 6-year combined PhD and vocational training scheme. Although there are still only 40 posts like these available in the Netherlands, already around 20% of their recent international publications have come from trainees in these posts.

The exchange was a great success, both educationally and also in helping to build professional and social links between European GP trainees. There are, in fact, other formal opportunities to become involved in such ventures, which have perhaps eluded UK trainees for too long. There is a programme called Hippocrates,¹ which arranges exchanges between foreign GPs and can hopefully be developed further in the UK. There is also, of course, the annual Wonca Europe conference, which this year takes place in Basel, Switzerland.² Attached to Wonca is the Vasco da Gama Movement³ that aims to develop links among aspiring and newly-qualified trainees across Europe. The Vasco da Gama Movement has the specific aims of improving training, research and opportunities for exchange during GP training and the first 5 years of qualification.

In summary, the possibilities for more European involvement by UK trainees are growing, and rightly so; the success of the Dutch exchange highlights the huge benefits to be gained from participation in such schemes.

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You may also find the following website useful:
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