

# Hippokrates Exchange Programme

## Final Report

---

### Report of my Hippokrates Exchange Experience:

**Name of Visitor: Duveken Voors**

**Email of Visitor: dvoors@doctors.org.uk**

**Country of Visitor: United Kingdom**

**Name of Visitor's National Exchange Coordinator: Madeleine Ginns**

**Email of Visitor's National Exchange Coordinator: Madeleine.jic@gmail.com**

**Name of Host: Aart Medema**

**Name of Host Practice: Huisartsen Praktijk Java Eiland**

**City & Country of Host: Amsterdam, the Netherlands**

**Name of Host's National Exchange Coordinator: Marieke Romkens**

**Email of Host's National Exchange Coordinator: hippokratesnl@gmail.com**

**Dates the Exchange took place: From 01/11/2010 to 12/11/2010**

During the first two weeks of November 2010, I was fortunate to participate in a Hippokrates exchange in a GP surgery in Amsterdam, the Netherlands.

Thanks to VdGM links this was easy to organise and I was quickly linked up with my host Dr. Aart Medema and his GP surgery 'Huisartsen Praktijk Java Eiland'. I took the opportunity to go to Amsterdam during my maternity leave, which meant I did not have to request special study leave for the exchange. Although I have lived in the UK for many years, I was born in the Netherlands and therefore speak fluent Dutch - which was a great advantage! It also meant I could stay with my parents and cycle to the practice, whilst my parents looked after my five month old daughter.

The 'Java Eiland' practice is situated on one of the islands in the waters of Amsterdam harbour. It is a relatively new manmade island with modern blocks of flats overlooking the water and has a population of about 16,000 mostly white, young, middle class citizens. Eight thousand of these people are registered with the practice, which is a partnership of four GPs, with a GP registrar and five 'doctor's assistants'. During my visit, I observed consultations with my host and his registrar, as well as the doctor's assistants. I went on home visits, participated in meetings and flu vaccination clinics, and accompanied the registrar to his GP VTS training day on two occasions.

---

# Hippocrates Exchange Programme

## Final Report

---

On reflection, there are many more similarities than differences between UK and Dutch general practice. Like in the UK, Dutch primary care is very well established and GPs act as the first port of call and gatekeeper for all patients, making referrals to secondary care and community services. Practices are run as solo practices or partnerships, with partners, salaried and locum GPs. Larger health centres are also a growing phenomenon with several practices often sharing a premises.

The biggest administrative difference is that there is no NHS in the Netherlands and that healthcare is funded by a complex insurance system with over 50 different insurance companies. Patients are obliged have a 'basic health insurance package' which includes all standard primary and hospital care, medicines etc. The Department of Health decides what is included in this basic package. Patients can then pay for additional cover for dental care, or complementary medicines and other services.

In reality, this means the administration and payment of the GP practice is complicated and not based on targets or results as in the UK. GPs are paid a fixed amount per patient per year, and then varying sums for each consultation, phone calls, medical intervention and so on. In the Java Eiland practice, there was no practice manager or full time administrative staff, so the partners and their assistants administered these transactions.

Each GP has a list of about 2000 registered patients and in this particular practice, each GP made every effort to see his own patients, including home visits and emergencies on the day. I found this worked very well in contrast to the practice where I work in the UK, which has over 20,000 patients so they rarely see their 'own' doctor. Appointments were 10 minutes long and 5 minutes for phone calls and could be made in advance or on the day, with slots reserved for emergencies. The GPs worked from 8am until 11am, then an hour for phone calls or emergencies. They all sat down for lunch at the table together and then went on home visits etc before the afternoon surgery. Everyday, my host and I visited the same terminally ill patient receiving palliative care at home, and I felt that this continuity of care was very important for the patient and his family.

Unlike in the UK, the receptionists are trained 'doctor's assistants', which means they have a general medical knowledge and have the advantage of being able to triage over the phone. Similar to practice nurses, they are also trained to do lab work like dipsticks, vaccinations, wound care, smears and so on. They rotate from reception to seeing patients and are also responsible for a large part of the administrative work. Some of the assistants undertake

---

# Hippocrates Exchange Programme

## Final Report

---

further training to specialise in chronic disease care like diabetes. I was able to observe one of the diabetes clinics in the practice, which worked in a similar way to how our practice nurses run their services.

During the consultations we saw a variety of patients and I was relieved that I was able to understand Dutch and therefore appreciate the cultural nuances and consultation skills of the doctor – although many patients did offer to speak English. Patients came with many complaints ranging from coughs and colds, chronic problems, minor surgical interventions to psychological and social issues. The most striking difference here was that patients are able to request euthanasia in the Netherlands- and several did whilst I was there. One patient came with a large bouquet of flowers to thank my host GP and his registrar for having helped her sister end her life the previous week. She also wanted to sign the necessary documentation for her own voluntary euthanasia and was referred to the euthanasia foundation website. Without entering into a whole discussion about the ethics of euthanasia in this report, I must admit that it was a real eye-opener for me.

The GP registrar in the practice, who was also present during the patient's voluntary euthanasia, relayed his experience during the VTS training session. Similar to our UK VTS, the trainees have a session each week where they share interesting cases and work experiences. I was privileged to participate and able to tell them a little about general practice in the UK.

In fact the GP training structure is very similar to the UK, with 3 years training in hospital and general practice. However they spend the entire first year and third year in general practice and rotate through several specialties like A&E in hospital during their second year. They also attend VTS training once a week, but have much more structured teaching curriculum with two exams each year. I was surprised to hear the trainers also have to do an annual exam. Whilst in the practice, trainees have one educational supervisor/trainer and are able to ask for advice at any time during the consultation. They also discuss their patients at the end of the surgery and have weekly tutorials and a work experience log to complete, similar to the e-portfolio.

Apart from the differences already discussed, there appeared to be a larger amount of community support for GPs in the Netherlands. For example, every employee must see an occupational health doctor for any work related health issues, and consequently the GP never has to write a 'fit' note or discuss returning to work with patients, which seemed to save much time and hassle for the GPs. Furthermore, the child health clinics are staffed by doctors who

---

# Hippokrates Exchange Programme

## Final Report

---

specialise in community child health (although they are not paediatricians), rather than by health visitors. This means that these specialists complete all the baby checks and developmental surveys and parents are required to attend regularly with their children for the first 3-5 years. This additional community support relieves some of the GP's daily pressures, and things seemed to run more efficiently as a result.

The efficiency of the health service in the Netherlands was very evident to me. From personal experience with my parents, who have been patients both in the UK and the Netherlands, I have seen that referrals are much faster and clinics are more efficient in the Netherlands. Prescriptions are sent electronically to the pharmacy and GPs have access to the hospital results system, which also helps improve patient care. But overall, I would say that patients receive the same quality of care and service in both countries and both the UK and Netherlands have an exemplary primary care system.

I could go on writing for many pages about my exchange in Amsterdam, but I would like to conclude here by saying that I was very warmly welcomed by my hosts and made to feel very much at ease in the practice. It was a very interesting and culturally enriching experience which I would recommend to all GP trainees and I now feel confident that I could perhaps work as a GP in the Netherlands myself one day.