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General Practitioners

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Participant report

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Erasmus exchange to the Netherlands – March 2020

I am a British GP registrar based in Manchester, currently in my second year of training. I have completed an Erasmus exchange to Zevenaar in the Netherlands. This experience has gifted me an abundance of things to write about, but for the sake of being succinct I will mention only the most important.

Zevenaar is a small city in the East of the Netherlands, close to the border of Germany, with a population of around 30,000 people, similar in size to the town where I work in the UK, Denton. The nearest large city to Zevenaar is Arnhem, the population of which is around 150,000. This contrasts to the nearest city to Denton, Manchester, which has a population exceeding 500,000.

For two weeks I shadowed a very kind GP, Dr Mieke Smits. I was welcomed into her family home and she showed great generosity in allowing me to stay with her for the duration of the placement. Dr Smits works independently as the only GP in her practice. She is part time, working on average 3.5 days a week. She employs a locum doctor to cover the remaining sessions but will often help out for a few hours during busy periods. Her practice, like others in Zevenaar, is small with 2450 patients and the equivalent of one full-time doctor. The other staff needed to help run the practice include a nurse practitioner, the practice manager and four assistants.

The nurse specialises in frailty and manages chronic diseases such as diabetes, heart failure and COPD, a role I observed to be like that of nurse practitioners in the UK. She works closely with the GP; between them they will do all home visits and attend patients they have at local nursing homes.

Of the assistants, three are 'medical' which means they help with testing urine samples, checking patients' blood pressure, blood sugar and point of care CRP testing. They take calls and triage patients, will have consultations and book patients in to see the doctor. Their role





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encompasses the UK equivalent of a healthcare assistant, a receptionist and a secretary rolled into one. The other assistant focuses on mental health. She sees all patients known to the practice with mental health problems, from simple work stress to severe depression or schizophrenia. This role as a mental health professional, frees up a lot of time for the doctor and can bridge the gap both for unwell patients that don't need medical intervention, or those awaiting secondary care. I am not aware of a similar role in the UK, but it is invaluable in Zevenaar. Decision making with regards to treatment and ongoing care is done in partnership with the GP, who is also the responsible prescriber.

Healthcare in the Netherlands and the UK is comparable in many ways. Perhaps this is because – and I must rely on the honesty of the Dutch people who have informed me - the Netherlands tends to follow the UK's lead, adapting ideas, structures and systems to fit their culture. Day to day life is similar. The working days are from 8am-5pm, consultations are 10 minutes long and all documentation needs to be recorded clearly and concisely. Due to the ever-increasing demand on healthcare, a lot of secondary care management is being pushed into primary care in both countries. The GPs in the Netherlands, like us in the UK, use a complex computer system which allows them to document, prescribe, review hospital letters etc all in one place. All referrals are done through an online system, which links to the primary care computer system to send through all relevant information. This simplifies the UK system where there are several ways to refer to different specialties.

Whilst there is much alike between the two countries' modes of operating, they are not without differences. The big practices, or "health-centres" we have in the UK exist in the Netherlands, but so far Zevenaar has resisted. One of the advantages I witnessed of running small practices, is that the GPs know all their patients well. It was evident from the consultations, that this good relationship improved both the GP's life and the patient's experience. They build each other's trust during early encounters, enabling those in the future to be better. Perhaps the most important difference I noticed was that at 10.30am every day, the team sit down for a coffee break together, which I fully enjoyed! This is used for both professional and personal conversation.

Dr Smits spends very little time on the phone to patients, contrasting markedly with practice in the UK. Triage is done by the assistants and she prefers to see patients face to face to discuss most matters. This is facilitated by short waiting times to see a GP. Typically, a patient will be seen on the same day or the following day. It is, therefore, not uncommon for





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her to see a patient face to face when a telephone consultation may have sufficed. This is a huge difference compared to the month-long waiting lists back in the UK. Similarly, with referrals to secondary care, waiting times are generally shorter than the UK. The “2-week-wait” for suspected cancer referrals, for example, does not exist. This is because a patient would be seen within a couple of days or often later the same day! Some of these advantages may stem from the financing of the healthcare system in the Netherlands. All patients must have insurance, which varies in price according to the level of cover. Access to a GP is free to everyone, but secondary care and other services in primary care such as physiotherapy, must be paid for. It can be reimbursed by the government for those unable to afford adequate insurance. Obviously, this contrasts with the National Health Service which provides free healthcare to all residents in the UK. I should point out that a quick appointment is not the case for all secondary care services. Mental health teams face pressures like those in the UK and have waiting lists of up to a year

During my stay, Dr Smits had an Out of Hours (OOH) shift, as is mandatory for all GPs to engage in. This allows continued experience in acute presentations whilst ensuring essential access to primary care for the public in surrounding areas. As the only GP at a practice, it can be a struggle to find adequate cover, especially in a time when locum doctors are expensive and hard to come by. Although I do think it is important GPs don't get de-skilled in dealing with acute problems, it is an added strain on an already demanding job forced upon the doctors. We have a separate organisation in Manchester which runs the OOH service, but shifts are optional, and some GPs do this as a full-time career.

As a GP registrar, I was keen to gain insight into the GP training programme in the Netherlands. Unfortunately, the trainee at Dr Smits practice left prior to my exchange, but I was able to briefly speak to a trainee at another practice. The basic principles are the same, spread over 3 years with time both in general practice and rotating hospital specialties. They have teaching once a week, and each have their own supervisor supporting them through their training. However, they have two full years in general practice, their first and third years, whereas in the UK it is a year and a half. During both periods in primary care, they must also show competency in independent practice. This is done by running the practice for two weeks without a qualified GP on site. This is not something that takes place in the UK, as we always have access to a supervisor. The other slight difference is the specialty rotations in their second year are always A+E, psychiatry and care of the elderly. Our rotations vary depending on availability and service need. Overall, I do feel we train GP's in a similar fashion.





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Communication skills are the core of a consultation and we spend a lot of time in our training trying to perfect this art. I spent time observing consultations with both Dr Smits, the nurse and the assistants. Most of them were in Dutch, and they would give me a translated summary either in the middle or at the end. Although I don't speak Dutch, I fully respected a patients' wish to speak in their own language when seeing their doctor. A few patients were happy to practice their English which was very kind. This meant I was able to appreciate the non-verbal communication during Dutch consultations, and the verbal communication skills in English. These are the same as in the UK with patient centred consultations being pivotal, using various communication styles such as motivational interviewing.

Going to the Netherlands, I wanted to find out more about euthanasia. Euthanasia is the process of intentionally ending someone's life to relieve pain and or suffering at their request. Before I went, I had a vague idea of what it entailed but did not know how I would feel with a better understanding. In the Netherlands, it had been legal since 2002, with strict regulations in place. There are 2 doctors involved before it happens, and afterwards the 'killing' is investigated, and if deemed to have been carried out within the law, then the doctor is cleared of any charges. All the data regarding euthanasia is available online, so everything is public knowledge. Having spoken to both doctors and patients, it seems to be accepted and appreciated. Although it is not in the conventional definition of a doctors' role, they interpret it as respecting autonomy and ending suffering of a patient who will not recover. It is not common practice in the Netherlands, the GP's I spoke to have done 1-6 over careers of 25-30 years. Many patients will ask about euthanasia, but near the end will not opt for it. Instead, they are comforted by having the option. In the UK it is still not accepted, but I do think we're are moving towards a nation that will legalise euthanasia, and I am supportive of this. The Dutch system gave me hope that it can be done appropriately and safely.

This unique experience has been insightful and interesting. I was amazed at how many similarities we have and have learnt a lot about our differences. Discovering the process of euthanasia has been incredibly interesting, and I am sure will stimulate a lot of discussion in the UK. I thoroughly enjoyed my time in Zevenaar and would highly recommend this opportunity to anyone considering it. I would like to thank Dr Smits and her family for looking after me and showing me the "Dutch life", and to everyone at her practice, her colleagues and patients who gave up their time to speak to me.

