УДК 614.25:362.121(492)

General practice in Netherlands: professional training and organization of medical care

V.I. Tkachenko, O.I. Alekseichenko
Shupyk National Medical Academy of Postgraduate Education, Department of Family Medicine, Kyiv, Ukraine

The collaboration of Ukrainian movement of young general practitioners (UMYGP) with the Dutch organization LOVAH (Netherlands) provides the opportunity for many young Ukrainian general practitioners/family doctors (GPs) to take part in experience exchange programs that include 1 day visiting practice of Dutch GP, 1 day participation at GP professional training at university and 2 days participation at the conference in family medicine.
The article represent the received experience from dutch exchange program about features of professional training of family doctors, organization of primary care, working day of family doctor, using computer registration system. The experience and active work of the UMYGP representatives allows young family doctors to gain international practice, promote the status and prestige of the general practice/family medicine in the country, especially among young people, helps to improve the development of family medicine in Ukraine, medical and scientific specialty «General practice-family medicine».
Key words: *exchange programs, international experience, primary care Netherlands.*

The collaboration of Ukrainian movement of young general practitioners (UMYGP) with the Dutch organization LOVAH (Netherlands) provides the opportunity for many young Ukrainian general practitioners/family doctors (GPs) to take part in experience exchange programs that include 1 day visiting practice of Dutch GP who have expressed a desire to demonstrate the organization of their work, 1 day participation at GP professional training at university and 2 days participation at the conference in family medicine. Typically, around 25-30 representatives from different European countries usually participate in the exchange programs, that allow to come up with the healthcare system of the Netherlands, which is considered the best among European countries (according to the Euro Health Consumer Index).

Professional training of family doctors. In the Netherlands, to become a family doctor you need to study for six years in the university (common to all medical specialties), and three years as a junior practitioner (intern). After completion of internship you need to pass a «family medicine» specialization (three-year residency). First and third year of training takes place at a GP practice. The second year of training consists of six months training at an emergency room, or internal medicine, pediatrics or gynecology, or a combination of a general or academic hospital, three months of training at a psychiatric hospital or outpatient clinic and three months at a nursing home (verpleeghuis) or clinical geriatrics ward/policlinic. During all three years, residents get one day of training at university while working in practice the other days. The first year, a lot of emphasis is placed on communications skills with video training. Although this is the most massive specialization in the Netherlands, there is always a competitive selection, and after the first year of training, about 10% of residents are dismissed with a recommendation to try themselves in other disciplines, since they can not become good family doctors in terms of knowledge, attitude or communication skills. After the second and third year, residency expulsions are almost nonexistent. During studying in a resident, two night duty hours per month in the round-the-clock office of the next family doctor at emergency points are also obligatory. After completing the 3 year residency and passing the exam, during which the teachers evaluate about 5 videos of patient consultations, a new GP will be entered in the national register.

Organization of primary care. All GPs in the Netherlands are legal entities that carry out private practice, which is a customer of the insurance company and the state.

The status of GP in the Netherlands is private (each is a legal entity), but patients' admission is free, as are medicines from a list of vitally important for all population groups, including antibiotics, antihypertensive drugs, etc.

The income of a family doctor is affected only by the number of the fixed population, and not by visits, so there is no need to pursue quantitative indicators.

An average of 2,300 patients are assigned to a family doctor in the Netherlands. At least 1000 people (otherwise there will be no practical experience) and no more than 2700 (quality will suffer). All inhabitants of the Netherlands are registered with a GP of their choice. An important requirement is territorial proximity to the doctor: with an urgent visit, he must be able to reach the patient in 15 minutes. The patient can not change the chosen GP more often than once every six months. The doctor may also initiate the termination of the relationship with the patient if there is no trusting relationship. It disciplines patients, because GPs do not welcome those who very often change their doctor. A GP has a mixed reception. Pediatricians in the Netherlands are classified as specialist consultants, they work in children's departments of hospitals.

For a fixed patient, regardless of the number of actual applications, the doctor receives from the insurance company 120 Euros per year. A family doctor forms a budget, which he distributes to his salary and nurses, the organization of duty at an inopportune time, the maintenance of equipment, the maintenance of personal transport, the enhancement of professional postgraduate training. The costs for hospitalization, compensation of the cost of prescribed prescriptions, consultations of narrow specialists are paid separately by the fund for compulsory medical insurance. An ordinary physician who is not a group practitioner but simply invited to work by contract earns an average of 3,000 Euros a month (average salary in the Netherlands – 1,000–1,200 Euros).

The work of a general practitioner is supervised by an insurance company. For quality control the insurance company does not check individual cards, but monitors only negative trends: for example, a very large number of antibiotics had written out – in comparison with other GPs. Annually, the insurance company presents a report on the results of GPs work - the number of extracts of major groups of medicines, referrals for counseling, hospitalization. A doctor can compare his indicators with the figures of colleagues from neighboring areas and, if they are very different, draw conclusions.

Under the contract with the insurance company, the GP provides together with colleagues the availability of medical care 24 hours a day 365 days a year. So, family doctors are joined in

large groups (40–50 people), distributing the schedule of duties during non-working hours (from 17.00 to 23.00, from 23.00 to 8.00), and also on Saturdays and Sundays (in shifts) in the territory of residence 60–80 thousands of people. Each GP has 3-5 such shifts per month. During the duty as the ambulance 3–5 GPs and the same number of nurses work at the same time: few doctors are conducting a routine reception of patients who independently arrived at the reception room, another one - directs the work of nurses who provide telephone consultations in accordance with the questionnaires for common problems. They also make decisions about the patient who needs a simple telephone consultation, who needs the visit, and who can come to the doctor himself for an appointment. Telephone consultation always ends with a request to call again, if the condition has not improved or doubts remain. Finally, there is a shift doctor who works on the road with the driver for home visits. On the next duty roles of doctors are changing. The duty at emergency care are highly paid, since it is after-hours work, and in some cases also at night. After the night duty the GP has a day off at the reception next day.

The main burden of the profession is participation in on-duty emergency care at home, in parallel with the need to conduct a rich reception during normal working hours. The ambulance (reanimobile) in the Netherlands makes visits less often than we do – only 40–50 visits per year per 1000 population (in cases of car accident, coma in a public place, etc). The ambulance does not go for a simple increase in temperature, pressure, severe headaches, abdominal pain: the patients are given the coordinates of the family doctor on duty. All rough work on filtering appeals during non-working hours is performed by family doctors.

Computer registration system. Computers completely supplanted paper carriers, patient cards. The last 4–5 years are not used at all in the country: the maintenance of cumbersome registries was expensive. Records in the computer have the value of the document, all corrections are retroactively fixed indicating who and when corrected the information. They are laconic, free text and without stamps. When the disease «requiring diagnosis» is coded in the «diagnosis» column, 2–3 options for prescribing medicines are displayed on the screen in accordance with the available recommendations. One click with a mouse – and the recipe is printed on the printer; remains to put a stamp and signature. If an allergy or an adverse reaction has previously been fixed on a medicine for a given patient, the computer will «remind» about the incompatibility. However, the most valuable property of computer registration is the availability of information for the family doctor on duty in providing emergency care for all patients in neighboring areas.

Working day of family doctor. The working day starts exactly at 8.00. Doctors and nurses (doctor's assistant) wear ordinary clothes. The explanation is simple: a white robe emphasizes paternalism in a relationship, not a partnership. It is believed that it does not affect the possibility of preventing transmission of infection; rather, vice versa. In addition, children can be afraid of a white coat. If you have to carry out small surgical procedures, the doctor wears a disposable.

The GP begins consultation with patient with a handshake, whether male or female. The consultation is one on one with a doctor without a nurse. The dialogue starts with the question: «How can I help you?». GP pays a lot of attention and time to questions about the causes, in the opinion of the patient himself, of his complaints, their possible connection with stresses, troubles, and specifies the patient's expectations from this consultation. «Average» 10 minutes at the reception does not imply a complete objective examination of all patients – with palpation of the abdomen, examination for scabies, pediculosis, oncology, interrogation for doses. The scope of the examination is always determined by the presented problem and complaints. Sometimes it is minimal or not carried out (with purely psychosomatic complaints, it is only possible to measure pressure). The main advantage of family practice is long-term contact with a particular patient, when for a few years there is a trusting relationship between a series of short consultations on a variety of occasions (from treating children in the family to applying several stitches to the «daddy's» wound after a sports injury).

Usually, GP has an average of 30–35 patients' visits per day, about 10 telephone consultations, one conversation with a person with psychosomatic complaints. Thanks to the preliminary recording, there are no queues. Discontent in patients occurs when the doctor deviates from the schedule of consultations for more than 20 minutes from the appointment time, which is extremely rare. At all stages, starting with the registry, confidentiality is observed: each patient comes alone, the rest (if any) wait their turn in the distance behind the red line (as in a bank), so that others can not hear whom he wants to address and with what.

The GP copes with a heavy load, he deals with the similar problems as in Ukraine: acute respiratory viral infections, lumbago, chronic diseases (AH, type 2 diabetes, bronchial asthma, chronic heart failure, peptic ulcer disease of the duodenum), minor injuries and bruises (including small sports), skin rashes. However, in the Netherlands, the proportion of patients with psychosomatic problems, anxiety disorders and depression diagnosed by GPs is much higher (up to 10% of all visits). But Dutch GPs released from a number of functions. For example, they do not deal with the examination of disability – it is the prerogative of the district health service in the workplace. They do not give a medical certificate to the school, kindergartens for children, exemption from physical education, do not conduct physical examinations of students – this is the case of the school doctor of the municipal center of public health (every three years), and the children are invited with their parents to his office. Unbelievable, but doctors do not compile medical statistical reports – even on morbidity and visits.

At 10.30 am it is the middle of the shift and reception. It is another way of literate planning of medical time. For this interval patients are not appointed and there is a coffee break from 10.30 to 11.00 am. If the doctor violated the reception schedule, then by reducing the time for a break, he can avoid forming a queue. On the other hand, there is an opportunity to take a breath to accept the rest of the patients.

13.00–13.30 – telephone consultations (on the day of 6–8). The rest of the time, the nurse answers calls, connecting with the doctor only in emergency situations. The most frequent reasons are clarification of the results of laboratory and instrumental examinations, advice on correction of supportive treatment, a request-reminder to prepare in absentia a repeated prescription (type 2 diabetes, AH) for maintenance treatment with stable patient status. The latter will take the prepared prescription without going to the doctor. The usual rule is a full-time medical consultation every three months for chronic, stable diseases. The schedule provides time for urgent consultations (on the same day).

After a small lunch (13.30–14.00) – the reception of patients with anxiety and depressive disorders, during which you need to ask about the effects and side effects at the beginning of the use of antidepressant drugs, adjust to the optimal solution of problems.

15.00–17.00 – home visits (1–2 per day), once a week – visiting patients in a nursing home under an additional contract. Before going home to the patient, the doctor on the phone again clarifies the reason for the call. If the patient's condition allows, the doctor motivates the patient to visit office the next day.

At 17.00 the GP office closes. The phone is put into an autoresponder mode: the number of the family doctor on duty in this area is reported, or the device automatically switches to the number of the family doctor on duty. If the patient calls the

doctor after working at his home number, then he can forward it to the family doctor on duty or – with a simple question – he will give advice, although he does not have to do this.

CONCLUSION

Analyzing the healthcare system in the Netherlands, the following steps have to be taken to improve the health care system in Ukraine: improving the training system of family doctors, improving clinical protocols for medical care, implementation of insurance medicine and e-documentation, providing equipment for workplace of family doctors, providing family doctors with decent wages and motivation, promotion of this specialty among young people, creation international government funding programs for sharing experiences.

The experience and active work of the UMYGP representatives allows young family doctors to gain international practice, promote the status and prestige of the general practice/family medicine in the country, especially among young people, helps to improve the development of family medicine in Ukraine, medical and scientific specialty «General practice-family medicine».

Общая практика в Нидерландах: профессиональная подготовка и организация медицинской помощи

В.И. Ткаченко, А.И. Алексейченко

Сотрудничество Украинского движения молодых врачей общей практики (UMYGP) с соответствующей голландской организацией LOVAH (Нидерланды) дает возможность многим молодым украинским врачам общей практики/семейным врачам принять участие в программах обмена опытом, которые включают в себя однодневное посещение практики голландского семейного врача, однодневное последипломное обучение в университете и 2 дня участия в конференции по семейной медицине.

В данной статье представлен полученный опыт по окончании данной программы об особенностях профессиональной подготовки семейных врачей, организации первичной медицинской помощи в Нидерландах, особенностях рабочего дня семейного врача, использования электронной медицинской системы. Опыт и активная деятельность представителей UMYGP позволяют молодым семейным врачам приобрести международный опыт, продвигать статус и престиж общей практики-семейной медицины в стране, особенно среди молодежи, помогает улучшить развитие семейной медицины в Украине, как медицинской и научной специальности.

Ключевые слова: *программы обмена опытом, международный опыт, первичная медицинская помощь, Нидерланды.*

Загальна практика в Нідерландах: професійна підготовка та організація медичної допомоги

В.І. Ткаченко, О.І. Алексейченко

Співпраця Українського руху молодих лікарів загальної практики (UMYGP) з відповідною голландської організацією LOVAH (Нідерланди) дає можливість багатьом молодим українським лікарям загальної практики/сімейним лікарям взяти участь у програмах з обміну досвідом, які включають в себе одноденне відвідування практики голландського сімейного лікаря, одноденне післядипломне навчання в університеті і 2 дні участі в конференції з сімейної медицини.

У даній статті представлений отриманий досвід по закінченню даної програми, висвітлені особливості професійної підготовки сімейних лікарів, організації первинної медичної допомоги в Нідерландах, особливості робочого дня сімейного лікаря, використання електронної медичної системи. Досвід і активна діяльність представників UMYGP дозволяють молодим сімейним лікарям отримати міжнародний досвід, просувати статус і престиж загальної практики-сімейної медицини в країні, особливо серед молоді, допомагає поліпшити розвиток сімейної медицини в Україні, як медичної та наукової спеціальності.

Ключові слова: *програми обміну досвідом, міжнародний досвід, первинна медична допомога, Нідерланди.*

Сведения об авторах

Ткаченко Виктория Ивановна – Кафедра семейной медицины Национальной медицинской академии последипломного образования имени П.Л. Шупика, 04112, г. Киев, ул. Дорогожицкая, 9. *E-mail: witk@ukr.net*

Алексейченко Александра Игоревна – Кафедра семейной медицины Национальной медицинской академии последипломного образования имени П.Л. Шупика, 04112, г. Киев, ул. Дорогожицкая, 9

Статья поступила в редакцию 17.09.2018