Education of the General Practitioner in Leyden and the Other Medical Schools in Holland*

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SUMMARY

The new medical curriculum and specialization in the Netherlands are discussed. In Leyden a 'peripheral clinic' has been established where 128 GPs work together with the university. The idea of a junior co-assistantship of only 3 days in the second year is introduced. The student gets a mentor (GP) and a family in the practice of his mentor. He visits this family several times a year during 4 years. The subject of 'choice-education' is discussed and a description given about the system of 'medical problem solving' as it is used in Leyden.

During the last few years medical education in the Netherlands has led to intensive discussions and many plans. Until now there has been no specific training for general practitioners in Holland. In a curriculum lasting 7 years the university educated all students for a uniform examination for medical doctors. With no further training every doctor could establish himself as a general practitioner after this examination. Future specialists had to follow a special training of 4 or 6 years, medical health officers for 2 years.

In the new curriculum there will be 6 years' training, the same for all doctors, concluded by an examination as an assistant doctor. After that there will be courses for specialization: 2 years for medical health officers, 4 to 6 years for specialists, depending upon the subject, and 1 year for general practitioners. This training of the general practitioner will take place in a hospital for 5 months, for 5 months in a general practitioners' practice and for some weeks in the institute of general practice connected with the university.

These are the rough outlines and during the coming years when this special training will start, we hope to find a definitive form. Probably the execution of the basic programme until the examination of the assistant doctor will differ from university to university. All universities in Holland have now already started the new curriculum preceding what we call 'the 7th year'. In the training for general practitioners we can of course not restrict ourselves to the 7th year, but in the preceding 6 years we have to include an important part of general practice, especially because this is the only way for the future specialists and medical health officers to become acquainted with general practice.

Not all universities in Holland are at the same stage in the new curriculum. In Utrecht, where Dr Jan van Es, who visited South Africa 2 years ago, is professor of general practice, the new curriculum started 6 years ago, so in 1971 the first year of training in general practice will start. During the next few years the same will happen in the other universities. Every university has its own method of dealing with the problem. Twice a year there is a meet-

It seems that until now medical education throughout the world was very strongly 'discipline oriented'. This had its educational advantage, but also its disadvantages. The chief disadvantage was seen to be that it became more and more impossible to fit the patients with all his problems into the scheme. It is difficult to place in one of the categories of the curriculum a 70-year-old, mentally disturbed woman, with severe diabetes, a blood urea level of 800 mg/100 ml and a badly healing fracture of the neck of the femur. It must be clear that it is not always possible to consider a patient as suffering from only one disease, as this disease allows itself to be analysed into a number of problems. So it is better to take 'problem oriented' education as a starting point.

In the procedure of 'medical problem solving' a brief case history of a patient is distributed to a group of 10 to 15 students. This is a real case and the facts are also those with which the general practitioner works in practice. The students are given 5 minutes to study these facts. The facts are arranged in a number of categories and, following the scheme of Medalie, we use these categories:

- the primary physician (Medalie: diagnostic level)
- the general doctor ("": care level)
- the personal doctor ("": personal level)
- the family doctor ("": family level)
- the community health physician

When the GP acts as a primary physician, he draws up his medical working hypothesis, that is to say formulating the symptoms, the signs and diagnoses on which his conduct of selection and treatment is based, provisional or definitive. When he acts as a general doctor he widens the medical diagnostics and treatment by registering and taking into consideration the former diseases; by the treatment of chronic diseases and multiple abnormalities and by tracing abnormalities in patients of a special risk group.

When he acts as a personal doctor he is individualizing the medical care by considering the structure of the personality and the individual patterns of life of the patients in his diagnostic considerations; by adapting the treatment to the personality of the patient as much as possible and by offering himself as a sensitive medium.

When he acts as a family doctor he considers the circumstances of the environment of the patient in the diagnosis as well as in the treatment.

When he acts as a community health physician he promotes national health by individual hygiene information, by good teamwork with other institutions and by taking part in activities directed to the promotion of a healthy mental climate.

An article has been written by some members of the Leyden Institute of General Practice on this approach to general practice.³

We ask 5 students respectively to evaluate the facts in each of these categories. This is, as it were, the analysis of the problem. After this we ask one of the students to formulate the problem again, bearing the preceding analysis in mind and now we discuss in the group the alternative solutions, after which the group chooses the best alternative. This done, the group makes a plan for the treatment.

Our scheme, and that of Medalie, are used to prepare the students for the co-assistanship with the general practitioner. This is the last time we are occupied with the medical students before they start specialization. The document I mentioned before has been discussed with the host-general
practitioners and has to be studied by the students before they enter their co-assistantship. During their stay of a fortnight with the general practitioner they have to consider on which of the levels the general practitioner is working on a special case, and they have to discuss this later on with the general practitioner.

With this method we hope to ensure that the students, both future general practitioners and future specialists, learn that the general practitioner should not only think in terms of clinical diseases, but also that he meets the patient as a general doctor, a personal doctor and a family doctor, bearing in mind also the community, and in doing so, giving his own dimension to general practice.

REFERENCE

Education in General Practice in the Netherlands

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SUMMARY

With the aid of a film the training in general practice is discussed at 4 of the 7 universities in the Netherlands: Groningen, Utrecht, Nijmegen and Leyden. The differences in training methods are shown.

In the Netherlands medicine is taught at 7 universities, while in a few years an 8th faculty will be in operation in Maastricht. Each faculty has a department for general practice. We will show you the set-up of the institutes of Groningen, Utrecht, Nijmegen and Leyden. We are dealing with the education of all medical students here, not only of those who want to be general practitioners.

In Groningen tuition takes place at the institute for general practice under the direction of Professor van Deen. A university group-practice of 3 doctors, who are employed by the university on a full-time basis, is connected to the institute. The practice consists of 2000 patients. The 3 general practitioners give half of their time to the group-practice and the other half to research and group discussions with the students. In the 4th, 6th and 7th years, group discussions are held with students about capita selecta chosen in consultation with the students and about casuistics in the general practitioner’s practice.

In Utrecht a university group-practice is developing, situated outside the institute in a part of Utrecht called Overvecht. Three doctors from the institute work daily in this practice. The number of patients is expected to be 8 000 or 9 000. The institute is under the guidance of Professor Dr van Es who works in the practice of his partner for one day a week. Originally the General Practitioners' Institute of the Netherlands was set up in Utrecht without being in any way connected with the University, but mainly as an Institute of the NHG (Dutch College of General Practitioners). Now a branch of this institute, the General Practitioners' Institute of the University of Utrecht, does the work at university level, like the other institutes in Holland. The original institute remains an independent institute, one of its most important tasks being the gathering of information in the field of practice organization. Every doctor in Holland may make use of this information and there are no plans for the university institutes to enter upon this field.

Professor van Es is the first lecturer in general practice in Holland. In Utrecht there is a new curriculum and he gives lectures in the 3rd and 4th years of the curriculum for all medical students.

While in a number of university towns the professors of general practice have full-time employment at the university, Professor Huygen has a practice of his own in Lent, very close to Nijmegen, in which he is still closely involved. The institute of general practitioners is situated near the medical faculty. Three practices of independent general practitioners are associated with the institute: a large city-practice, a country-practice and a small city-practice. The doctors are employed by the institute on a 50% basis and they are aided by 3 fellow-workers who are also employed on the same basis. These 3 practices together treat 12 500 patients.

In the 3rd, 4th and 5th years attention is given to the morbidity in the general practitioners' practice, the influence of disease on the average family, and the function of the general practitioner. This is done in lectures and in discussion-groups. The students are allowed a choice between the two. In the 7th year the student has to be a co-assistant to a general practitioner for at least 4, but often 8 weeks, in which an account is given of the social-medical situation in a family in this practice. The general practitioner is present at the meeting at which the co-assistant discusses the patient about whom he made an account.

The Leyden institute is led by one full-time professor, Professor Dijkhuis, one lecturer, Dr Bremer, and 5 part-time general practitioners with practices of their own and a geriatrist who also works at a nursing home. In the lecture room a group of no more than 40 students can follow by television the examination which takes place in the consulting room. There are lectures during the first 3 years. In the 4th, a start is made with problem-solving. A so-called peripheral clinic is associated with the institute, with 128 general practitioners and about 300 000 patients.

In the 6th year the students enter the practice as co-assistants. They are present at the interviews and accompany the general practitioner when he visits his patients. After 2 weeks the students get together at the institute for an evaluation with one of the members of the staff. The co-assistantship is preceded by a course in which a number of facets of general practice are reviewed, like practice organization, morbidity, co-operation with specialists and others, medicament therapy, etc. There is a monthly lunch meeting of the members of the peripheral clinic at the institute, where a speaker deals with a subject on which we are involved at the institute or at one of the members' practices.