Hippokrates Exchange Programme

Final Report

Report of my Hippokrates Exchange Experience:

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Dates the Exchange took place: From 30th August to 3rd September (Sabina) and from 6th September 2010 to 10th September 2010 (Freek)

The exchange programme at Lambeth practice in London has been very inspiring and fun. It was a wonderful opportunity given to us during our participation as foreign GP trainees at the RCGP congress in Glasgow.

The doctors, nurses and assistants were all very warm and welcoming and they really made us feel at home in the practice. We're very grateful that Dr. Mitra and the others gave us this opportunity and if other Hippokrates practices are like this, then we can really recommend the programme to our colleagues.

We had the chance to sit in with several doctors (the two partners and two of the salaried gp's) and one of the practice nurses. Freek even accompanied the district nurse on a few home visits. During the week we managed to stay healthy doing a couple of home visits with our hosts on foot and we both played ping pong (!) in the practice during breaks. The practice is located in a very nice and spacy building in Lambeth, a neighbourhood with people from all kinds of ethnic backgrounds.

There are many similarities between the UK and the Netherlands; the type of problems patients come in with and the ways in which they present these are very similar. Also we haven't found very important differences in the way these problems are addressed and treated. But let's talk about the differences that do exist.



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One of the main differences between general practice in the UK and the Netherlands is that in the Netherlands the assistants have had a medical training and therefore do not just make appointments, but give advice to patients on the phone for simple problems. This saves time for the GP and probably explains in part why the number of patients per GP in the Netherlands is larger on average (2350) than it was in the practice that we visited (around 1800 per GP). Another difference is that in the Netherlands we are obliged to do out of hours consultations/home visits. The minimum for this is fifty hours a year.

The Quality and Outcomes Framework (QOF) is another thing that we were both interested in beforehand. We assumed working with these would be a major extra burden for GP's to deal with. However, Dr Mitra definitely did not experience it that way and managed to blend the QOFs into his consultation very naturally. With every patient there were pop-ups on the screen to remind the GP of information that was required which goes a long way in insuring standards in quality of care. The UK is ahead of us in the way these QOFs are an integral part of everyday practice and how these have an influence on your salary.

We also learned some things about the NHS and how GPs are paid through primary care trusts. At the moment this is changing towards practice based commissioning, a system in which practices themselves decide how to divide their own budget and have greater influence on what is referred to secondary care. In the Netherlands general practitioners are paid by insurance companies, so this is a big difference too.

One final thing: Freek noticed the GP's didn't shake hands with their patients as much when they entered and left the consultation room, something Dutch GP's do with almost every patient. He does however believe British GP's and British people in general are much more polite than people in the Netherlands. He was also wondering if infectious diseases spread more rapidly in the Netherlands with all this handshaking here!

All in all we have had a very nice and insightful week and may come over to London one day to work there as a GP. Thanks to everyone who has made this experience possible and we wish them all the best and hope our visit has not changed their minds about having GP trainees in their practice.

