Dutch Exchange 2025







Socialising and networking



What is "The Dutch Way"

- Open and direct
- Happy rather than competitive society
- Focus on the bigger picture
- Productivity in hours, but balance work and play- find time for things that make you happy
- Efficiency-leanness
- Well planned country, neat and organised and easy to get around
- Underlying sense of Equality

- Well established social system- look after the poor and weak
- 40-50% tax
- 50:50 share of work in the home
- "Gezin" parents and children (NOT grandparents)
- "poldren" power of consensus
- Internationalists/global community- looks outside itself

Experiencing GP Practice in the Netherlands



The Dutch Healthcare System Explained



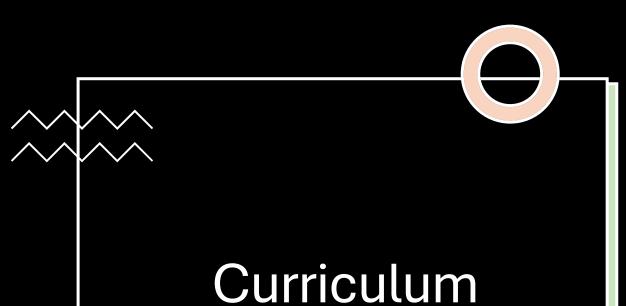




What can we learn from the Dutch Way? What could you do to make your **Practice Leaner?**

Pathway to GP in Netherlands

- 5-6 years medical student
- 1-2 years appropriate secondary care experience
- Application to VTS
- Interview
- 3 years
- Year 1-GP
- Year 2-secondary care
- Year 3-GP



- Consulting
- Dealing with emergencies
- Performing minor procedures
- Home visits
- Managing chronic health problems
- Health promotion

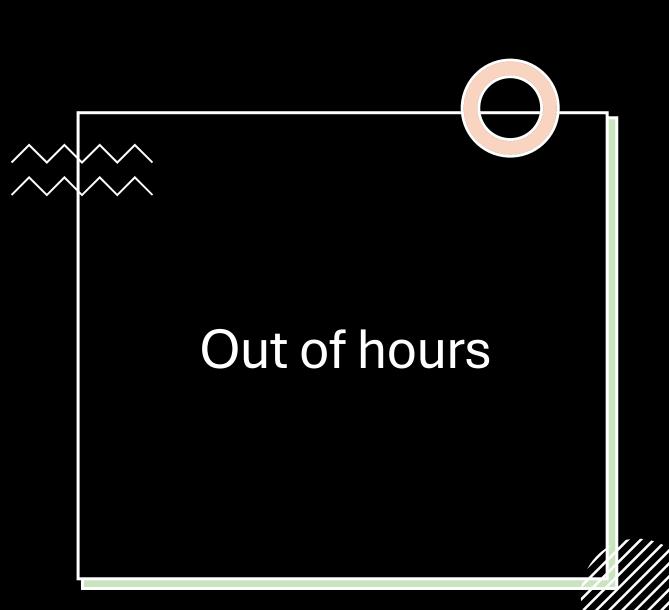


In-house education

 At least 1 hour a week consulting alternately

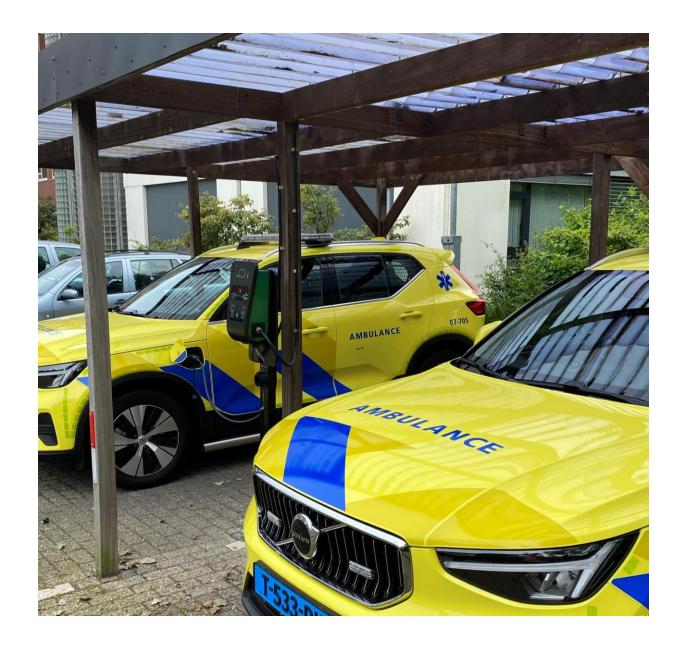
1 hour a week professional conversation

Once a month analyse video of trainee and trainer



- 20 shifts per year
- Supervised by a trainer
- Time is compensated

Out Of Hours





- Morning:
- Small group discussions ST1s/ST3s
- Facilitated by trainees
- GP teacher and a psychologist
- Afternoon:
- 6 different teaching sessions-ST3 choose
- ST1 programme is set



Back offices for VTS



- Knowledge based exam-open book-twice a year
- Videos- 6 in year 1, 3 in year 3
- 4 times a year progress review or 'coaching moment' (the ComBEL) with TPD/trainer +/- psychologist-the teaching triangle
- 2 weeks independent practice towards end of year 3
- If fail, make a plan how to improve-don't have to re-take
- Responsible trust-mutual visibility between trainee and trainer

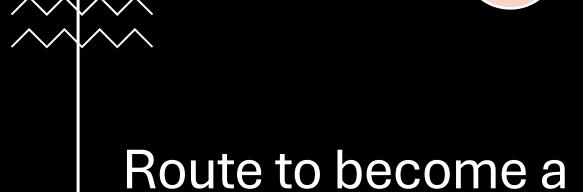


- 7 domains of competency
- Medical action, communication, cooperation, organisation, social action, scientific action, professionalism
- Trainers ask for feedback prior to filling in ComBEL
- Progress advice: after each assessment, the training provider fills in a progress recommendation. This feeds into the final decision on progress by the head of programme.



Re-registration

- Every 5 years
- Spent enough time working during the day and OOH
- Sufficient CPD
- Collected feedback from patients and colleagues
- May have their practice building evaluated including their processes etc by a certification agency for GPs (CQC equivalent)



trainer

- Practice visit
- Interview
- 2-day course with an open-book exam plus upload 3 videos
- Start with a trainee
- 3 blocks of training-8 sessions a year at the Institute
- Intervision-coached by a GP plus psychologist in morning
- Interactive lessons on didactic skills in afternoon



Experienced Trainers

- 1 day a month at the University
- Teaching session from equivalent of AD
- Discussion about trainees
- 4 times a year trainee/trainer/ TPD meet-the training triangle



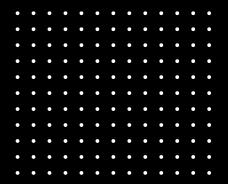
Observations

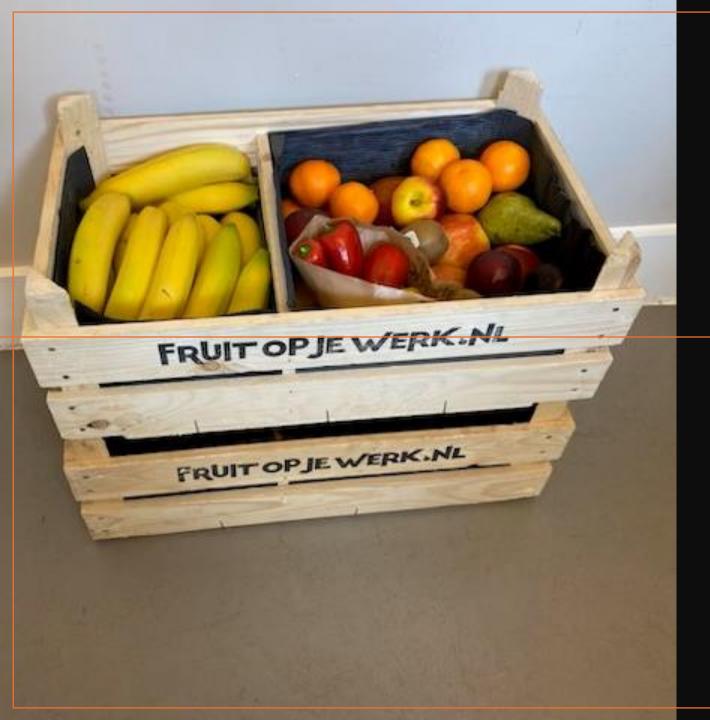
- System less overload
- Less defensive/high trust
- Emphasis on continuity
- Triangulation
- Assessments-emphasis on formative learning
- Self-directed-trainees seemed freer and highly motivated





 How can we empower and 'free up' our trainees to learn?



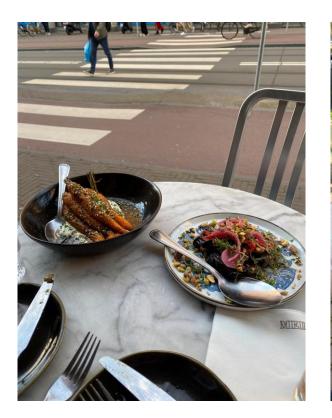


Lifestyle & Sustainability

Hospital Canteen



Healthy Eating









Cycling















Cycle Routes











Open Space











Social Housing/Planning



Lifestyle Medicine
What is it? How
could we
implement it in
Practice?



Planetary Health: How are we teaching this to our trainees?