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Family Medicine and Academic Practice in The Nederland

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Abstract

The aim of this report is to present information about academic family practice, which has a significant role in the practice of family medicine in The Nederland. While the practice of family medicine in Turkey has made a beginning, there is as yet no field practice, the real place of learning where the assistant is trained. This is an important lack. This report presents the example of field training and academic practice in the specialism training of family doctors in The Nederland. This is the first time that a report on this matter is being presented. The reason for this report is to support the project entitled, "Family Medicine Specialism Training in Family Health Centre in Bursa Integrated with The University Medical Faculty Department of Family Medicine, in Line with European Union Criteria" This is in itself the first of its kind. The author of the report, family physician specialist Assoc. Prof. Dr. Olgun Göktaş has personally visited The Nederland as a representative example nation for this practice, and has prepared this report. The ultimate aim is to generate ideas regarding the beginning and the widening of academic family medicine practice in Turkey. Along with this, through inspection of family practice under the health system in The Nederland and the various factors affecting this, in some sections of this report, opinions based on this experience have been added.

Introduction

From the start of the implementation of family practice throughout the country in 2010 until now, with the developments both academically and in the family practice on the field and co-operative working, Turkey has achieved a position of clear potential

The academic structure for family medicine, the owning of field practice of family medicine and, through this, the use of field practice in family medicine specialism training, is necessary. In terms of the needs of this discipline, family medicine departments and their academicians must prepare their family medicine specialism students, or in other words, their assistants, for their field of specialism, in the field, that is in family health/family practice centres.

Whether from the point of view of the health system or that of family medicine, although differences may be created in its practice, the academic family practice, in the training of assistants holds a far more important place, before hospital rotations. What will supply the acquisition of the important characteristics of the scientific content, philosophy and the family practice is the field training of the assistant.

This training is possible under the leadership of a family physician skilled as an academic and a trainer. This practice will open up the way for the quality of primary health care to be improved and for the cost of health spending to be decreased. These features are the goals sought by the country's politics for workers and those receiving care. Therefore, the academic family practice, its development and implementation in the shortest time possible is essential.

In The Nederland, whose family practice is a modern example in Europe and the world, the academic family practice provides an important example from this point of view. Although Turkey and The Nederland are two different countries, both from a health-care and a political a point of view, they are two countries with similar aims in the aims for people-oriented health care, especially primary health-care.

In this report, significant points about the health system in The Nederland, its family medicine practice and academic family practice are discussed. In the report, under some sections, comments based on experiences which serve as a warning for Turkey regarding mixed conceptions which require examination are found.

Information about The Nederland

With a population of 16.5 million, The Nederland is one of the most developed countries in Europe. It is a kingdom ruled by a parliamentary monarch. It is governed from two capitals, Amsterdam in the north and The Hague in the south.

Family Practice in the Dutch Health System

Amsterdam, The Nederland

Saturday, 10.11.2012: About 9000 family doctors, family physician specialists who are known as general practitioners, are working in The Nederland. There are 1500 family physician assistants. In this country with 15000 other experts, there are 89 general hospitals and 8 university hospitals. In each of these 8 universities there is an academic department of family medicine. Health is supported by a central insurance system. At birth, the life expectancy is 80.7 years in women, and 76.0 years in men. The death rate is roughly 0.79%, and the infant mortality is 0.5 %. While 25.8% of health expenditure is on hospitals and other areas of expertise, 18.5% on care in the home, nurses and nursing care, 11.6% on medicine and medical aid, 11.9% on social services, 8.2% on the disabled, 5.9% on mental health, 3.8% on health in the workplace, 3.3% on management and leadership services, and 1.8% on health care services, the expenditure on family medicine is just 8.4%.

The development of family medicine accelerated with the foundation of The Dutch College of General Practitioners in 1956. In 1972, family medicine specialism training began. The first clinical guide for family medicine was prepared in 1980 and today there are 100 clinical guides. Family medicine specialism training takes place in 8 universities and contains a 3-year program.

For each family physician, there are, on average, 2350 people registered. About 1/3rd of family physicians' practice in their own family practice centre. There is a chain of reference in family medicine and there is easy access to care. The 3% of the health budget assigned to family medicine takes care of 90% of the problems [5].

Going Beyond the Beginning in Family Medicine and Specialism Training

In this country, students who graduate after 5 years of high school and 6 years in the Faculty of Medicine enter the family doctor department for their family medicine specialism training. There is no standard examination for starting Family Medicine training, but the students' disposition towards and suitability for family medicine are assessed by a committee from the university department and those found suitable can start their specialty training. There are 9000 family physicians in the country altogether. Of these, 7500 have their own office. On average, there are 2350 people attached to each family physician. Family physician care is given on an entirely individual basis. The salary of the family physician and extra payments are supplied by private health insurance. In The Nederland, there is a chain of referral. If a patient isn't referred by a family physician, then they cannot go to the hospital. Even if they wish to pay for their own treatment, the system won't allow it. If family physicians do the service of examining the guest patient, only then can the system accommodate extra payments.

The family physician specialism training, that is, the specialism, takes at least 3 and not more than 3-5 years. The family physician trainee, that is, the assistant, spends the first and third years of his specialism working in family practice centres where there is a family medicine specialist or an academician. During this time, he/she spends 4 days a week in the family practice centre, and one day working in the university department. As for the second year, the trainee spends 6 months in the surgical clinic, 3 months in the psychiatry clinic and the remaining 3 months in care homes for the chronically sick and working by choice in clinics where he/she feels a need.

Comment: In The Nederland, which when compared with Turkey has a smaller population and a higher level of development, the period of training for the family medicine specialism is very nearly the same. An important difference is that, while in Turkey there is a standard examination which must be taken in order to begin the family medicine specialism training, the Specialism in Medicine Examination (TUS), there is no equivalent examination.

The TUS examination is fairly a necessity for simplifying the process of placing assistants, due to the physical size of the country of Turkey and its population. On the other hand, this examination is not specifically designed as a starting point for family medicine specialism training. Over against this, for a decision to be made about the start of family medicine specialism training, an assessment is made by a committee. This committee makes an assessment looking at the views on family medicine, tendency of philosophy and the strength of medical knowledge. Those who are found suitable according to this assessment may then begin their specialism training. While being a more suitable assessment method, compared to the TUS examination, an assessment made in this way is problematic in Turkey for placing assistants due to the size of the doctor population and the very size of the country. The use of the TUS examination was in any case introduced because of the chaos that existed before its introduction and up to today has been in place for 26 years. Therefore, the TUS examination is, for Turkey, is truly a necessity as a pre-eliminator for specialism training and for setting a standard. Without the TUS examination, the chaos in placing assistants that would result could create big problems.

The Family Physician Network and Out-of-hours Duty for Family Physicians

Amsterdam, Sint Lucas Andreas Hospital GP Care Post West

VHN (Vereniging Huisartsenposten Nederland- The Dutch: Netherlands Practice Posts Association; General Practice Physicians)

Sunday, 11.11.2012: In The Nederland, family physicians have to do duty at night and at the weekend, as a family physician out of normal working hours, in a designated hospital. In this hospital in Amsterdam, the family physicians do their duty in an area is on the ground floor of Emergency section, very close to the emergency unit. These duties are undertaken in rotation by groups of 3-4 doctors selected from the local area list. In this section, four physicians are on night duty. Although the family medicine duty area is right next to the Emergency section, the two sections work independently from each other. In particular, acute cases such as accident, injuries and poisoning go directly to the Emergency section. In the family medicine duty section, however, people can ask questions on the telephone about health problems they think are urgent. Patients can't come in person and ask questions, because, on this duty, the cases are prioritized in order of seriousness, and all this is done on the telephone. If the patient is told, "Come", then he may go to the clinic. In this section, there are non-medical personnel, known as assistants, who are available to answer the telephone. These people, while answering the phone, give advice, and if someone is in a serious

condition, the assistant will consult with a doctor and give an answer or ask the patient to come in. While those patients who can come in are on the way, for those who aren't in a position to come, the family physicians, after thoroughly questioning the patients, will treat them at home. Besides the personnel in the consulting section, four family physicians work. Here, nurses, midwives or health-care workers don't do this duty. Family physicians, because they do this out-of-hours duty in this section, receive duty payments from health insurance in addition to their salary.

Family physicians take duty leave on the day after their hospital duty. Family physicians can spend 1-2 days a week outside the family medicine office for private jobs. There is no law about family physicians doing legal minimum hours duty.

Comment: In Turkey, the extended work hours known as flexible duty, and the extended working hours in graded health centres perform a function similar to this duty. However, there is no duty that includes night or weekend work for family physicians. The duty that is served in integrated hospitals in some provinces is in the shape of general emergency duty. Because the very high number of people registered for each family physician; on top of this, seeing more patients under the title of guest patient sand working the whole day long on weekdays which pertains at this time, adding in emergency duty would put too much burden on the family physician. Under today's conditions, the family physician duty system in The Nederland may be suitable, but in Turkey there are at least five main problems that must be definitely addressed, that is, the chain of referral and the rendezvous system, people's responsibilities to the health system, the number of patients on the family doctor's list, and the examination of guest patients and other public positions of family physicians [5].

Utrecht, DomusMedica Building

Monday, 12.11.2012: Family physicians are organized in The Nederland in a professional manner. In the city of Utrecht, physicians work in their own building and all the units work in co-operation. Here especially, the LHV (The Dutch National Association of General Practitioners) plays an important role. They hold a position of great power in The Nederland, with its fully privatized family physician service, on the subject of family medicine practice with regard to the Health Ministry and health insurance, and the decisions they make are very influential. The four physicians on the board of directors are highly experienced. The chair of the board is, however, not a doctor. He is a former Secretary in the Health Ministry. The LHV, with 23 branches in 7 regions, fights for all the rights of the family physicians working in the field. The LHV is beside the family physician in all aspects, such as training, finance, freedom rights, physical conditions in family practice centres, patient care, political developments in family medicine, the production of alternatives and finding suitable financial support for this, and through all the reports and projects they prepare , they, in fact direct the health ministry [1].

Along with this, the NHG (The Dutch College of General Practitioners) is the family physicians' foundation in the field of education and training, and it is primarily concerned with preparing education material for patients and guidelines for clinical practice. They have prepared a total of 100 standard guides on the current clinical practice in family medicine. These guides and patient educational material are standard and used in all family physician centres. Along with this, in order for quality to be maintained, they provide recertification for family physicians and the accreditation of family practice centres. Here, the LHV, NHG and their branches are working in close co-operation with each other on the subject of family medicine. In fact, these two foundations are working together with the Dutch Physicians' Union and the health ministry. More than 90% of all the family physicians in the country are members of both foundations, and almost all of them regularly pay their subscriptions. 9000 family physicians pay a total of 10 million Euros annually. Membership of the LHV and the NHG are tied together. Family physicians pay €100 to €150 to the NHG and €300 to the LHV as annual membership subscriptions.

The SBOH (Family Medicine Education Treasurer) has the role of employing family medicine assistants. They prepare educational finance and special projects. On the other hand, the LHOV (The Dutch National Association of Trainers of General Practitioners) plays a role in the application of education. Almost all of the family practice centres are of modern construction and every attention has been given to even very small details. Family physicians have the physical shape of their building designed to their own requirements. When the architectural project is done, the interior has to be approved by the consultant and then the family practice centre is opened.

Comment: The LHV, which is the organization of family physicians on the field, is on an equal standing with the Federation of Family Physician Associations (AHEF). On the other side, the NHG is of equal standing to the Turkish Association of Family Physicians (TAHUD). Today, in Turkey, for organizations like the AHEF not to be a professional organization like the TAHUD in The Nederland represents an obstacle. While TAHUD is occupied with membership enrolment, collecting missing monthly contributions, and, most of all, not to be in co-operative working, this forms a barrier to the development of family medicine practice. While in The Nederland, the clinical guide, which is the standard teaching material, is being prepared by the NHG, in Turkey, the ministry of health has prepared the primary care recognition and treatment guide [2].

Academic Practice in Teaching Family Practice Centres

Utrecht, Leidsche Rijn, Julius Gezondheidscentra (Julius Centre for Health Sciences and Primary Care),

Nijmegen, Radboud University, Academic Health Centre Heyendael,

Amsterdam, Vrjie University, Practice VU Medical Centre.

The Academic Family Practice in Utrecht

Tuesday, 13.11.2012: In this centre, which is one of the best examples of the academic family practice, service integrated with a professional approach to services clinical skills specialism teaching is carried out. In this centre, where an evidence-based medicine is used, alongside the service, diagnostic, prognostic, etiological and empirical investigations are carried out. Undergraduate medical education, family physician assistants' specialism training, continued specialism medical training and the training of instructor family physicians is carried on at this centre. A total of 24 family physicians, 13 psychotherapists and a nurse are working at this centre, 7 of the physicians are on academic duty, and are working on the oversight

of patients. This centre, along with 3 linked family medicine centres, serve a population of 32000. In addition, in the Utrecht Health Project (LRGP) academic investigations are being undertaken separately based on the large population. Co-operative working with other clinics and education in the home is also on the syllabus [6].

The Academic Family Practice in Nijmegen

In Nijmegen, in the Radboud University Family Medicine Department, situated on the campus, there is a teaching and family practice centre, called UGC Heyendael, where the academic practice is applied. At this centre, there are 6000 people registered under 5 family physicians. Of the 5 physicians working there, 3 are family medicine professors from the university, one is a family physician in the position of director, and one is a family medicine assistant. In addition, there are a nurse and 3 assistants. Here, the modern practice of co-operative family medicine is fully implemented. Alongside this central university, there are 3 hospitals linked up for consultation, education and research. In addition, there are co-operative links with a dietician, a chemist, a physiotherapy expert, insurance personnel, and health visitor nurses, care homes for the elderly, a family medicine co-operative, community nurses and local and national health organizations.

The professors at the university do practical work for 2.5 days a week, and on the other 2.5 days, they work at the university. The assistant spends the first and third year working in the centre. During the time he/she is working there, he works 4 days a week at the centre and one day in the academic department. The centre is accredited by the NHG. At the centre, training for medical students, along with bachelor and masters programs, and Ph.D. research programs are also carried on.

In Nijmejen, there is co-operative working on the subject of the core syllabus for family physician specialism training, teaching tools and the management of patients. The duration of the assistantship is 3 years full-time, in line with E.U. criteria. Part-time assistantship is also possible, but this situation is only for exceptional circumstances, and the duration is limited. Family physician assistants sign an agreement for a 38-hour week, and receive their salary from the SBOH. They work four days a week in the medical centre, and every day they have one-on-one education lasting at least one hour with an educational consultant about training and practice. The family physician assistant must do at least 20 night or weekend duties in a year. Once every week, they have training in groups of 12-14 people. According to preference, they work on a thesis and receive extra remedial training on a subject where they feel a need. The family physician assistant, all the time he/she is on practice with an educator, is acquiring background knowledge. The assistants have a formative test every three months which assesses them from a vocational skill and attitude, a test of knowledge twice a year, a skills test every year and a video-watching test 3 times a year. On the other side, the education of family physicians by instructors also includes special courses at the university and a comprehensive learning program.

Comment: This family practice centre on a university campus is like a realized copy of the previously developed project entitled, "Family Medicine Specialism Training in Family Health Centre in Bursa Integrated with The University Medical Faculty Department of Family Medicine, in Line with European Union Criteria" Academicians from the university may train their assistants at this family health centre on the campus [7].

The Academic Family Medicine Network in Amsterdam

An academic family medicine network has been founded at Vrije University by the Vrije University Department of Family Medicine. While academicians, other educators and researchers are doing research on family medicine through this network, they are also educating both their medical students and their assistants. Here, family medicine assistants take part in at least two investigations a year. This network, founded in 2003, and which has been joined by 25 family physicians from Haarlem, makes investigations on a population numbering 80000.

The Academic Family Practice in Maastricht

Maastricht, Maastricht University, Faculty of Medicine, Department of General Practice and Faculty of Health, Medicine and Life Sciences.

Wednesday, 14.11.2012: Maastricht University is a Europe-centred and world-focused university, which directs their students towards research and also puts research into practice alongside education. The medical faculty is the number 2 in the world for the practice of the problem-based approach to teaching. This university has a very large campus, which contains three buildings. The first is the Medical Faculty hospital, and it contains all the clinics. The second building is the Education building. Here, medical faculty students and doctors receive theoretical and practical education. The third building essentially holds the family medicine and epidemiology sections. All work concerning investigations takes place in this building. The university campus is near to the city centre.

In the Maastricht University Medical Faculty, along with the undergraduate and family medicine specialism training, there are also the Computer Research Links. Through these links, if desired, family physicians working in the field can do research in partnership with Maastricht University and receive a fixed payment for this. In addition, there is the Academic Family Medicine Network. Interested family physicians, after a research period lasting three years on average, receive a Ph.D. or M.D. degree. If they are interested in a higher level in education, taking the title of educator, they move towards academic status. Academicians at the department of family medicine, while working 4 days at this department, also work one day a week on practice. About 1500 people work part time in teaching. Full-time teaching covers 40 hours. While those working receive their salary from the university, some private companies and the government pay for this research. There is no official weekend work, but people are free to do so if they wish [8].

The Family Practice in Rotterdam

Thursday, 15.11.2012: Rotterdam, SanitasGezondheidscentra-Sanitas Family Practice Centre

In the Sanitas Family Practice Centre in the city of Rotterdam, three family physician specialist of Turkish origin are on duty. As well as this centre with 4600 registered patients, there is another centre on the other side of the city. In this centre, besides the family physicians, one specialist psychiatrist, 4 psychologists, 3 nurses and a treasurer are working. Apart from this, there are physicians' assistants who

are not health personnel and they handle appointments, measure blood pressure, give injections and administer medicines to chronic patients.

In general, as in the whole of The Nederland, the ministry of health doesn't get involved in the work of family medicine clinics. On rare occasions, they may send a notice with some instructions in the case of an epidemic. First, agreement is made with the LHV, financial support is provided, and then the notice can be sent out to family physicians. In The Nederland there are 10 - 15 health insurance companies. The family physicians sign an agreement every year. The health insurance pays €54 per person to the family physician. Along with this, they pay €9 for each examination, for small operations about €80, and for an EEG, €52. Because there is a chain of reference, patients can't go to the hospital without seeing a physician first. Every family physician and other specialists must take at least a 40-hour training course each year. Family physicians can take the training where they wish, according to need, subject to the approval of the KNMG (Dutch Royal Medical Association).

There is no post high-school examination for entry into the medical faculty. There is, however, a lottery. Generally, 3000 people apply and 1600 are taken on. Following the lottery, there are interviews, and, according to the outcome, if found suitable, the student enters the medical faculty. These interviews take place once every six months. Following the medical faculty, family physician apprenticeship lasts for 3 years. In the first and third years of this period, the apprentice works in a teaching family practice centre. Throughout the apprenticeship, there is an oral examination every six months at the department of family medicine. Out of 160 questions, they must do 120. The apprentice must pass at least one of these exams each year.

A doctor in a teaching-type family practice centre can get an 'instructor' diploma in order to train assistants. For this, they must have at least 5 years of unbroken working as a family physician in a teaching-type family practice centre, and must take part in the regular teaching from the university and gain the diploma. In the teaching-type family practice centres, there is a specially fitted assistants' room. Using the camera system, the instructor and the assistant must have at least a one-hour meeting a week. An instructor family physician specialist receives € 750 - 800 per month from the SBOH.

Citizens pay €125 per month as their basic insurance payment. People under 18 years old don't pay any insurance. Poor people do pay their insurance, but most of it is paid back with taxes. Payments are made to citizens as unemployment benefit.

In this family practice centre a program for quitting smoking is run, and preventive treatment for diabetes and other chronic diseases is applied. There are no foundations like Community Health Centres, or the District Health Authority. There is just a health insurance agreement, signed electronically. In the Family physician centres, there are no inspections. There is no negative performance in the services. Generally, there is an encouraging positive performance. Family physicians don't keep watch on babies or pregnancy, or administer vaccinations. These things are looked after by midwives, also working in the private sector. These midwives also administer vaccinations.

People, out of their spending on health, must pay the first €350 themselves. Chronic patients are exempted from this €350. In the country in 2011, 63 billion Euros were spent on health, averaging €5.392 per person. Some of this was paid by basic insurance, some was collected from employers (payroll deduction) [9].

Rotterdam, SanitasGezondheidscentra - Sanitas 2nd Family Practice Centre

Here also, known as the number 2 family practice centre, it is close to the first, but serves a different district. In the family practice centre, the family physician selects one from a range of programs in the Family Medicine Information System, (FMIS) and uses it. Outside the FMIS, the family physician doesn't keep files. Prescriptions are ordered by IPCP codes. On the prescription, generic names are normally used. As soon as the prescription is printed and handed over, the patient can go to the chemist and have the prescription filled. Nurses can issue repay prescriptions, provided there is no complaint from the patient. For the elderly, medicine is prepared in daily or weekly packets, in the Baxter way, and delivered to the patient's home by the chemist. Here, appointments are given to the patients by telephone, prioritizing according to the nature of their complaint. Patients coming in for their appointment can consult with the physician for ten minutes. Every registered patient has a 9-digit citizen number (CBSN). When a patient is referred to a hospital, a referral card is prepared. The patients can then make an appointment at the hospital for themselves. Every day, 30-40 patients are examined. There are no guest patients, but emergency cases are handled. Family physicians generally do surgery 3 days a week. On the other 2 days, they have meetings, education or other work. There is no weekend working.

Family physicians doing out of hours duty in places called 'huisarten post' (house doctor post). At one time, they did 24-hour duty with their own patients. At this time, family medicine duty is undertaken jointly with the neighbouring family physician centre. In Rotterdam, for this duty, there are 3 duty zones; north, south and east. In one duty period, while two physicians are looking after those who come to the duty centre, the other two family physicians visit patients, using the duty car. Accidents and injuries go straight to the emergency centre. During the family medicine duty, a nurse or assistant doctor organizes the patients by telephone as a call centre. Here, if he/she gives a judgment of 0, it is very urgent, and an ambulance goes straight away. If the decision is U1, it is urgent, and the family physician goes, along with the ambulance. If it is U2, the family physician visits the home in the duty car. If the patient is bedridden, the family doctor goes to the patient. A duty at the duty station is done 1-3 times a month. The duties are: 17:00 - 23:00 or 23:00 - 08:00 on weekdays, with two physicians, and at the weekend, 08:00 - 15:30; 15:30 - 23:00; 23:00 - 08:00, with six physicians. For these duties, family physicians receive €65 an hour. This money is paid to the physician by the insurance company.

In order to keep the title, "family physician" and continue the work agreement, the family physician has to do at least 10 duties a year, and have at least 40 hours training. They must undergo recertification every 5 years [9].

The Private Home Care Centre in Rotterdam

Rotterdam, MOB (MaatschappelijkOndersteunings Bureau): This centre is a place where people needing care receive this care while living in their own home, rather than in a care home. Rather

than treatment, they receive care services, and this service is mostly given to elderly people. The primary intervention in patient care is from the family doctor. Through examining the patient in his office or in the patient's home, he manages the services offered in the home. These services are: dressings for wounds, sutures, injections and similar services, and are entirely free for the patient. Payment is made by the insurance company. Care for those too ill to receive care in the home, such as bedridden patients and those with terminal illness such as Korsakoff's syndrome is given in terminal care homes known as hospices. These are also free of charge. In the family practice, care services are known as extramural services. Intramural services are for rest homes for the elderly and care homes. All the regulations for these are given by the Ministry of Health statutes. In The Nederland, there are no physicians involved in home healthcare services; they are provided only by nurses and caretakers. Neither the family physician, nor another doctor comes. The nurses here are university graduates, who have received specialism training. For the patient to receive healthcare at home, first the physician makes an examination, writes prescriptions and decides that the person should receive home healthcare. Injections, dressings, looking after wounds, attaching a catheter, etc. are all done at home or the home care centre. in Rotterdam, there are 11 home care centres. There are also social service experts working there. About 200 personnel have a meeting once a week.

The Dutch Ministry of Health, Family Practice Primary Healthcare and Chronic Diseases Section

The Hague, Ministry of Health, DirectieCuratieveZorg

Friday, 16.11.2012: The Health Ministry in The Nederland is in The Hague. There are no direct ties between the Ministry of Health and family physicians, family practice centres and the family physician organizations. They don't play any role in the work of inspections or the appointment and placement of physicians. There is no direct link to the training of family physicians, the provision of services, granting permission for investigation and work they carry out, or the assignment of duties, etc. They accept as proposals the programs organized by the NHG foundation for the accreditation of physicians. They have closer links with the LHV foundation and they take all the recommendations made by the LHV for family physicians and put almost all of them into practice. The LHV is very influential with the government in politics, and also with the press. The Ministry of Health performs the duty of general oversight of the health of the country.

Over and against this, ties with the insurance companies are more on the financial side. They set the amounts family physicians receive as income for services at €99 per person per year, €9 for each examination, other payments for extra work and €200 for work with chronic patents. Along with this, they audit the total spending on family medicine. By making known the policy in the country in general, they come to an agreement about the money to be paid for family healthcare. They aim for low cost, high quality healthcare [10].

The Teaching Family Practice Centre in Eindhoven

Eindhoven - De OndermenendeHuisarts: In this teaching family practice centre, instructor family physicians are working. On the same compound, attached to the family practice centre, are a dental unit, a physiotherapist, a dietician, also a chemist and a car-park. The building was constructed especially for the education of medical students and family physician assistants.

The family physician assistants spend their first and third years of specialism training working here. The specialism training should be finished in 3 years, full-time. In rare cases, the assistantship may be shorter, but the area of study worked on must be certified by the university department and go through acceptance. In family physician assistantship, there is no thesis, but in the third year the assistant must take part in investigation work for a period lasting up to three months. During the assistantship period, as desired, he/she may receive training and do rotations. Family physician assistantship is a scheme which depends on field practice, is student-centred with a gradually increasing level of difficulty, including active and autonomous periods, supported by small-group working. During the assistantship, subjects like evidence-based medicine, doctor-patient communications, personal tendencies and office management are studied. In the first year in the family practice centre, the first six weeks are aimed at familiarization. Here, for 2-3 days a week, application, theory subjects, 12-person interactive group work and interactive work take place. Patients are examined alongside a teaching physician and at least one hour is spent in consultations with patients. In the theory lessons special educational program, teaching on handling difficult patients and the sharing of experiences are covered. As for the second year of the assistantship, there are rotations of 6 months on surgery, 3 on psychological health and 3 on chronic complaints. Throughout the assistantship, in addition, the subjects of care in the home, sport and accidents, and teaching and research are covered. At the end of the assistantship, there is no single exam with the heading 'specialism exam.' Rather, the model of close observation and evaluation is used. Once every six months, a test of knowledge is given to each assistant. This must be passed. If the assistant doesn't pass this, there is the opportunity for only one re-test. Otherwise, he/she is removed from the program. The three year assistantship period may be extended for a maximum of 6 months, and the assistantship must be completed in 3,5 years.

Generally, in the first 10 months of the assistantship, a decision is made about whether or not to continue. At the end of each year, an assessment is made of the assistant. Also, their consultation skills are inspected by taking videos of patient-assistant meetings. Part-time assistantship is also possible, but not by taking twice three years, that is 6 years, or in another shape. Part-time assistantship can have 3 days a week practical work in the first and third years instead of four, but this apprenticeship can only be extended for a maximum of six months. A part-time assistantship lasting more than 3-5 years is out of the question, and is not done, because it would harm the quality of education.

Besides the academic family medicine professors on family practice centres, there is an intensive program of education for trainer family physician specialists. The trainer takes courses 8 times a year at university and works one day a week at the university. Once a month, the trainers meet together at the university. To be an trainer, a physician must have been working as a family physician for at least five years continually, take a 49-hour course at least once a year and fulfil other duties such as family physician duty at least 1-2 times a month, and pass the assessment that will be made by the board. The HVRC (Huisartsen en Verpleeghuis huisartsen Registratie Commissie

- House Doctors and Specialist House Doctors' Commission) works as a doctors' union specialist foundation and evaluates the physicians every five years. The work done by the HVRC as the board of family physicians is overseen by the Ministry of Health.

Conclusion

The family medicine specialism training as a clinical medical discipline in the E.U. and other developed countries along with academic education encompasses field practice in its essence. On this subject, The Nederland is one of the leading nations, both in Europe and the world, of the academic family practice. This feature, in The Nederland in the first instance, paves the way for the provision of high quality health care at low cost.

Acknowledgement

This is the first trailblazing report on this subject, which supports in every word the project, "Family Medicine Specialism Training in Family Health Centre in Bursa Integrated with The University Medical Faculty Department of Family Medicine, in Line with European Union Criteria" prepared by Assoc. Prof. Dr. Olgun Göktaş, the founder and leading player in the development of family medicine in Turkey.

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