Doctors’ assistants and what they do in the Netherlands

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In the Netherlands the title “doctor’s assistant” is used by variously qualified, or even unqualified, people who perform a range of duties in support of general practitioners. The working day of the author, a qualified assistant, is outlined below.

Most of the 6500 general practitioners in the Netherlands are helped by at least one doctor’s assistant. The Association of Doctors’ Assistants of the Netherlands has some 2000 members, whom it represents in negotiations with general practitioners. It also organizes seminars and specific instruction courses, for instance on the performance of smear tests, and it strives to maintain the quality of basic training. A magazine is published bimonthly and a congress is held each year with a special theme. All of these activities are arranged and conducted by volunteers.

Training

Three routes are open to people wishing to become doctors’ assistants.

- Following high school, a three-year course at a School for Secondary Health Education leads to qualification as a general health assistant. The theoretical and practical training are both very thorough.
- Daytime courses for medical secretaries last a year, the main aim being to prepare people for administrative duties.
- Schools for adults can be attended during daytime or in the evening. These schools make it possible to change over gradually from one profession to another.

I chose the latter route and after two years passed my final examinations, which covered anatomy, physiology, pathology, laboratory work, first aid, medical instruments, sterilizing, bandaging, book-keeping, legal matters, writing prescriptions and dealing with patients. There followed a traineeship lasting half a year, at the end of which I became a qualified doctor’s assistant.

The daily round

I work for 25 hours a week in an Amsterdam general practice with two other part-time assistants. Each working day I arrive at the office by bicycle at 7.50, where 10–20 patients are usually waiting. Before passing them on to the doctor I check their insurance details.

Between 8.00 and 9.00 I take telephone requests for home visits, and try to assess the urgency of each case. If, for example, there appears to be an acute cardiac problem, I put the patient through to the doctor; patients with less urgent problems are listed so that the doctor can call back or make a visit later.

Patients requiring their prescriptions to be renewed or bringing urine specimens begin to arrive. I write prescriptions that are already

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detailed in the patients’ files, and then obtain the doctor’s initials before handing them over, except in the case of contraceptive prescriptions, for which this authorization is not required.

A second assistant arrives at 9.00 to help deal with incessant telephone calls from people seeking advice or wishing to make appointments. The doctor is asked to answer only when questions beyond the assistants’ competence arise. Meanwhile I carry out urine tests and record the results in the patients’ files. The doctor begins seeing patients who have made appointments, and it is my task to apologize to them if he is behind schedule. Some patients are by now waiting for the assistants to write their prescriptions or to provide them with referral certificates.

Sometimes the doctor calls me in to assist with a cervical smear because the husband of a Muslim patient has insisted that a woman be present. The doctor intends to teach me how to perform this procedure and so relieve him of a time-consuming task.

Each of the drug addicts on our list attends once a fortnight to collect a methadone prescription, which is written by the doctor, partly in order to protect the assistants.

Between 11.00 and 12.00 I place used instruments in the sterilizer so that the doctor will be able to use them later in the day. I may initiate a pregnancy test at this time, and then attend to patients who have made appointments to see me. The matters that I may have to deal with include: syringing blocked ears; checking blood pressures; giving dietary advice; reporting the results of pregnancy tests; giving advice on contraceptive choices; administering prophylaxis to persons who are about to travel, and giving related advice, for instance on malaria prevention; and bandaging wounds. If necessary I consult the doctor about these patients. An interpreting service can be called by telephone if difficulties arise with patients whose knowledge of Dutch is inadequate.

In the afternoon a third assistant deals with the telephone calls and paperwork. I put away all the items that I have used, in particular the instruments and the patients’ files. Used needles are discarded into a special container for medical waste. If any patients arrive after official opening hours they are asked to make an appointment or return the next day between 8.00 and 8.30. Occasionally, patients are unreasonable, demanding immediate attention, and the assistants have to deal with them firmly, backed up by the doctor if necessary.

Once a week the doctor and assistants meet to discuss their patients, procedures and management in general.

Doctors’ assistants are not yet recognized in law: this means that anyone can call herself or himself a doctor’s assistant and that qualified physicians have to take responsibility for their work.

Doctors’ assistants will have to acquire still more medical skills, for instance the performance of diabetes check-ups, in order to ease the burden on physicians and thereby, perhaps, to contribute towards containing the cost of health care. The profession of doctor’s assistant is clearly still developing.