Hippokrates Exchange Programme Template

This document should be used as a record of your participation on a Hippokrates Exchange
Without this you will not be permitted to undertake an Exchange under the Hippokrates Exchange Programme, nor be issued with a Certificate of Completion

Step 1: Telephone Conversation
Telephone/Skype conversation takes place between Host & Visitor take place. It is the Visitor's responsibility to organise this.
This should happen 17 weeks before the exchange.

Step 2: Completion of the Learning Objectives by Visitor
The **Learning Objectives** should be completed by the Visitor. The Visitor should e-mail the **Learning Objectives** to the Host for review.
This should happen 16 weeks before the exchange.

Step 3: Completion of the Educational Programme by Host
The Host reviews the **Learning Objectives** and considers if they are appropriate. If so he/she devises an **Educational Programme**, signs the pre-exchange declaration and sends the documents to the Visitor.
This should happen 15 weeks before the exchange.

Step 4: Confirmation of proposed the Exchange
The pre-exchange declaration is then signed by Visitor and the **Learning Objectives** & **Educational Programme** documents emailed by the Visitor to the Visitor's National Exchange Coordinator for approval.
This should happen 14 weeks before the exchange.
If documents are in order the Visitor's National Exchange Coordinator will confirm that the exchange is going to take place.
This should happen 12 weeks before the exchange.
WITHOUT THESE STEPS THE YOU WILL NOT BE PERMITTED TO PARTICIPATE ON A HIPPOKRATES EXCHANGE

Step 5: The Exchange takes place

Step 6: Completion of Learning Outcomes & Final Report by Visitor
The **Learning Outcomes & Final Report** should be completed by the Visitor. These should be reviewed and the post-exchange declaration signed by the Host to confirm that the specified Learning Outcomes have been met. The completed form should then be sent by the Visitor to the Visitor's National Exchange Coordinator for approval.
This should happen within 1 week of the exchange.

Step 7: Completion of Feedback Forms by Visitor & Host
The relevant **Feedback Form** should be completed by the Visitor & Host and sent to both Visitor's and Host's National Exchange Coordinators.
This should happen within 1 week of the exchange.

Step 8: Certificate of Completion
The Host's National Exchange Coordinator should notify the Visitor's National Exchange Coordinator of any problems. The Visitor's National Exchange Coordinator must notify the VdGM Exchange Liaison Person that the exchange met the educational requirements of the Hippokrates Exchange Programme and send them a copy of the Final Report (exchange@vdgm.eu). Thereafter the VdGM Exchange Liaison Person will issue to the Visitor and Host their **Certificate of Completion**. *This should happen within 2 weeks of the exchange.*

Your Exchange enquiry details

Date of enquiry	06-05-2023
Date of your proposed visit	9 – 20 October 2023
Language(s) spoken *Please specify your level* • *Beginner* • *Intermediate* • *Advanced* • *Fluent*	Dutch – Native English – Fluent Spanish – Intermediate German – Beginner
Next of Kin: (Emergency contact)	Jeroen Kromme (partner)
Do you have any disabilities your host should be aware of?	No

Exchange Details

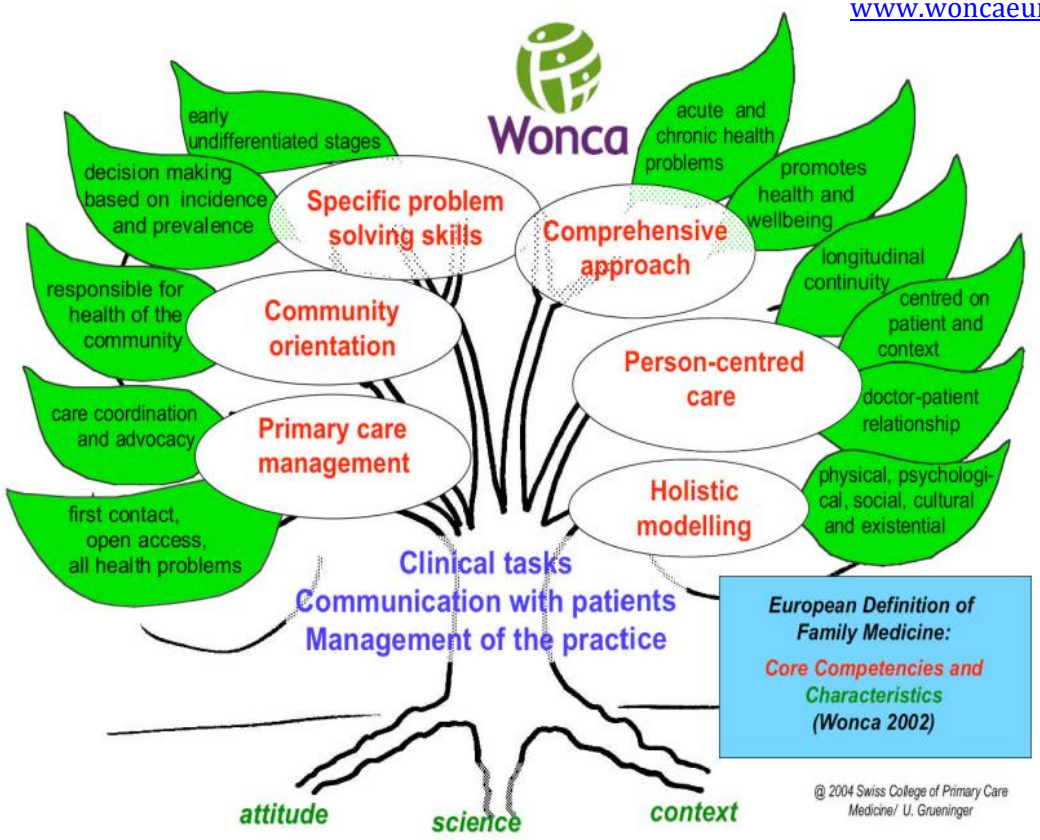
Name of Visitor: Mirte van den Broek Email of Visitor: Country of Visitor: the Netherlands Visitor's Home Address: Name of Visitor's National Exchange Coordinator: Anke Daling Email of Visitor's National Exchange Coordinator:
Name of Host: Jáchym Bednář Email of Host: Country of Host: Czech republic Host Practice Address: Name of Host's National Exchange Coordinator: Marika Svatošová Email of Host's National Exchange Coordinator:

Learning Objectives

Learning objectives should be guided by the Visitor's own learning needs, their national vocational training curriculum, EURACT's Definition of General Practice, and need to be realistically achievable within the Educational Programme the Host can offer.

The Host is also invited to complete his/her own learning objectives, however is not required to do so.

The Learning Objectives template is based on European Academy of Teachers in General Practice's (EURACT) definition of a General Practice/Family Medicine. The diagram below outlines the core competencies and characteristics. For the full definition please visit:
www.woncaeurope.org/Definition%20GP-FM.htm



Learning Objectives

To be completed by the Visitor

Learning Objectives in Primary Care Management
Acquiring knowledge on how management is organized in the general practice abroad: What is the availability of care? What are the waiting times for a hospital referral? How are healthcare costs organized at a higher level? What kind of practice forms exist (solo practice, group practice, health center with several paramedics)? What are the qualities and pitfalls of the primary healthcare system in Czech republic?
Learning Objectives in Community Orientation
Creating awareness of my own cultural values and biases concerning the foreign community. Gaining knowledge of the diversity within the community/population of the general practice. How is care for refugees organized? How do general practitioners in Czech republic deal with the large numbers of refugees who may appeal to their primary healthcare?
Learning Objectives in Specific Problem Solving Skills
Increasing my capacity to analyse medical issues: How does the general practitioner abroad handle the problems presented? Does the GP use guidelines/skills I didn't know before and how can this information impact my own work as general practitioner? On what grounds does the process of decision making take place? What kind of Point-of-care tests are used in the general practice?
Learning Objectives in Comprehensive Approach
Gaining knowledge about illness prevention and health promotion interventions: what kind of preventive actions take place? How are chronic conditions dealt with? How is the follow-up of chronic conditions done?
Learning Objectives in Person Centred Care
Gain a deeper understanding of the doctor-patient relationships. How does the culture influence the person centred care? How is longitudinal continuity arranged?
Learning Objectives in Holistic Modelling
Acquiring knowledge on what do doctors and patients think of complementary medicine. How wide ranging is the work of the GP abroad: How is their point of view of psychological problems? How are psychological problems treated? Do people also come to the GP with social/financial/relational problems? How is this handled?
Additional Learning Objectives
How does the pathway to become a GP look like in Czech republic? How does the interprofessional network around a GP in/around Prague look like?

Educational Programme

Educational Programme
Hippokrates exchanges are normally 2 weeks long, and should cover approximately 35 hour per week of exchange related activities.

The Educational Programme should offer:

- The visitor exposure to all areas of the host practice and vice versa. This can include clinical, administrative and managerial work.
- A programme which takes into consideration the Host's and the other members of the Hosting practice's learning objectives.
- An opportunity for the visitor to give a presentation on their own primary care system and training structure.
- An opportunity for the visitor to meet local trainees and where possible attend local teaching sessions.
- 1-2 hours per week for a tutorial between the visitor and host.
- All activity should be observational. For legal reasons under no circumstance should the visitor engage in any clinical or administrative work.

The Educational should be completed by the Host using the table on the following page of this document.

Educational Programme

To be completed by the Host:

Week 1: Date of first day 9th of October 2023

	Monday	Tuesday	Wednesday	Thursday	Friday
Am	Joining dr Jáchym Bednář to his practice	Joining colleague of dr Jáchym Bednář to her practice	Joining dr Jáchym Bednář to his practice	EGPRN conference "Innovative technologies and methods in General Practice"	EGPRN conference "Innovative technologies and methods in General Practice"
Pm	Joining dr Jáchym Bednář to his practice	Joining colleague of dr Jáchym Bednář to her practice	Joining dr Jáchym Bednář to his practice	EGPRN conference "Innovative technologies and methods in General Practice"	EGPRN conference "Innovative technologies and methods in General Practice" Practice visit

Week 2:

	Monday	Tuesday	Wednesday	Thursday	Friday
Am	Joining dr Jáchym Bednář to his practice	Joining colleague of dr Jáchym Bednář to her practice	Joining dr Jáchym Bednář to his practice	Joining dr Jáchym Bednář to his practice	Joining dr Jáchym Bednář to his practice
Pm	Wisdom of Trauma conference – Gabor Mate and Tamara Strijack Neufeld	Joining colleague of dr Jáchym Bednář to her practice	Joining dr Jáchym Bednář to his practice	Joining dr Jáchym Bednář to his practice	Joining dr Jáchym Bednář to his practice

Pre-Exchange Declaration

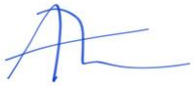
The **Pre-Exchange Declaration** should be signed once the Learning Objectives **AND** Educational Programme have been agreed by the Visitor and Host.

I confirm that the above named Visitor will be taking part on a Hippokrates exchange with the above named Host on the dates specified.

I confirm I have read and I am in agreement with the Learning Objectives & Educational Programme outlined above

Host	**Visitor**
Name: Jáchym Bednář Signature: Date: MUDr. Jáchym Bednář Digitálně podepsal MUDr. Jáchym Bednář Datum: 2023.08.21 09:37:40 +02'00'	Name: Mirte van den Broek Signature:  Date: 10-08-2023

This completed & signed document should now be sent to the Visitor's National Exchange Coordinator to confirm that the exchange will take place. The Host's National Exchange Coordinator should also be notified by the Visitor that an exchange is planned.

I confirm I have read and I am in agreement with the Learning Objectives & Educational Programme outlined above
Visitor's National Exchange Coordinator
Name: Anke Daling Signature:    Date: 14-9-2023

After the Exchange

Learning Outcomes

The **Learning Outcomes** should be completed by the Visitor after the exchange. Learning Outcomes should be guided by the Visitor's original Learning Objectives. This should then be reviewed and signed by the Host so that he/she can confirm that the specified Learning Outcomes have been met.

The Host is also invited to complete their own learning outcomes, however is not required to do so.

To be completed by the Visitor (copy & paste original learning objectives for each section):

Original Learning Objectives in Primary Care Management
Acquiring knowledge on how management is organized in the general practice abroad: What is the availability of care? What are the waiting times for a hospital referral? How are healthcare costs organized at a higher level? What kind of practice forms exist (solo practice, group practice, health center with several paramedics)? What are the qualities and pitfalls of the primary healthcare system in Czech republic?
Actual Learning Outcomes in Primary Care Management
In Czech republic there are circa 5600 general practitioners for approximately 10 million patients. An average general practice contains 1700 registered patients. Approximately 150 GP trainees start every year. The GP encourages the patients to make an appointment online or to send an email with the request to schedule an appointment. This limits the number of telephone calls to the practice. If possible, the patient will receive an appointment the same day or at least in 10 days. In some practices they use 'acute patient consultation hours', in which patients can simply come to the practice with any complaint (and without an appointment) and they will be seen that part of the day. They will be considered in order of severity so the patient may have to wait for a while. Waiting times for the outpatient clinics are approximately 1 to 3 months, depending on the kind of specialty (for example, ENT waiting times are currently shorter, haematology are currently almost 9 months). 6.5% of the salary of an employee goes to health insurance. The government pays for the healthcare of children and students. There are 7 major different health insurance companies an employee can choose from. The difference is the type of bonuses that can be given, for example reimbursement for vaccinations every year. The most common kind of practice form is the solo practice, in which a GP and a nurse work closely together. Sometimes, several general practitioners share a practice, but large health care centers where also several paramedics work do usually not occur. Qualities and pitfalls of the primary healthcare system can be found in my final report below, in which I will compare the Netherlands system with the primary health care in Czech republic.

Original Learning Objectives in Community Orientation
Creating awareness of my own cultural values and biases concerning the foreign community. Gaining knowledge of the diversity within the community/population of the general practice. How is care for refugees organized? How do general practitioners in Czech republic deal with the large numbers of refugees who may appeal to their primary healthcare?
Actual Learning Outcomes in Community Orientation
The population of a GP in Czech republic concerns all local residents over the age of 15. Below the age of 15, children and adolescents are seen by a special GP for children and adolescents. It is even common that adolescents only register at the 'normal' GP from the age of 19. Gynecological problems are also not seen/treated by the GP; women make an appointment (yearly) with the gynecologist themselves. Furthermore, the populations of the practices I visited were diverse in terms of education level and age. Even before the war there were already a lot of migrants from Ukraine (working) in Czech republic. 4% of the inhabitants of Czech republic are migrants. Most of them are people from Ukraine. In second place these are people with a Vietnamese background (from the communist time). During the recent war another 200.000 refugees from Ukraine came to Czech republic. The first 6 months they received medical care for free. Since most of them found a job in this time, they are insured because they receive a salary (see above).
Original Learning Objectives in Specific Problem Solving Skills
Increasing my capacity to analyse medical issues: How does the general practitioner abroad handle the problems presented? Does the GP use guidelines/skills I didn't know before and how can this information impact my own work as general practitioner? On what grounds does the process of decision making take place? What kind of Point-of-care tests are used in the general practice?
Actual Learning Outcomes in Specific Problem Solving Skills
It is mandatory for general practices in Czech republic to have the possibility to make ECGs, to check faecal occult blood and to test CRP. Furthermore, a lot of practices have a lot of point-of-care tests available, for example haemoglobin, INR, BNP, D-dimer and troponin. Flu and COVID rapid tests are widely used, as well is the a Strep A Test. This means serious conditions (such as pulmonary embolism and myocardial infarction) can be detected or ruled out more quickly, especially if the GP also has POCUS available. If there is an increased D-dimer and subsequently the deep veins are not fully compressible during ultrasound examination, a DVT has been demonstrated and the patient does not need to go to the hospital. During the EGPRN conference I took an ultrasound course myself and honestly, the research into DVT is very simple. I can imagine that with the increasing appearance of ultrasound equipment in general practitioners' practices in the Netherlands, this will also influence my own work in the future. In the Netherlands, the POC troponin is nowadays carried out in the ambulances for research purposes. I can imagine that in the future the POC troponin may also be done in the general practice, as is currently happening in the Czech Republic.

The GP in Czech republic can use the Czech GP guidelines which can be found at https://www.svl.cz/doporucene-postupy/doporucene-postupy-pro-pl-zpracovane-od-2023/. Each year, a few of them are revised and adapted to knew knowledge. The guidelines are very extensive.

Original Learning Objectives in Comprehensive Approach

Gaining knowledge about illness prevention and health promotion interventions: what kind of preventive actions take place?
How are chronic conditions dealt with? How is the follow-up of chronic conditions done?

Actual Learning Outcomes in Comprehensive Approach

In Czech republic a lot of preventive actions are caried out: regular exams every two years, job exams every year, exam to extend a driver license, ophthalmology screening every 4 years and the GP also executes the pre-operative screening. The tetanus vaccin is renewed every 15 years, which is preventive. In the Netherlands, tetanus vaccine is only updated on indication, for example in case of a dirty wound.
In the Netherlands we have a special nurse in the practice who is responsible for the three monthly check up for diabetes or COPD. The GP sees the patient yearly and supervises the special practice nurse. In Czech republic the GP does all the check ups himself. The follow-up of diabetes in Czech republic consists (after diagnosis) of every three months HbA1c check. When HbA1c is in normal range this is every 6 months. Every year, cholesterol and lipid spectrum is checked, even as renal function, electrolytes and urine control. Weight, blood pressure and BMI is also monitored. Every year, an ECG, ophthalmology and neurology exams are performed. This is quite comparable to the follow-up of diabetes in the Netherlands.

Original Learning Objectives in Person Centred Care

Gain a deeper understanding of the doctor-patient relationships. How does the culture influence the person centred care? How is longitudinal continuity arranged?

Actual Learning Outcomes in Person Centred Care

Longitudinal continuity is reasonably well guaranteed, because in Czech republic they mostly have solo practices. The same doctor can usually see the patient again for a check-up after a few days or when necessary months.
The Czech food culture is in general meat-based, served with sauce and preferably they have a warm meal twice a day. Besides this, daily beer is not an exception and of course this has its consequences for their health. Therefore, the regular preventive screening is certainly not a bad idea, although it is a pity that only 35% of the population uses this free biennial option to detect elevated cholesterol or blood pressure at an early stage.

Original Learning Objectives in Holistic Modeling

Acquiring knowledge on what do doctors and patients think of complementary medicine.
How wide ranging is the work of the GP abroad: How is their point of view of psychological problems? How are psychological problems treated? Do people also come to the GP with social/financial/relational problems? How is this handled?

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Actual Learning Outcomes in Holistic Modeling
The opinions are divided about complementary medicine, just like in the Netherlands. A relatively frequently heard opinion is: if it doesn't help, it won't hurt. As long as the patient does not withdraw from the regular medical system, it is okay to combine complementary medicine with evidenced-based medicine. In comparison to the Netherlands, fewer patients with psychological (and social and financial) problems visit their GP. Nevertheless, there are still many people with psychological problems and, just like in the Netherlands, psychologists have a long waiting times. In the Netherlands, we have a special nurse in the practice for psychological problems to who we can make a referral for follow-up. In Czech republic, the GP himself deals with this patients.
Original Additional Learning Objectives
How does the pathway to become a GP look like in Czech republic? How does the interprofessional network around a GP in/around Prague look like?
Actual Additional Learning Outcomes
The GP training in Czech republic concerns also 36 months, same as in the Netherlands. The content, on the other hand, differs. Every year, a certain amount of slots at GP offices becomes available where GP trainees can apply for. Once accepted, the GP trainer and trainee together determine the duration of the first stay under the wings of the GP trainer. This could be, for example, two months in which the GP trainee learns about the general practice and how to perform the examinations the nurse usually performs (vaccination, ECG, CRP etc.). After this period, the GP trainee continues with an internship of 7 months at the internal medicine department and one months at the neurology department. After this period, the surgery internship will take place, which contains of a mandatory 2 months general surgery and then 2 months of urology, orthopedics and physiotherapy (RHB). The GP trainee may decide how those last two months will be divided. Thereafter, one month gynecology, one month pediatrics and two months of anesthesiology, of which the GP trainee will ride along with an ambulance for two weeks. Lastly, before the GP trainee returns to the general practice, there is one month of psychiatry, one month of dermatology and ENT and one month of ophthalmology internship. After all these internships, the GP trainee will work with and learn from the GP trainer for 15months, of which one month will be at the office of a general practitioner for children and adolescents (PLDD). Below, you can see an example of a GP training schedule.

Rok		2023	2024	2025
Období	Položka	Položka	Položka	Položka
leden		INT	ARO	VPL
únor		INT	ARO/ záchranka 2 týdny	VPL
březen		INT	Pediatrie	VPL
duben		INT	VPL – psychiatrie	VPL (konec kmene)
květen		INT	VPL – kožní+ORL	VPL - PLDD
červen		INT	VPL – oční	VPL
červenec		INT – neurologie	VPL	VPL
srpen		CHIR	VPL	VPL
září		CHIR	VPL	VPL (konec předatest. př)
říjen	VPL	CHIR_urol_2T/orto_2T	VPL	
listopad	VPL	CHIR_RHB_4T	VPL	
prosinec	INT	GYN	VPL	

There are no weekly educational days at the institute, but at least four times a year there is a full day of mandatory courses (concerning ethics, hygiene, palliative care, radiological examination, addictions and updates (news) in medical care) at the institute of post graduate education. In addition, GP trainees can opt for voluntary courses, for example about communication. This is a big difference with the training in the Netherlands, as we have a weekly educational days with a major focus on communication.

In the last year of the GP training, 2 oral exams must be passed. After 30 months, the so called ‘stem’ part is finished and the GP trainee will have to pass an oral exam with questions ranging over 75 medical topics. After finishing 36 months of training, a final oral exam takes place, where the examiner can question from 280 medical topics and the GP trainee's knowledge about general medicine (differential diagnosis, pathology, treatment) is tested.

The most important person of a general practitioner's network is the nurse. Most practices in the Czech republic are solo practices in which the GP and nurse work together very closely. Sometimes the nurse even has her own desk in the consultation room of the GP. If requested, the nurse carries out POCT blood tests, ECG, streptest or COVID test and can send sick leaves to employers.
In the practice I attended, the nurse also provided very knowledgeable intensive wound care, such as deep diabetic ulcers.
Furthermore, the interprofessional network of a GP in Prague includes**:** the pharmacist, the physiotherapist and home care nurses.

Final Report

This Final Report should be completed below and submitted to the Visitor's & Host's National Exchange Coordinators and VdGM Exchange Liaison Person (exchange@vdgm.eu), no later than 1 week after the exchange. Where possible please send in a version of your report in English. All participants are strongly encouraged to present and/or publish their experiences nationally and internationally. We kindly ask that reports are interesting and self-reflective of your own learning experiences. Please avoid producing a report that is not self-reflective i.e. purely relays facts which can be found elsewhere online. The minimum word count is 500 words.

We warmly invite hosts to also write a report of their experiences, although this is not essential to receive a Certificate of Completion.

To help you, these are some topics you may choose to write about:

- A comparison between your own and your Host's(/Visitor's) country's:
  - Undergraduate training
  - General Practice Training
  - Role of the GP trainee
  - Role of the GP
  - Role of the other members of the clinic e.g. nurses, psychologist etc..
  - Patient expectations
  - Working hours
  - Appointment length
  - Number of patients seen in a day
  - GP Clinic consultation rooms & building structure
  - Additional services offered
  - Home visits
  - Acute care management
  - Chronic care management
  - GP pay
  - GP insurance
  - How the General Practice is funded
  - Relation between primary and secondary care
  - GP Networks e.g. junior, research, quality, rural, education & training
  - How the GP/General Practice is viewed by society
  - Culture & Religion
  - Law & Ethics

- What you think your country does well and what it could do better?
- What you learned from your experience?
- How your experience has affected you and the way you may work as a GP in future?
- Whether you would recommend this experience to someone else?

Final Report

What a wonderful project is the Hippokrates exchange. I had a really interesting time at the office of Jáchym Bednář and learned more than I expected to learn before I came here. In this final report I will take you through my weeks and give you a sneak peek into my experience.

When I started in the office of Jáchym, a few things I noticed right away. There is a really close collaboration between the GP and the nurse. The nurse is always in the neighbourhood and you really do the work together. The door is literally almost always open for each other.
In the Netherlands it can occur that I don't see the nurse all day and that I am alone in my office, trying to fix all the problems myself. I think this difference lies in the solo practice here versus big health centres in the Netherlands, in the difference in type of topics during the consultations (in the Netherlands I see more psychological and social problems than I saw here) and the large number of additional examinations that take place in this practice (ECG, CRP, strep A test, Covid test, taking blood for a D-dimer or troponin test) and in which the help of the nurse is useful. I think the difference in topics is partly determined by the mentality regarding psychological problems in Czech republic and because patients in the Netherlands are more demanding. In my opinion, in point-of-care testing the Czech republic is ahead of the Netherlands. Troponine POCT in the Netherlands now almost only takes place in the ambulance in a study context, whereas this is a common exam in GP practices in Czech republic when patients have a complaint of acute chest pain.

Another big difference I experienced is the large amount of preventive exams in Czech republic instead of consultations regarding direct patient care. A patient can come to the practice for a regular exam every two years and the GP is consulted for an obligatory job exam every year. This takes a lot of time and about half of the workweek is filled by such preventive screenings. The good thing about it is that the GP is really up to date of the recent health issues, as well as the medical issues in the family, the recent job changes of the patient and vaccination status. This ‘anamnesis’ can easily be added to any referral letter. In our own GP information system in the Netherlands I especially miss the headings 'profession', 'vaccination update’ (such as tetanus status) and what the results are from the recent performed preventive population survey (since mainly the patient receives those results only themselves).

While I will see 2 practices during my 3-year training in the Netherlands, I have now seen the inside of 4 practices in 2 weeks and watched 3 general practitioners doing their job. I have learned that I learn a lot from watching the physical examination. After a number of years of work experience, I perform my physical exam according to a certain pattern. Being able to compare this pattern with the performance of other doctors remains educational, because it allows me to improve my own exam.

I have made a summary below of the differences I have experienced in the primary health care in Czech republic in comparison to the Netherlands. Some of them are qualities and we in the Netherlands can learn from it. On the other hand I listed some pitfalls, in which there are still opportunities for the Czech Republic to improve.

Difference and quality:

- In my opinion, the greatest quality of the Czech primary care system is the national electronical system in which all prescribed medications can be found. You can see who prescribed it (a specialist or the GP) and whether the patient has collected the medication from the pharmacy.
- The Czech republic has one national electronical system in which all vaccinations can be found. As GP, you can download these data from the state and in this way, you are always up to date.
- A lot of practices have multiple POCT possibilities, for example not only CRP (as we in the Netherlands have), but also rapid tests for COVID and influenza, HbA1c, Hb, D-dimer and troponin. CRP/FOB/Strep A can be tested by one machine. Streptococcus group A rapid test, for example, can be performed to have a stronger substantiation for whether or not to prescribe antibiotics. In 2022, the incidence of invasive infections by streptococcus group A in the Netherlands was higher than in previous years. Therefore, the possibility to perform a Strep A test in the GP practice could be really useful.
- Entrance exam (when joining a new practice) and regular exams every 2 years result in a clear and regularly updated overview ('Anamnesis') of the most important characteristics of a patient, which can be added to any referral letter.
- The risk score SCORE is calculated by the GP's information system itself and the doctor doesn't have to search for it in a table or digital program himself (as is the case in the Netherlands).
- The clock-drawing test has to be performed in the driver license screening in Czech republic. I think this is a good thing, to see if there is any indication for mental decline. In this way, a still undiscovered dementia can be detected and help can be provided early.
- 1 in 10 GPs in Czech republic has an ultrasound device. In 2020, only 400 of the (at that time) 11.223 GPs in the Netherlands were registered as general practitioner sonographers in the quality register of the College for General Practitioners with Special Qualifications. Targeted ultrasound by the GP can be of great added value for the patient and GP, especially if GPs use it specifically to confirm or rule out a differential diagnosis.

Difference and pitfall:

- There is no mandatory education about communication in the actual GP training in Czech republic, where in the Netherlands this has major focus. The Czech GP training is mainly based on self-regulated learning and focussed on medical knowledge. In my opinion, reflection and feedback of peers misses in this kind of system.
- Sick leaves are necessary to collect from the GP. This is an administrative hassle and a sign of not trusting the patient's ability to assess whether he can or cannot perform his job. Apparently, in Czech republic it is thought to be necessary because otherwise many people would take advantage of it.
- Children are not be seen by the GP and therefore the GP is not involved in this part of the medical history. Also, the overall picture of a family is therefore less visible. Illnesses of a parent can certainly affect a child and vice versa and because the GP for children and adolescents is separated from the GP, useful information may be missed. I personally really like to see a child grow up as a GP and guide them into adulthood and because I also know the parents, sometimes I can better understand why a certain complaint is presented in a certain way. That's why I think it's a pitfall that a Czech GP doesn't see children.

- In contrast to the fantastic organised national medication and vaccination system, referral letters to and discharge letters from the hospital are still printed on paper and given to the patient. This takes extra time (since also stamps and signatures have to be applied) and it costs paper. As another negative consequence, only one third to a half of the letters from the hospital reaches the GP, causing a lot of missing information.
- Pre operative screening has to be done by the GP (laboraty tests, ECG, blood pressure). Afterwards, the patient is seen by the anaesthesiologist and then the final decision is made whether and how the patient will be operated. This creates extra work for the GP, while the final conclusion cannot be made by the GP.

Similarities:

- In both countries, specialists use many annoying abbreviations in their discharge letters. There was even made a funny song about it in the Czech Republic and I think doctors in the Netherlands think this is very recognizable.
- There is a lack of nurses in the general practice in both countries. In Czech republic this means some days there is no nurse available. In that case, the GP or GP trainee must perform the tasks of the nurse. Also in the Netherlands we have a shortage of nurses, which means the workload is high.

In addition to patient care, during my exchange I attended the EGPRN conference with my host, who co-organised this conference. The conference had as theme ‘Innovative Technologies and Methods in General Practice’. I took a few ultrasound courses, which was really useful, and learned a lot about the new developments that are being researched nowadays. In the second week, I went with Jáchym to the ‘Wisdom of trauma' conference of Gabor Mate. The subject was 'Parenting and childcare in the context of the wisdom of trauma and developmental science'. Both conferences covered very useful topics for me as a future general practitioner. This has taken my exchange to a higher level.

To conclude, I really enjoyed my stay and would recommend this exchange to any GP trainee in Europe. I learned a lot from the different ways of digitization of healthcare and the many point of care tests performed in the general practice. It has put the Dutch primary healthcare system in perspective for me as it emphasizes its qualities and also allowed me to identify areas in which it could be improved. Visiting this general practices abroad and talking to the GPs and GP trainee gave me a broader view to the concepts of family medicine at both professional and personal level. The experience with the GP training in Czech republic showed me different ways to become a GP. Besides, I could compare my skills and our guidelines. It inspired me for development of new family medicine curricula in the future. I think this experience made me a better general practitioner and for the future, a better education developer.

I would like to thank GP trainee Dominika and GPs Taťána Mahdíková and Ludmila Bezdíčková very much that I could join them in the office and learn from them. A very special thanks to my enthusiastic host Jáchym Bednář, who made this experience amazing. Děkuji mnohokrát!

OVERVIEW OF DIFFERENCES	Czech republic	The Netherlands
Preventive population survey		
Breast cancer screening - Mammography	≥45y, every 2 years	50-75y, every 2 years
Colon cancer screening - Feces occult blood - Colonoscopy	50-55y every year, ≥55y every 2y When chosen for colonoscopy and neg: every 10y	55-75y, every 2 years
Cervical cancer screening - Cervical swab on HPV	*Regular check up by gynecologist: every year*	30-60y, every 5 years
Lung cancer screening - Low dose CT	55-75y in case of ≥146.00 sig (≥20 pack years)	*Only in case of complaints*
Ophthalmology screening	≥50y, every 4 years	*Only in case of complaints*
Stomatology (dental medicine)	Every year	Every year (not free)
Occupational check up (payed by employer)	Every year (<50y and no risks: every 6y)	-
Regular preventive exam	Every 2 year	-
Other		
Driver license screening	≥65y every 5y, ≥75y every 2y	≥75y, every 5 years
Flu vaccination	≥65y or in case of risk factor	≥60y or in case of risk factor
FSME vaccination (Tick-borne encephalitis)	≥50y every 5y	-
Tetanus vaccination	<60y every 15 years >60y every 10y	*Only post-exposure prophylaxis (PEP) and in case of last vaccination >10y ago*

Post-Exchange Declaration

The **Post-Exchange Declaration** should be signed once the Learning Outcomes & Final Report have been reviewed by the Host and both parties are satisfied with the outcome of the exchange.

I confirm that the above named Visitor has taken part on a Hippokrates Exchange with the above named Host on the dates specified and following the Educational Programme specified above.

I confirm I have read and I am in agreement with the Learning Outcomes outlined above.

Host	**Visitor**
Name: Signature:  Date:	Name: Mirte van den Broek Signature:  Date: 28-10-2023

This fully completed & signed document should be sent to the Visitor's National Exchange Coordinator to confirm that the exchange has taken place and has met the educational requirements for a Hippokrates Exchange. The Visitor's National Exchange Coordinator will then liaise with the Host's National Exchange Coordinator and VdGM Exchange Liaison Person who will issue the Visitor and Host with the Hippokrates Certificate of Completion.