

Introduction of Direct Access in The Netherlands. Development of an Educational Program

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PURPOSE In de coming years primary health care will be reorganized to a large extent in The Netherlands, for instance patient's direct access to facilities and professionals - physiotherapists included - is governmentally approved no later then 2005. Consulting physiotherapists without physician referral is coherent with 'patient-empowerment', and likewise for development for the profession. In order to guide this relatively new responsibility adequate training of necessary competencies of physiotherapists was intended. **RELEVANCE** In the aforementioned context an educational program "Direct Access" is of substantial relevance for physiotherapists already occupied in a job in primary healthcare (n=15.000) and for students in the bachelor phase (4000). **DESCRIPTION** In 2002 a project was started to prepare the concept of this program. The program was tested in a pilot in a group of 54 physiotherapists who participated in an pilot-experiment "Direct access" instigated by the Royal Dutch Society of Physiotherapy and the Netherlands Organisation for Applied Scientific Research. The education program is based on the concept of evidence-based practice (EBP), learning by doing - with help of simulation-patients - and consisted of [a] a two days entry course and [b] a coaching element (two refreshment courses, intervision and supervision meetings in groups of physiotherapists guided by experts) . During [a] and [b] a significant amount of time was preserved for real cases of participants, in a manner that EBP was clearly recognizable. All parts of the education program were evaluated by questionnaires, in which the physiotherapists were asked to rate the different parts of the education program on a 10 point scale and in a qualitative way by using open ended questions. **RESULTS** A representative sample of fifty-four primary-care physiotherapists form nine different locations in The Netherlands participated in the education program and all elements were rated by them as highly relevant for development of 'Direct access-competencies'. Ratings for separate elements of the course were: 'entry course': 7,9 (range: 4-10); 'refreshment course' 1 and 2: 7,2 (1-10) and 7,5 (5-10) respectively; intervision and supervision meetings 7,2 (5-8,5). Based on the open questions the set of competencies and associated indicators were accentuated and the total program sharpened. **CONCLUSION** The piloted program is a sufficient starting point for 'Direct access' and education of all Dutch physiotherapists in March 2004 is appropriate and feasible. In due time insight in the final program for colleagues all over the world is a realistic opportunity.