Prison GP: competence profile

Preface
The National Association of General Practitioners (Landelijke Huisartsen Vereniging, LHV), the National Association of Prison Doctors (Landelijke Vereniging voor Penitentiaire Geneeskundigen, LPG) and the client/employer, the Custodial Institutions Agency (Dienst Justitiële Inrichtingen, DJI) of the Dutch Ministry of Justice have detailed the competences required of a doctor in order to function appropriately within custodial facilities, in the competence profile below, in order to promote quality standards for medical care professionals.

The competence profile was partly developed within the framework of the DJI project ‘Responsible Medical Care’ (Verantwoorde medische zorg). It was compiled by the Prison GP Expertise Development and Registration Committee (Commissie Deskundigheidsbevordering en registratie Justitiële Geneeskundige, DJG) instated in 2006, which included representatives of the LHV, the LPG, the DJI, and experienced general practitioners working within the DJI. Regular consultations were also held with the Dutch Association of Salaried Doctors (Landelijke Vereniging van Artsen in Dienstverband, LAD) and the Health Care Inspectorate (inspectie voor de Gezondheidszorg, IGZ.)

Competence profile: finalization procedure
The competence profile below was approved by the LHV/LPG advisory body, General Practice Health Care in Custodial Institutions (Huisartsenzorg in Justitiële Inrichtingen), on 28 August 2007. The profile was then approved by the DJI on 13 September at its quarterly meeting, after which it was formally approved by the general meeting of the LPG on 19 September 2007.

The competence profile was presented for approval to the board of the LHV in November 2007.

Introduction
A ‘competence’ is the body of knowledge, skills, attitudes, insights and other attributes that together lead to appropriate, effective conduct within a given context. The description of competences is linked to the final attainment levels (goals) of a training programme which general practitioners, in this case, must possess in order to be able to carry out the actions required of them. After all, if they have successfully completed their training programme, doctors are regarded as competent to perform the work.

The possession and application of these competences can serve to implement a registration in the profession, safeguarding in part the quality of professional activity. The competence profile can also serve as a basis for subsequent refresher and continuing training.

This competence profile concerns Prison GPs working in all four DJI sectors. The development of the present competence profile is supported by the IGZ on the basis of research and its provisional ‘Temporary curative care assessment framework in penitentiary care’ (Tijdelijke toetsingskader curatieve zorg in penitentiaire zorg in penitentiaire inrichtingen).

‘Judicial health care’ is the name given to the medical care delivered by GPs in custodial institutions. Because this care takes place under special circumstances, namely in detention, and because this care has several specific focus areas (addiction, psychiatric illness, and infectious disease), the GP needs to possess a number of supplementary competences in order to effectively perform their duties.

The framework within which this care is given has been formulated in the DJI’s Health Care Vision (Gezondheidszorgvisie). This states: in all its facilities the DJI will ensure effective health care, of a quality equivalent to the health care provided in free society, while taking account of the special situation that exists in custody. Custodial institutions work with a ‘referral function’ (toegeleidingsfunctie), which is a product of the Responsible Medical Care project and is one of the 20 separate work part-processes (see Appendix 1) that describe the primary work processes of the medical service. The referral function is a unique characteristic of judicial health care, forming a bridge between the inmate and the Prison GP. Within the medical service this role is fulfilled by the Prison Nurse.

1 Cate ThJ ten, Bleker OP, Buller HA, Scherpbier AJJA. Opleiden van medisch specialisten. Bohn Stafleu van Loghum, Houten, 2005, 59
2 Gezondheidszorgvisie DJI, Den Haag 2006
3 The referral function is described in the vision document Toegeleiding-instrumentenset Penitentiair verpleegkundige, DJI, Sep. 2004
It is important that the Prison GP is aware of the existence of the 20 work part-processes, and especially of the referral role. They should also be aware that this referral function includes an active role in determining supplementary agreements between the Prison Nurse and the Prison GP.

This Prison GP competence profile has been compiled on the basis of the competence profile for general practitioners (LHV, 2005), shares part of its vision, and uses the same structure. The interpretation of the care provision characteristics it lists, and the relevant competences, are specific to the Prison GP.

The competence profile for Prison GPs is given in the following pages in table form. The table is derived from the competence profile for general practitioners, and is made up of ‘task areas’ taken from the Canadian descriptive model of such competences accepted by the Royal Dutch Medical Association (Koninklijke Nederlandsche Maatschappij tot bevordering der Geneeskunst, KNMG) and its Medical Specialists Board (College Geneeskundige Specialismen, CGS). The abbreviation used therein, and now more widely – CanMEDS2000 – refers to the Canadian Medical Education Directions for Specialists project that was carried out in 2000.4

The task areas employed are the following:

1: professional conduct
2: doctor-patient communication
3: collaboration
4: organization
5: social conduct
6: science and education
7: professionalism

For a full understanding of the tables, here is a brief explanation.

- A summary description is first given of each (numbered) task area. Below this description there is a left-hand and a right-hand column.
- The left-hand column describes the framework and the roles of the GP working in a custodial institution for that task area. These are supplementary to their usual role as general practitioners, and are here termed ‘specific attributes’.5
- The right-hand column describes the competences associated with these roles.
- The reader should note that the bullet points in the left-hand and right-hand columns do not necessarily correspond; they have simply been used to distinguish between summary descriptions.

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4 Cate ThJ ten, Bleker OP, Bulter HA, Scherpier AJJA. Opleiden van medisch specialisten. Bohn Stafleu van Loghum, Houten, 2005, 63
5 The formulated characteristics are specific to their judicial context and supplementary to the care provisions detailed in the general competence profile of the general medical practitioner.
**Task area 1: professional conduct**

The professional conduct of the Prison GP concerns all medical activities undertaken in response to complaints, problems and questions about inmates’ illness and health. The core of the medical treatment role consists of the differentiation of the complaint with regard to its nature and severity, and an assessment of the need for intervention. A working hypothesis is used to generate a treatment plan, and its effect is monitored.

The health care provided by the Prison GP comprises (A) medical care and (B) an advisory task.

<table>
<thead>
<tr>
<th>Characteristics of Prison GP care provision</th>
<th>Competences of the Prison GP</th>
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<tbody>
<tr>
<td><strong>A. medical care:</strong> The Prison GP:</td>
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<tr>
<td>• addresses themselves to all complaints, problems, and questions about the health of the inmate⁶, whether at the individual or the group level</td>
<td>• is able to deliver general practice care within the context of the custodial institution</td>
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<tr>
<td>• focuses on the application of general practice principles (medical history, examination, probable diagnosis, referral, and prevention)</td>
<td>• when considering a inmate’s health complaint, takes into account their group-related health problems and likely health risks</td>
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<tr>
<td>• strives to provide care equivalent to that found in normal primary health care, while taking account of the specific circumstances of imprisonment</td>
<td>• applies the full arsenal of diagnostic, therapeutic and preventative judicial medicine in a targeted and, where possible, evidence-based way</td>
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<td><strong>B. Advisory task:</strong> (see also: Task area 7) The Prison GP:</td>
<td>• works to the usual standards that apply to the GP, and in accordance with specific DJI protocols and guidelines</td>
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<td>• is explicitly tasked (by the Custodial Institutions Act) to provide medical advice to the director of the facility – at the individual level, risk group level, and for the entire population of the facility except the staff</td>
<td>• documents their findings appropriately in a computerized patient dossier</td>
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<td>• besides advising on the curative task, has preventative tasks with regards to individuals and groups of inmates</td>
<td><strong>B. Advisory task:</strong> The Prison GP gives solicited and unsolicited advice with a view to its medical consequences, with due regard to medical confidentiality for the facility (in the broadest sense), or for third parties, concerning:</td>
</tr>
<tr>
<td>• makes use, where necessary, of the judicial network (including the DJI’s Health Care department)</td>
<td>• health in general, hygiene, and the risks specific to detention</td>
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⁶ ‘Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity’ (WHO)
Task area 2: doctor-patient communication

This task area comprises all verbal and non-verbal communication between the GP and the inmate during a consultation, a visit, or contacts following a referral from the Prison Nurse.

Core activities here consist of the initiation and maintenance of a constructive dialogue with the patient, and ensuring a medically responsible and, where possible, a jointly-agreed health care decision.

Characteristics of Prison GP care provision

- Prison GP care concerns patients being detained because they committed an offence. This is a situation in which their freedom has been withdrawn, and this can give rise to specific reaction patterns
- A considerable proportion of the inmate population has foreign-born origins
- Custodial institutions do not offer a free choice of doctor, so the patient-doctor trust relationship also requires extra attention. The health care of inmates therefore demands explicit attention to communication and procedures

Competences of the Prison GP

The Prison GP:

- can build up the most effective possible treatment relationship within the judicial context
- applies communication techniques and modalities that are tailored to the individual inmate
- actively involves the inmate, where possible, in decision-making and agreements on, and the implementation of, a treatment plan

Task area 3: collaboration

This task area comprises all interpersonal contacts within the custodial institution, or other custodial institutions, with other care workers.

Participation in a network of functional cooperative relationships and the optimal use of the available expertise is essential to the realization of effective and efficient collaboration.

Characteristics of Prison GP care provision

- Within a custodial institution, effective and efficient health care provision requires intensive collaboration
- Care is provided in intensive collaboration with the nurse, particularly with regard to referral
- There is regular multidisciplinary, such as psycho-medical, consultation (psychomedisch overleg, PMO)7
- There is collaboration with chain partners within the framework of individual and collective (including preventative) care

Competences of the Prison GP

The Prison GP:

- collaborates, in the given organizational setting, with Prison Nurses, psychologists, psychiatrists, other care workers, and the head of the facility’s Medical Service
- deals with changes in agreements, guidelines, and protocols in medical and other professional groups, as well as within the organization (e.g. the facility, the DJI)
- contributes to the maintenance, use, and development of internal and external care networks
- helps to ensure the transfer of patient data when an inmate leaves the facility

Task area 4: organization

This task area concerns the realization of regulations and agreements having regard to the functioning of GP care within the DJI's own quality control system. The quality of GP care provision is continually monitored using relevant indicators.

Characteristics of Prison GP care provision

- The director of the custodial institution is ultimately responsible for the medical care provided within the facility
- The facility's medical care should be equivalent to that offered in free society
- Prison GP care operates within the custodial institution’s Medical Service
- Prison GP care can be provided by a GP employed by a custodial institution, on a freelance basis, by individual contract, or through another private organization
- The health care provided in custodial facilities is organized in accordance with the care-related work part-processes set by the DJI (see: Appendix 1)
- One distinct part-process in health care is referral to GP consultation

Competences of the Prison GP

- The Prison GP:
  - is co-responsible for medical care and ultimately responsible for their own medical activities, and provides medical care with due regard for continuity, referral, and accessibility
  - functions within the organizational context of the facility’s Medical Service
  - identifies bottlenecks in health care provision, is co-responsible for the search for solutions, and can communicate both aspects with those responsible
  - ensures thorough documentation and dossier creation, using appropriate information systems, for optimal patient care

Task area 5: social conduct

This task area has to do with weighing up the interests of the patient against the interests of other beneficiaries and of society. The core issue here is the GP's socially responsible exercise of their profession.

Characteristics of Prison GP care provision

- Prison GP care applies the principle of equivalence in care
- Medical care behind bars is under constant political and social scrutiny. Incidents are quickly followed by intense media attention. This necessitates effective coordination between the GP and the institution’s management

Competences of the Prison GP

- The Prison GP:
  - protects and promotes the health of individual patients and groups of patients, in accordance with specific judicial-medical-ethical principles
  - acts in accordance with the prevailing rules and regulations concerning Prison GPs
  - protects patient interests by assisting in the notification of incidents and contributing to the prevention of incidents in health care
  - is cost-conscious
Task area 6: science and education

This task area comprises the acquisition, application and transfer of scientific knowledge and of social and systematized experiential knowledge.

Characteristics of Prison GP care provision

- Prison GP care in the Netherlands is in a developmental stage. The professional groups and the DJI acknowledge that the quality of Prison GP care can be secured through systematic knowledge and scientific underpinning.
- The intention of the professional group is to stimulate and develop this, and to search for ways to enable it. This will require support from the DJI and the institutions.

Competences of the Prison GP

The Prison GP:

- bases health care, wherever possible, on scientifically responsible principles
- promotes the development and implementation of professional knowledge
- contributes, wherever possible, to the growth of expertise of Medical Service staff, other employees, and of students and trainee assistants

Task area 7: professionalism

This task area comprises the exercise, promotion, and maintenance of professional competence. In this respect, reflection on one’s own competences is an essential skill.

Characteristics of Prison GP care provision

- Prison GP care requires guarantees of expertise development from staff and its professional execution.
- Prison GP care is characterized by a potential tension between curative and advisory tasks.

Competences of the Prison GP

The Prison GP:

- maintains a balance between personal and professional roles
- adequately manages their different roles – caregiver, advisor, co-organizer – and strives to avoid conflicting overlap
- works systematically and purposefully to improve their own professional functioning through expertise development
- within the framework of professional ethics, consciously handles differences in inmate norms and values
Documentation employed

- *Competentieprofiel van de huisarts.* Landelijke Huisartsenvereniging, LHV, Utrecht, April 2005
- *Gezondheidszorg voor gedetineerden.* Kelk C. Association for Health Law, Utrecht. 1998
Appendix 1.

The care-related work part-processes set out in the DJI project ‘Responsible medical care’ (Verantwoorde medische zorg)

Overall work process of medical care provision in custodial institutions

Overview of care-related work part-processes:
1. Mapping inmates’ health situation and history by nurses
2. Mapping inmates’ situation and history by GPs
3. Referral to consultations
4. Nursing consultations
5. GP consultations
6. Supporting care workers
7. Implementing the continuity of care and aftercare
8. Emergency help during office hours
9. Emergency help outside office hours
10. Care coordination, chain alignment
11. Giving socio-medical advice
12. Prevention, health information and education
13. Acute psychiatry
14. The supply, management and distribution of medicines / medical materials
15. Operational understanding of medical equipment
16. Facilitation of workspaces and equipment
17. Expertise development
18. Job familiarization
19. Professional conduct
20. Medical Service policy cycle
Members of the Prison GP Expertise Development and Registration Committee

This competence profile was compiled under the auspices of the Prison GP Expertise Development and Registration Committee (Commissie Deskundigheidsbevordering en registratie Justitieel Geneeskundige) of the DJI. In September 2007 this committee was merged into the LHV/LPG advisory body ‘GP care in custodial institutions’ (Huisartsenzorg in Justitiële Inrichtingen).

The committee consists of a number of experienced doctors and general practitioners working as Prison GPs for the DJI, with advisory support from the following participants:

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Hans Blankenstijn
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