

## “Measuring the practicing category for GPs in the Netherlands”

We will go back to the year 2000 and tell what the ACMMP wanted to know and what NIVEL did deliver as an answer.

We will then go to the year 2005 and tell what the ACMMP found out and what NIVEL came up with.

Finally, we will tell what the ACMMP decided, let the board members comment on this decision and ask the audience to participate in a group discussion.

# Initial question of the ACMMP

How many people are working as a GP in the Netherlands at 1-1-2000, what are their characteristics and what are the forecasts for the next 20 years?

Key question:

- To count the number of practicing GPs (rather than licensed!)

Additional questions:

- To count the number of FTE as well
- To split the numbers by gender and age
- To foresee the outflow out of the current stock and the inflow into the future stock in the next 20 years

# What NIVEL could deliver

Data that were available at the end of the year 2000 from the NIVEL-registry of GPs, with 1-1-2000 as a reference date:

➤ Numbers of:

- ✓ Self-employed GPs (7,091)
- ✓ Salaried GPs (481)
- ✓ Recently graduated GPs working as a locum ( $\pm 250$ )

So: around 7,850 active GPs out of around 9,200 licensed GPs.

Note: we did not include some 250 recently GPs who were, as far as we knew, not working as a locum.

# Signals received by the ACMMP

Around the year 2005, the ACMMP got signals that the NIVEL-number on locums were probably too low:

- Some temporary employment agencies for GPs claimed they had over 1,000 GPs registered for locum services
- The introduction of a new out-of-hours-service had greatly expanded the need for locums

# Additional surveys by NIVEL

Additional surveys on GPs working as a locum were performed by NIVEL:

- Among GPs that were self-employed or salaried
- Among GPs that we thought not to be active, but still had their license, split by:
  - ✓ GPs who had never been active as a GP since graduation
  - ✓ GPs who once were settled as a self-employed or salaried GP, but who stopped working as such

# What NIVEL additionally found out

The outcome of the additional surveys on GPs working as a locum performed by NIVEL were:

- Among GPs that were self-employed or salaried some (a few hundreds) are also more or less active as a locum, but they are primarily working as self-employed or salaried GPs
- Among GPs that we thought not to be active, but still had their license, about half were more or less active as a GP:
  - ✓ GPs who had never been active as a GP since graduation: at least 60%
  - ✓ GPs who once were settled as a self-employed or salaried GP, but who stopped working as such: about 33%

# Decision of the ACMMP

The decision of the ACMMP was to set the number of practicing GPs at:

- “all surely practicing GPs according to the NIVEL-registration” (at 1/1 of the present year)
- plus “half of the difference between licensed and surely practicing GPs” (at 1/1 of the present year)

# Impact of the decision

- the impact on the number of practicing GPs was sizable (around 8-9% more GPs)
- the impact on the number of GPs to be trained was marginal (around 0% more GPs in training), because the higher the number of currently practicing GPs:
  - ✓ the lower the outflow-rates in the past
    - which leads to a lower predicted outflow in the future
  - ✓ and the higher the labor market return of the GP-training in the past
    - which leads to a higher predicted inflow in the future



# Comments of board members

Board members will now comment on these decisions

➤ Jos van de Heuvel:

- ✓ Former chief dental officer
- ✓ Member of the ACMMP “working group mouthcare”

➤ Fred Dijkers:

- ✓ Former GP educator
- ✓ Member of the ACMMP “GP chamber”

➤ Theo Hoppenbrouwers:

- ✓ Former CFO of the Dutch association of health insurance companies
- ✓ Former president of the ACMMP

# Group discussion: THINK-PAIR-SHARE

- THINK:
  - ✓ think 2-3 minutes for yourself about the issue presented (both the situation in the Netherlands, but also on similar situations in your country)
  
- PAIR:
  - ✓ then talk for 3-4 minutes with your neighbor about what you think
  
- SHARE:
  - ✓ you can then share your thoughts with the group in a 7-9 minutes group discussion lead by the chairman