

- ASSESSMENT AND ESTIMATION OF THE CURRENT IMBALANCES: FOR GENERAL PRACTITIONERS IN DUTCH PLANNING SYSTEM

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Main aspects:

- *Imbalances are estimated through a number of indicators like vacancies/unemployment among specialists, waiting time before consultation/treatment for the population, proportional number of vacancies still open after 3 months, etc.;*
- *All three usable parameters point in the same direction. The percentage of vacancies is in the lower part of normal margins. This percentage is measured through monitoring the vacancy adds on 5 Dutch medical websites. The choice of these 5 websites have been unaltered in the past 8 years. Changes in the reservoir of locums will usually precede changes in the percentage of vacancies. The number of locums is measured through a census method by structural surveys. The reservoir of locums seems large enough to fill all vacancies in The Netherlands, even in the less favourable practices. The distribution of practicing general practitioners is also measured through a census method, as is the number of immigrants. The strength of the parameters is high. The resulting decision on the unmet demand states that there are sufficient general practitioners in The Netherlands. It also states that there is no intention to increase the number of general practitioners in the soliciting reservoir any further.*

Description:

The most important step in defining imbalances between the demand and the supply of health care is in identifying a number of parameters that can be considered to be illustrative for any differences between supply and demand. By monitoring multiple parameters, one can consider triangulating the results. The parameters have to be measurable, but it is not necessary to have a census. There may be differences between the professions regarding the parameters used. In The Netherlands, there is only one parameter that is in place for all medical professions. The “Arbeidsmarktmonitor” or vacancies monitor is the only one used for all medical professions. For all clinical professions, this monitor is broadened by monitoring the period between the request



of a patient for an appointment with a clinical specialist and the actual appointment. For the general practitioners, this parameter is irrelevant as every patient can have a regular scheduled appointment with his or her general practitioner within 2 days.

In this example, we will focus on general practitioners because in The Netherlands general practitioners are the gatekeepers of health care. Imbalances between demand and supply of general practitioner care can have serious consequences for the rest of the health care system. There are a number of (measurable) indicators for imbalances between demand and supply in use in The Netherlands:

- *Trends in the vacancies monitor;*
- *Trends in the number of locums;*
- *Geographical distribution of general practitioners;*
- *Trends in immigration of general practitioners from other countries.*

Vacancies for general practitioners (and all other medical professions) are monitored continuously and reported to the ACMMP and the magazine of the Royal Netherlands Medical Association every 3 months. The number of vacancies is divided by the number of working general practitioners at that time and results in a percentage of vacancies for this profession. What is considered a percentage of vacancies beneficial for a sound workforce market depends slightly on the average number of years the newly registered professional is expected to work. Usually, a percentage range of 1% to 3% vacancies is considered as normal.

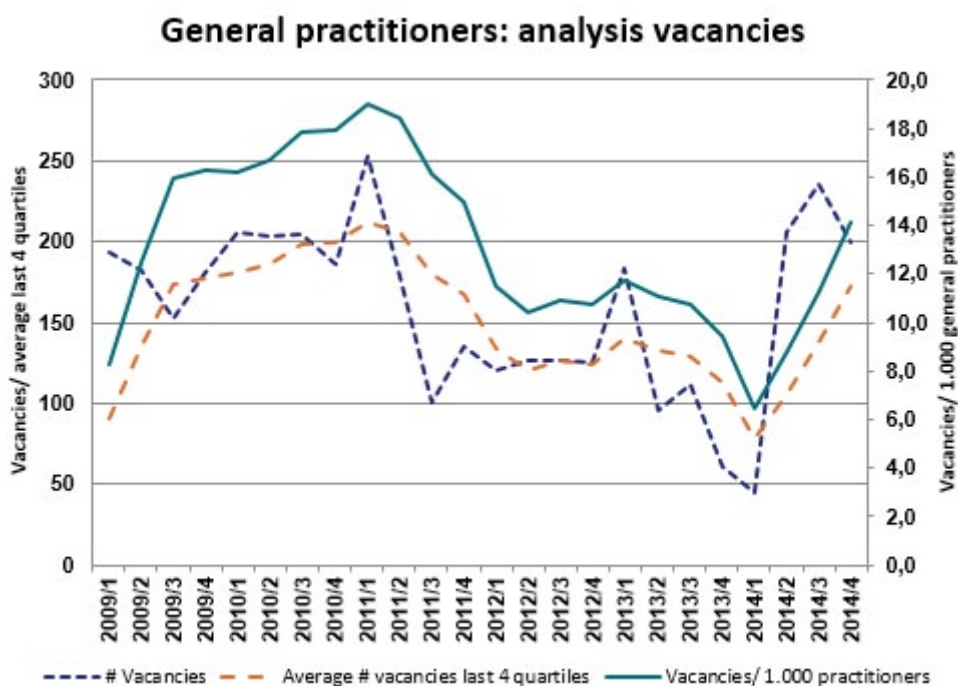
In The Netherlands, medical graduates can register as general practitioners after successfully completing a vocational training of 3 years. All general practitioners work in private. Most of them work in a duo or a group practice of general practitioners. Some, especially in the rural areas, still work in solo practices. Once a general practitioner settles in a certain area he/she usually stays there for the rest of his/her remaining career. This prospect encourages most newly registered general practitioners to start their career as a locum in order to orientate on possible future workplaces. Newly registered general practitioners are structurally surveyed each year until they finally settle down. Trends in the number of young locums are an indicator for changes in the demand for general practitioners. The geographical distribution of general practitioners in The Netherlands is monitored each year. This is done by linking each general practitioner by fte worked with the zip code of the general practice he or she is working in, be it as (co-)owner, locum, or employed by another general physician.

Usually, the reports on the geographical distribution are on a level of the 12 provinces and show data on the number of fte of general practitioners, the number of inhabitants of the province, and the number of people served by one fte general practitioner.

Finally, trends in the immigration of general practitioners from other countries can be an indication for unmet demand in The Netherlands. The immigration of general practitioners (and all other medical specialists) is monitored each year.

Results:

The vacation monitor shows that the vacancy percentage for general practitioners in 2012 was stable at 1%.



Source: Arbeidsmarktmonitor

The yearly investigation of the number of locums demonstrates that the number of locums has increased from 1.500 in 2010 to almost 2.000 locums in 2012. The number of general practitioners employed by other general practitioners has remained stable at 1.000 persons. The geographical distribution of general practitioners indicates that there are no shortages for general practitioners at national or provincial level. In rural areas occasionally there may be a succession problem due to the location of the general practice. In most cases, this is due to the organisation of the practice, not to the location. Solo practices are not very favoured any more. The immigration of general practitioners into The Netherlands is virtually absent.

The conclusion of the experts in the Chamber for General Practitioners was that there is no problem with the national workforce capacity of general practitioners. Also, there are no regional distribution problems. The percentage vacancies is low but stable. The increase in the number of locums in the last two years indicates that it takes young locums longer to buy their way into a general practice. The experts decided for the first time in the history of the ACMMP to fix the parameter “unmet demand” for general practitioners on 0%.

Helpful tips:

Implementing unmet demand in the workforce planning is not very easy. The quickest implementation can be achieved by structural surveys of all newly registered medical specialists in a certain specialty. The surveys can be copied from the Dutch ones and completed with specific topics for the own country. The ease with which newly registered physicians e.g. can obtain a definitive working position or a locum position is an indication for the balance between demand and supply. Then, the organisation responsible for certifying the new specialists has to be asked to distribute these survey forms structurally. In this way, the first results will be available within 6 months after starting. In our experience, the outcome of this first survey will produce valuable input for improvements in the next questionnaire.

The monitoring of the vacancies can be started at any time. The selection of the web sites that will be monitored in the future is crucial, since the isolated trends are even more important than the absolute number of vacancies. This means that changes in the selected websites cannot be made easily. Besides that, monitoring the websites can be more time-consuming than doing surveys.

The geographical distribution of general practitioners depends heavily on the registration system that is in place for practising general practitioners. In The Netherlands, the quality register is used for general practitioners deployed by the Registration Committee for Medical Specialists (“RGS”) for this purpose. This register holds all practising general practitioners and is actualized permanently.

Further information:

Next recommendation for general practitioners:	2016
Some improvements are under construction:	- Estimation and inclusion of the unmet demand;



- Conversion of working hours to FTE;
- Effects of trainees on total working hours.

- The 2010 Recommendations for Medical Specialist Training <http://www.capaciteitsorgaan.nl/Portals/0/capaciteitsorgaan/publicaties/capaciteitsplan2010/0%20Capaciteitsplan%20Hoofdrapport%20Engels.pdf>
- The 2013 Recommendations for Medical Specialist Training <http://www.capaciteitsorgaan.nl/Portals/0/capaciteitsorgaan/publicaties/Capaciteitsplan%202013/DEFINITIEF%20hoofdrapport%20engels%20compl.pdf>
- Capaciteitsplan 2010: deelrapport 2; huisartsgeneeskunde http://www.capaciteitsorgaan.nl/Portals/0/capaciteitsorgaan/publicaties/capaciteitsplan2010/Deelrap2_Huisartsgeneeskunde.pdf
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- Regionale spreiding huisartsen; notitie voor het Capaciteitsorgaan <http://www.capaciteitsorgaan.nl/Portals/0/capaciteitsorgaan/publicaties/capaciteitsplan2010/onderliggende%20rapporten/Rapport-regionale-spreiding-van-huisartsen.pdf>

