– *SELF-EVALUATION OF THE EFFECTIVENESS OF THE PLANNING MODEL IN THE DUTCH PLANNING SYSTEM*

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Main aspects:

- *Since 1999, in the Dutch planning system there have been 3 "scientific" evaluations on the functioning of the model and 1 on the "consumer satisfaction" in the health field;*
- *The evaluation of the recommendations is structural and serves as feedback to the ACMMP each time a new recommendation is produced. This way the ACMMP creates a pdca cycle. After planning the necessary influx, the ministry and the hospitals attempt to realize a certain influx (do). The ACMMP checks on the realized influx and adjusts the necessary influx thereupon for the next period;*
- *The other evaluations do not need to be done on a structural basis, except for the customer satisfaction. All of these were done by universities or semi-academic organisations that had no ties with the ACMMP. Some were done on request of the ACMMP, some others were done on instigation of the ministry.*

Description:

The effectiveness of the planning model can be evaluated in several ways. There is the evaluation whether the planning model:

1. *has contributed to the decision making process;*
   .....
2. *is mathematically sound;*
   .....
3. *is appreciated and accepted by the health field;*
   .....
4. *does cover all the relevant parameters.*
   .....

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To get feedback on these items, the ACMMP does a number of things that will be discussed in this paragraph. The ACMMP does not interpret data, but merely presents them. The recommendations of the ACMMP concern intake numbers for vocational training of specialists, based on the demand forecasts and the current number of specialists. In order to give readers an impression on the impact of the recommendations of the ACMMP, all former recommendations in combination with the decision of the ministry of Health, Welfare and Sports and the realised intake numbers are routinely presented in chapter 3 of each sub-report (regarding a subset of professions).

To evaluate the mathematical soundness of the model, it is best to have specialists of a university testing the model under different circumstances. The ACMMP had this testing done by the University of Tilburg in 2010.

The ACMMP produces the recommendations on the intake of vocational trainees based on the planning model, the ministry of Health, Welfare and Sports takes the decision on the final numbers and allows for financing the trainees, but the health field (training institutes e.g. hospitals and professionals) has to make logistic arrangements to actual train the medical graduates in order to become a medical specialist. This means that acceptance and appreciation by the field is also necessary to get things done. In 2010 the ministry of Health, Welfare and Sports had a customer satisfaction survey done amongst members of the health field. The subject of the survey was another organisation but it included the ACMMP also.

There is sparse expertise on forecasting in The Netherlands. The ACMMP wanted to know whether any parameters relevant for planning were excluded in the model. For that reason, the leading planning organisation in The Netherlands, the Central Planning Agency, was consulted in 2011 to evaluate the planning model of the ACMMP.

Results:

The sub-reports on clinical specialists (1), general practitioners (2), specialists for the elderly (5) and specialists for the intellectual disabled (6) show that the recommendations on medical specialists have been used since 2000. The actual numbers of new trainees were always close to the vicinity of our high number in the range. Up till 2007 this was the only aspect we could report on, because the number of new medical trainees was determined by local negotiations between numerous health insurance companies and hospitals. As of 2007, the Health Insurance Act transported the negotiations to a central

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level and replaced the health insurance companies by a single ministry. From this year on, we can also report on the number of trainees the ministry decided to subsidize. These data also show that the ministry studies our recommendations very good.

The sub-report on dentists and oral hygienists (3) shows that the recommendations of 2009 and 2010 regarding dentists and oral hygienists have not been accepted by the government. Government had requested the ACMMP in 2008 merely to present reliable data on the workforce of dentists and oral hygienists. There was no felt need for a recommendation at the ministry. For this reason, recommendations on the necessary influx on dentist students and oral hygienist students have ceased in 2013.

The recommendations in the sub-report on social medicine (4) have always been accepted by the ministry of Health, Welfare and Sports as far as they feel a responsibility. The recommendations for social law physicians and occupational physicians regard another ministry. Also, these trainings are not subsidized. In view of the poor economic prospect for occupational health firms, the influx of medical graduates in these two professions is stagnating since 8 years already.

Finally, in 2013 the first mature recommendation on psychological professions in health care (sub-report 7) were presented to health field and ministry. The ministry has responded to these recommendations by expanding the subsidized training for 4 of the 5 investigated professions.

The mathematical soundness of the model was tested by the University of Tilburg. A number of kinds of testing were done. The parameters that are used to create the 9 different scenarios in the model are the most powerful parameters according to these tests.

Mathematically, the model was also tested by NIVEL. They compared the theoretical data on general practitioners in the model with the empirical data for the last 15 years. For self- employed general practitioners, the model was 3% off over a 15 year period.

The customer satisfaction was on average 8 on a scale of 1 to 10. The clinical specialties had a slightly lower score (7.4).

The Central Planning Agency concluded that the model was plausible. They suggested to introduce an explicit additional economic parameter in the model. The suggestion was investigated by another bureau and then put aside. The model holds no financial or

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qualitative parameters.

Helpful tips:

- *The implementation of an evaluation system is not the first item on the agenda. As of the second planning document, the results/ effects of prior one(s) should be part of the document. When you use experts frequently, you should be able to have a hunch on whether you are on the right track or not;*
- *It's important to organise and personalize the customer satisfaction scheme to use;*
- *It's useful to discuss the time interval in which the evaluations should be repeated.*

Further information:

Zorgopleidingen in de polder (Regioplan, 2009) http://www.regioplan.nl/publicaties/rapporten/evaluatie_van_het_opleidingsfonds_en_cbog

CPB notitie(UvT, 2011) "Plausibiliteitstoets op de raming van het benodigde aantal artsen en specialisten in een vergrijzend Nederland" http://www.cpb.nl/publicatie/plausibiliteitstoets-op-de-raming-van-het-benodigde-aantal-artsen-en-specialisten-in-een-vergrijzend-nederland

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