SUPPORT FOR THE HEALTH WORKFORCE PLANNING AND FORECASTING EXPERT NETWORK

THE NETHERLANDS

HEALTH WORKFORCE PLANNING

PLANNING SUMMARY

The Netherlands has a national health workforce planning system based on a supply-and-demand forecasting model. The model is fuelled by data warehousing and sustained through an institutional stakeholder dialogue. The supply-and-demand planning for non-academic health professionals is monitored at regional level, and by qualification categories at regional and national levels.

PLANNING SYSTEM

The planning is executed by the Advisory Committee for Medical Manpower Planning (ACMMP) that actively involves representatives from health-insurance, training institutes and occupational organisations. Every three years, the ACMMP advises the government on the optimal training inflow with a projection horizon of 12 to 15 years.

PLANNING GOALS

The goal of the Dutch planning system is to anticipate shortages and oversupply by adapting the training inflow accordingly, and by enabling regional-policy solutions for health workforce mismatches. The reference goal is to ensure sustainable coverage of healthcare needs on national and regional levels, by profession and with an upcoming 5-15 years' horizon.

HEALTH WORKFORCE DATA

SUPPLY DATA

- **Individual data:** gender, age, registrations, year of in- and outflows, specialisation.
- **Aggregated data:** success rates/attrition of training programmes, training duration, male/female ratio, head count and full-time equivalent, retirement rates, job/sector mobility, inflow from abroad.
- **Specific data:** registration data, labour force surveys, pension fund data, vacancy/unemployment data.

DATA SUPPLIERS

- Register based on the Individual Healthcare Professions Act (wet BIG), Medical Specialist Register (RGS)
- Health and Welfare Research Programme (AZW)
- Education Office (DUO)
- Health insurance data (VEKTIS)
- Public health data (GGD and RIVM)
- Electronic patient record data primary care (Nivel)
- National consumer surveys (Nivel)
- Population data (Statistics Netherlands, CBS)

DEMAND DATA

- Demographic data and projections, by gender, age, region and projection horizon.
- Utilisation of health services, health expenditure and unmet needs by age, gender and region.
- Public-health data and health condition indicators by gender, age and region.

MOBILITY DATA

- **Internal mobility:** in employment and/or health care through registration data and labour force surveys.
- **External mobility:** foreign-trained data through mandatory registration and professional recognition procedures (based on the Individual Healthcare Professions Act (wet BIG) and Medical Specialist Register (RGS).

CURRENT AND FUTURE CHALLENGES

→ To face current and future demographic challenges, there is a growing need to increase the health workforce by recruitment and retention, particularly in elderly care, chronic care, mental care in underserved areas.

→ Multiple policies have been adopted to achieve a productivity shift by focusing on patient-centered and integrated care, increasing patient participation and empowerment and by reinforcing prevention, healthy aging and primary care.

→ Next to health workforce expansion, other ways of organising work and health services require a new vision on skill mix optimisation, interprofessional collaboration, task shifting, job carving and continuous professional development (CPD).

HEALTH WORKFORCE POLICIES

Policy category	Details	Impacted professions
Manage shortages and maldistribution of skills	The Netherlands have a free settlement policy of health provision. This is monitored at the regional and - when necessary - at the national level. Regional networks and collaboration are built to tackle region-specific labour market shortages and mismatches.	
	Substitution and task-shifting are stimulated and promoted.	
	Programmes are funded to invite inactive health workers to reintegrate, to promote working in healthcare, and avoid exit.	
Improving performance	Policy and practice are supporting the reduction of administrative burden and registration requirements.	
	National and cross-sectoral agreements are concluded to control the growth in healthcare expenditure by setting 'ceilings'.	
Address mobility	The inflow of foreign trained professionals is monitored, particularly for physicians and dentists.	
Education, enrolment and recruitment	The inflow is controlled by a planning system and the ACMMP's advice to the government; while mismatches are monitored at regional level.	
	Education coaches help graduated physicians to select a suitable residency position, avoiding maldistribution across medical specialisations.	
Education staff & infrastructure	Medical specialist and nurse training has been modernised, some master programmes are offered in English (e.g. Physiotherapist).	
Continuous professional development (CPD)	Mandatory CPD is legally enforced and subject to both disciplinary controls and a 5-year revalidation system for 'BIG-professions'. The Ministry of Health and scientific organisations co-finance the development of guidelines and training to implement them.	
Regulation of private sector	No policy reported.	
Working conditions	Innovation by self-steering team policies in the home care, reducing administrative burden and improving working conditions.	
	Reduce workload and work pressure of healthcare workers by introducing more assistant and supportive functions.	
	Incomes of salaried health workforce are settled by collective labour agreements.	
Others	Actions to reduce the boost in flexible and self-employed health workforce.	

PHYSICIANS DENTISTS PHARMACISTS NURSES AND MIDWIVES ALLIED HEALTH PROFESSIONS

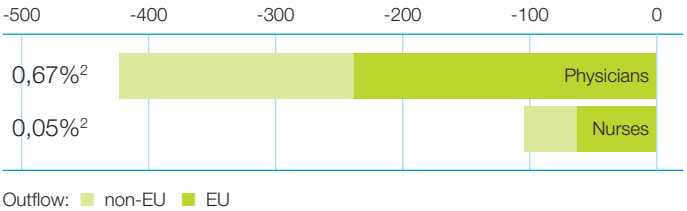
HEALTH WORKFORCE STOCK AND MOBILITY

Table 1: Health workforce stock and replacement

	Physicians[1]	Nurses[1]
Total stock 2018	63.233	191.740
Stock 55-64 years 2018	12.188	Not reported
Graduates 2018	2.717	9.940

1 Practising

Figure 1: Mobility level in absolute numbers (2018)



Outflow: non-EU EU

2 % of the practising physicians and nurses

Note: Inflow data not available for 2018

HEALTH WORKFORCE DENSITY AT SUB-NATIONAL LEVEL

Figure 2a: Number of practising physicians per 1.000 inhabitants (regional distribution latest data available, 2018)

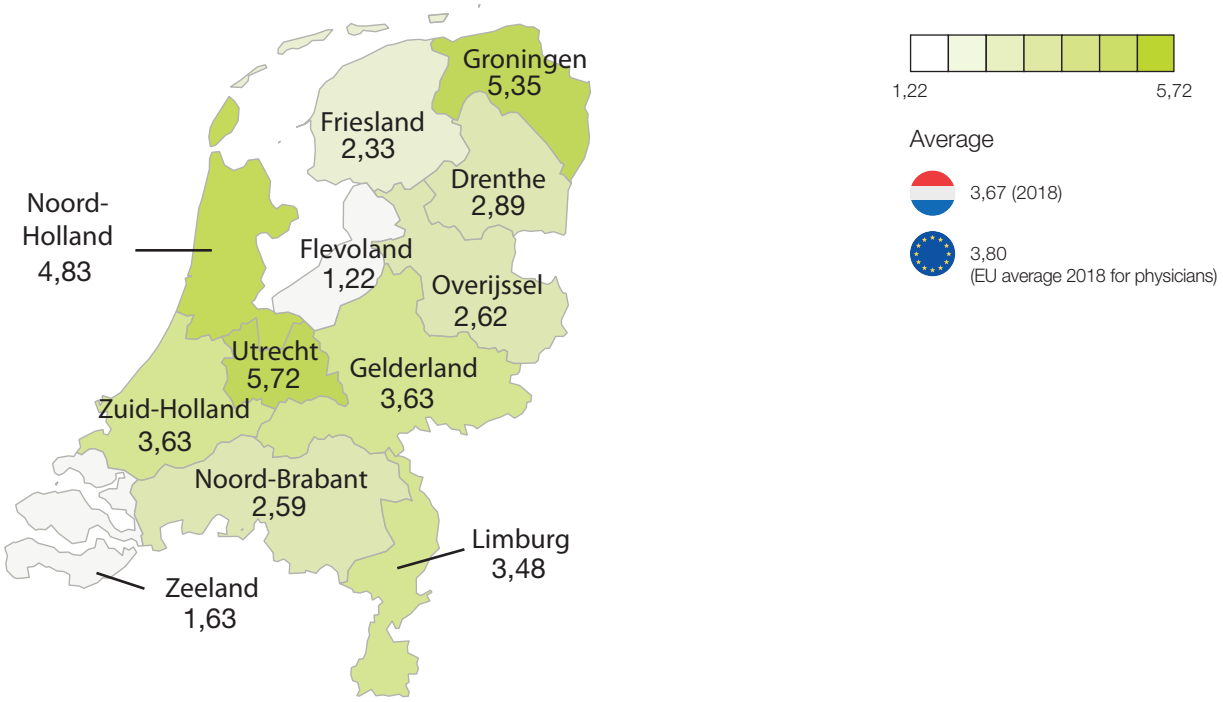
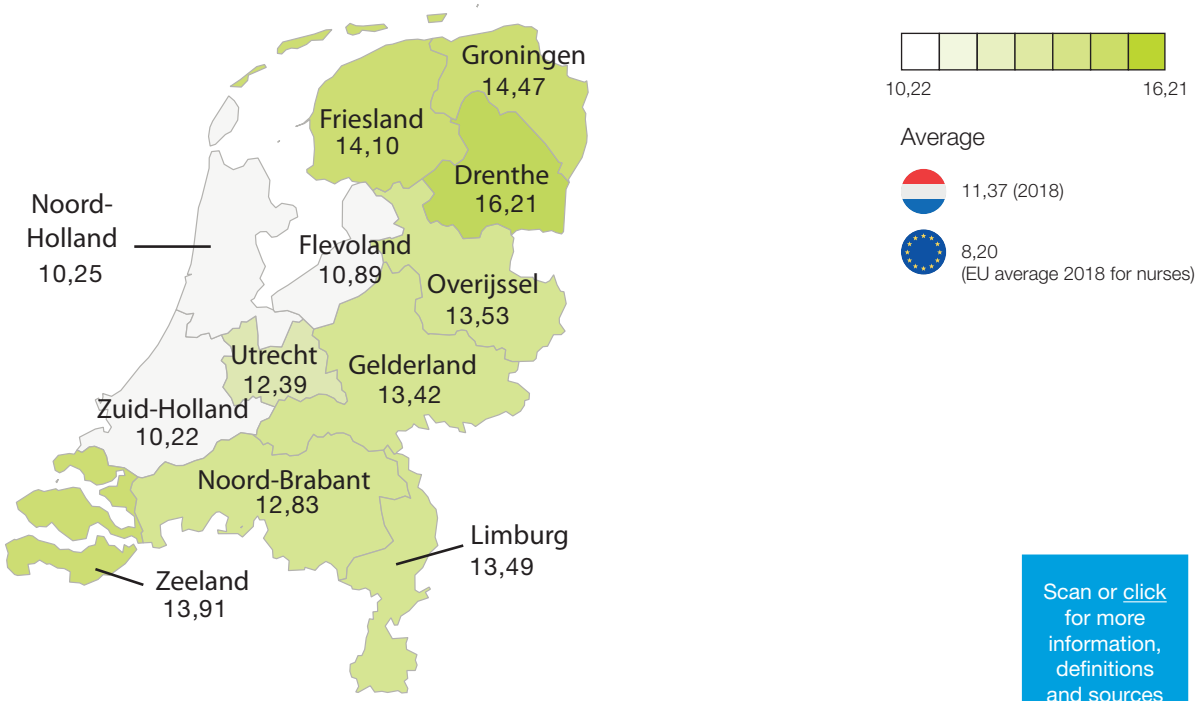


Figure 2b: Number of practising nurses and midwives per 1.000 inhabitants (regional distribution latest data available, 2013)



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