Dutch hospital care

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In the Netherlands there is a small amount of doctors per capita of which an increasing part is female. Both female and male doctors work in all specialisms.

There are three types of hospitals: general, academic and psychiatric hospitals. Every type of hospital has its own collective labour agreement. Medical specialists are either employed by the hospital or have their own private practice at the hospital. Private practice is possible in general and psychiatric hospitals. In academic hospitals only salaried doctors work.

Patients are referred to the hospital by their general practitioner. The decision for a hospital is mainly determined by the patient's healthcare insurance. The patient does not know if the doctor is employed by the hospital or works in private practice. This does not matter to the patient because the prices of treatments are nationally determined regardless of the type of hospital or doctor. The patient is billed by the hospital through his insurance company.

Private practice

Salaried doctors and doctors in private practice work together within the hospital. All the specialisms in private practice organised themselves in a medical specialist organisation (MSB) and all the salaried specialisms organised themselves in a salaried medical specialist organisation (VMSB).These organisations negotiate and make agreements about patient safety and quality with the hospital board of direction. The influence on the conduct of business within the hospital by the medical staff is determined by the cooperation agreement and labour contract. The number of medical specialists in private practice is decreasing. 37% of medical specialists are employed by the hospital in 2010. Men often choose for private practice whereas women tend to choose for hospital employment. General practitioners male and female more often work in private practice.

Salary

In general male doctors earn more money than female doctors. The difference increases even more by ageing. The net income of medical specialists does not differ much between private practice and salaried doctors. In 2012 the average net income was 73.000 euro.

The hour rate of medical specialist labour is nationally set by the government. Also the prices of treatments are nationally determined in diagnosis treatment combinations (DBC).

The salaries of medical specialists are pressured by government rulings. One of the main reasons is the increasing healthcare costs in the Netherlands. At this moment there is a possibility that the pensions above 100.000 euro salary are not paid out to the doctor in the future. The LAD is striving to make sure this does not happen.

Continuous medical development

The College of Medical Specialisms (CGS) defines rules and regulations in the legislation for post graduate trainings, the (re)registration demands for medical specialists, general practitioners and other doctors. In the Netherlands this legislation is made by the professionals themselves, therefore the board of CGS consists of doctors. The Registration Committee of Medical Specialisms (RGS) also consists of doctors. This organisation executes the legislation set by the CGS.

Professional self-regulation has been an important pillar of quality assurance of health care in the Netherlands for a long time. Dutch medical specialists have been using external peer review through site visits (*visitatie*) as means of professional quality assurance for 25 years. Based on predefined standards colleagues carry out standardized site visits once every five years. "*Visitatie*" focuses on the organization and delivery of health care by departments/partnerships of medical specialists. "*Visitaties"* aim at improving quality of care. Additional to the assessment of group, in 2008 a new professional system was introduced aiming at the continuous assessment of individual performance of doctors, thereby contributing to life-long learning and quality of care. Elements of the individual assessment consist of the use of multisource feedback, an individual portfolio and an assessment interview with a trained colleague.

For continuous medical development an important tool is extra and supplementary training for reregistration of medical specialists. The number of hours and the subject of training is determined by the CGS and executed by the RGS. The subject of training is based on the CanMeds theory with an emphasis on the competences "knowledge and science", "professional conduct" and "medical skills".

Staffing and workload

The male doctors in the Netherlands tend to work more hours per week than their female colleagues. It is possible in every hospital for doctors to work part-time. Job satisfaction is high amongst Dutch doctors, both male and female. However there are still reports on increasing workload, mainly attributed to an increasing administration load.