

“Interpreting and applying international mobility data in HWF planning”

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 2008 and tell what the ACMMP thought about this topic and what NIVEL came up with.

Finally, we will tell what the ACMMP decided in 2013, 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 foreign trained specialists have entered per year in the Netherlands in the past 5 to 10 years, what are their working characteristics and what are the forecasts for the next 20 years?

Key questions:

- To count the number of foreign trained GPs who became licensed
- To count the number of foreign trained GPs who are practicing

Additional questions:

- To foresee the inflow into the future stock in the next 20 years

What NIVEL could deliver

Data that were available from official registries of all specialties:

➤ Numbers of:

- ✓ Newly registered, foreign trained specialists, per specialty per year from 1995 onwards
- ✓ Newly registered, foreign trained specialists, per specialty per year from 1995 onwards, who were still registered after 5 to 10 years

So: We could deliver the mean number that “entered” (=registered) per specialty per year for any period (e.g. 5 year)

And: We had some idea about how many

Initial decisions of the ACMMP

From the year 2000 until 2004, the ACMMP decided to estimate the future inflow simply according to the historical numbers:

➤ Inflow in future = inflow in past

From the year 2005 until 2008, the ACMMP decided to estimate the future inflow according to the historical numbers, but with an adjustment, called the “shrinkage factor”:

➤ Inflow in future = $1/3 * \text{inflow in past}$

The “shrinkage factor” was used because it was believed that the advised higher intake would lead to a lower inflow from abroad!

Impact of these initial decisions

Impact of including the foreign inflow on the numbers to be trained:

- Including foreign inflow will always lower the number to be trained domestically
- The actual impact relies on the volume of the foreign inflow
 - ✓ The higher the foreign inflow in the past, the lower the number to be trained
- The actual impact relies also on the “shrinkage factor”
 - ✓ The higher the “shrinkage factor” (i.e. if it's 1), the lower the number to be trained
- The actual impact relies also the length of the training program in relation to the horizon for the planning
 - ✓ The longer the training program and the shorter the horizon, the higher the impact

New decision of the ACMMP

In 2010, the ACMMP decided not to include foreign inflow anymore:

- We should be self-supportive
 - ✓ We would have a problem if the foreign inflow suddenly stops
 - ✓ Countries were asked to be self-supportive in order to stop the brain drain in some countries

- An exception was made for the dentists

Impact of the new decision

- the impact on the number of specialists to be trained was marginal for those specialties with relatively low or zero inflow (like GPs)
- the impact on the number of specialists to be trained was sizable (+10%) for those specialties with relatively high inflow (like some medical specialties)

Latest decision of the ACMMP

In 2013, the ACMMP decided to include the foreign inflow again:

- Foreign inflow did not drop as predicted
- Not taking this inflow into account would lead to an oversupply

Impact of the latest decision

- the impact on the number of specialists to be trained was marginal for those specialties with relatively low or zero inflow (like GPs)
- the impact on the number of specialists to be trained was sizable (-10%) for those specialties with relatively high inflow (like some medical specialties)

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