

Dutch healthcare

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Working time organisation

The working time for senior doctors is not determined in the Netherlands by the national law on working time (*ATW, Arbeidstijdenwet*) or the European working time directive (EWTD). Instead the labour time is arranged in the collective labour agreements for salaried doctors. The ATW and the EWTD do apply to postgraduate trainees. The opt-out for medical specialists in the Netherlands means that they do not have any limitation of daily working time, no restrictions on rest periods, on call time and stand by time. Next to that there are no regulations on over time, time for non-care activities and leaves.

Doctors in private practice do not have to take collective labour agreements into account. For salaried doctors however there are three main collective labour agreements: for general hospitals (*Cao Z/AMS*), for academic hospitals (*Cao UMC*) and for psychiatric hospitals (*Cao GGZ*). The labour time differs per collective agreement. Labour time without duty time varies between an average of 45 hours per week including duty time (AMS) to an average between 40 and 48 hours per week excluding duty time (UMC) to an average of 36 hours per week excluding duty time (GGZ). The labour time with duty time is an average of 52 hours per week including duty time for doctors in general hospitals (AMS) and a maximum of 55 hours per week including duty time for doctors in academic hospitals (UMC).

Medical liability

Several national medical organisations together with the Royal Dutch Medical Association (KNMG) initiated a code of conduct for transparency in medical incidents (*Gedragscode Openheid medische incidenten, GOMA*). The code sets guidelines on how to cope with patients after medical incidents and liability issues. Doctors are insured for liability partly by the hospital but also by private insurance. The costs differ strongly between salaried doctors and doctors in private practice. Membership of the LAD provides a partial insurance.

The Dutch government set up a national centre that provides information and help for patients regarding medical liability issues. The Dutch law on medical complaints, dispute settlement mechanisms and quality of healthcare (*Wkkgz, 2013*) provides for a complaint functionary and an independent complaint commission in every medical institution.

Lawsuits

Lawsuits regarding medical liability can be based on civil law and medical disciplinary law. Only when based on civil law reimbursement or compensation can be enforced. When based on disciplinary law the behaviour of the doctor is subject and the doctor can be punished from warnings to removal of the register. It is difficult to give an exact number of lawsuits in the Netherlands, because all courts have their own registration. There is a concern however that with the introduction of the *Wkkgz* in 2013 the number of lawsuits will grow.

Guidelines of clinical practice

The content of guidelines is very important for doctors when tried and always needs to be acted upon. The guidelines are the norm in the Netherlands. When doctors want to deflect from the norm, motivation is required. Guidelines are developed by the scientific organisations together with hospitals, patients and the Knowledge Institute of the Dutch Federation of Medical Specialists (KIMS) and the National Organisation of general Practitioners (NHG).

Clinical risk management strategies

Patient safety is anchored in medical practice through the Safety Management System (VMS). VMS is the system in which Dutch hospitals analyse risks on a continuous basis, make alterations for improvement and define this in policy and day to day practice. Another checkpoint in the Netherlands is VIM (Safely Report Incidents). It is a method developed to make sure that healthcare professionals can report incidents in a safe manner.

Career development

Dutch medical specialists are required by law to keep up on their knowledge and update their skills by extra and supplementary training. They are trained on soft skills (CanMeds) such as management skills, medical leadership and scientific research. For junior doctors it is also possible to be trained in a management profile. There is no national career path. Doctors do have their own personal development plans.