

General Practitioners with Special Competencies in the Netherlands: A Cross-Sectional Study

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Abstract

Objective: To describe the numbers and activities of GPs with training in special competencies who have been registered in the Netherlands.

Design: Inventory of GPs who were documented in 16 registers in the year 2015, followed by an online survey.

Setting: general practice in the Netherlands

Subjects: GPs with special competencies.

Main outcome measures: Numbers per register, hours spent per month on activities related to special competencies.

Results: Overall 2833 registered GPs were identified. 1112 GPs responded to the online survey, including 219 GPs with special clinical competencies (51.8% response) and 55 GPs with special non-clinical competencies (59.8% response). The numbers per register varied, with less than 100 GPs in many registers but higher numbers for palliative care, echography, ophthalmology, travelers' advice, obstetrics and quality consultants. High variation was seen in hours spent per month, highest for GPs with non-clinical competencies (mean: 19.6 hours) and lowest for GPs with registration as quality consultant (mean: 4.0 hours).

Discussion: GPs with special competencies (excluding quality consultants) comprise 9.7% of Dutch GPs. Their role and added value in the healthcare system should be a topic of research.

Keypoints

- For about a decade, general practitioners with training in special competencies have been registered in the Netherlands.
- This study found that GPs with special competencies comprise 9.7% of Dutch GPs (not including quality consultants).
- Relatively higher numbers (>100) were registered for palliative care, echography, ophthalmology, travelers' advice, obstetrics, and quality consultant.
- High variation was seen in hours spent per month on activities related to special competencies.

Introduction

The hallmark of general practice is the provision of accessible, comprehensive and person-centered medical care. Nevertheless, subgroups of GPs have developed additional competencies to meet local patient health needs, needs of the profession, and to increase personal job satisfaction. They may give clinical opinions as consultant, perform clinical procedures, or lead or develop a service, drawing on education or management [1]. In the early 2000s, a survey study in the UK showed that 16% of GPs had special clinical competencies [2]. In the Netherlands, eight structured programs for GPs to develop special competencies have emerged in recent decade. After successful completion, GPs can register in a national register for five years, after which re-registration is necessary. There was no comprehensive and up-to-date documentation of numbers, time spent and competencies of these GPs. This study aimed to provide this descriptive information for the year 2015, focusing on GPs with special clinical or non-clinical competencies.

Methods

We did an inventory of GPs who had ever been documented in a national register of GPs with special competencies, followed by an online survey in 2015. To identify registered GPs, we collected documentation from vocational training departments for GPs and the Dutch College

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Table 1: Numbers of registered GPs with special competencies.

	Total who was ever registered	Currently registered		Percentage drop-out of registration
		In first 5 years	Longer than five years	
Clinical competencies				
Asthma/COPD	49	30	17	6,1
Musculoskeletal	16	16	0	#
Diabetes	48	26	21	2,3
Mental health	32	24	5	9,4
Cardiovascular	53	35	12	11,3
Geriatrics	96	75	16	5,2
Palliative care	101	32	45	23,8
Urogynaecology	29	14	13	6,9
Non-clinical competencies				
Policy and management	36	31	4	5,6
Supervisor	61	25	18	29,5
Special services				
Echography	210	99	88	11,0
Ophthalmology	329	110	131	26,7
Travellers advice	339	94	143	30,1
Obstetrics	188	27	39	64,9
General practice in prisons	36	31	5	#
Quality consultant	2019	912	660	22,2

Not applicable. This register did not yet exist 5 years.

of GPs (NHG) and the College for GPs with special competencies (CHBB). For practical reasons, only GPs with known email addresses were approached for the survey. Only one invitation was sent to a total of 2883 identified GPs. GPs with multiple (validly) registered competencies were allocated to the smallest register that applied. The questionnaire comprised of newly developed items, including questions on hours spend per week on activities related to the special competences and perceptions regarding mastery and relevance of competencies and their inclusion in the training program. A list of eight generic competencies was derived from analysis of the teaching programs and used for self-assessment. Data-analysis was descriptive, using SPSS version 20. For the presentation, we made four categories: GPs with special clinical competencies (e.g. diabetes care), GPs with special non-clinical competencies (e.g. policy and management), GPs with special clinical services (e.g. in dermatology) and GPs with a registration as quality consultant. As a survey among health professionals, the study is exempted from review by the Medical Ethical Committee Arnhem and Nijmegen.

Results

Overall 2833 registered GPs were identified. Table 1 provides the numbers for different registers. The numbers varied highly, with less than 100 GPs in many registers but higher numbers for palliative care, echography, ophthalmology, traveler's advice, obstetrics, and quality consultants. Looking at GPs with clinical competencies, the numbers varied between 16 (musculoskeletal disease) and 101 (palliative care). For non-clinical competencies, the numbers of GPs were 36 and 60 per register.

A total of 1112 GPs responded to the online survey (38.6% response rate). Looking at subgroups, the response was 51.8% in GPs with special clinical competencies (n=219), 59.8% for GPs with special non-clinical competencies (n=55), 42.4% in GPs with special services (n=363), and 31.4% in GPs with a registration as quality consultant (n=475). Non-responders did not differ from responding GPs regarding gender or duration of registration.

GPs with special clinical competencies spend on average 16.5 hours per month (lowest 1, highest 110) on tasks related to these competencies. Most frequently mentioned items were teaching and coordination of projects. GPs with special non-clinical competencies spend 19.6 hours per month (lowest 1, highest 128). Most frequently mentioned items were group consultation and teaching. GPs with special services indicated that they delivered their services between 14 times per month for obstetrics and 40 times in case of judicial GP care. GPs with registration as quality consultant reported to spend on average 4.0 hours per month on tasks related to their competencies (lowest 0, highest 26). Their task was to initiate and coordinate continued education in local groups of GPs.

Looking at competencies of GPs with clinical or non-clinical special competencies, we found that all self-assessment scores were above average on the answering scale, indicating that these were mastered, perceived as relevant and included in the training programs. The exceptions concerned the inclusion of two competencies in the training programs for GPs with special non-clinical competencies: 'provide education' and 'enhance evidence-based medicine'.

Discussion

Excluding the quality consultants, the 864 GPs with special competencies comprise 9.7% of all GPs in the Netherlands. GP numbers and time spent on special competencies showed variation across registries. The figures can be interpreted in the context of a population of 8865 practicing GPs in 5088 general practices [3]. The figures suggest that GPs special competencies comprise a substantial group. There is debate on the role of this group [4] but not much research. Potential areas of research concern the content of the training programs, added value of GPs with special competencies to healthcare and risk of adverse effects on normal the core of practice care. These should be themes for future research.

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References

1. Rosen R, Stevens R, Jones R. General practitioners with special interests. A potentially valuable asset, which requires evaluation. *BMJ*. 2003; 327: 460-462.
2. Jones R, Bartholomew J. General practitioners with special clinical interests: cross sectional survey. *Br J Gen Pract*. 2002; 52: 833-834.
3. Dutch Association of GPs, website accessed on 9 December 2015.
4. Wilkinson D, Dick MLB, Askew DA. General practitioners with a special interest: risk of a good thing becoming bad? *Med J Aust*. 2005; 183: 84- 86.