

# *Regional European Organisation of the FDI*

## *National Report*

*Country: Netherlands*

*Association: NMT*

*Venue: Nieuwegein*

*Year: 2013*

*Please classify your national report by the following subjects:*

I. *Changes in the association and its organisation.*  
Not applicable.

II. *Trends and developments:*  
- *in professional politics;* none

- *in health politics;*

Healthcare costs continue to rise in the Netherlands. The government's policy focuses on cost control. It has opted for more competition, market mechanisms and less regulation in healthcare, with the aim of lowering costs by improving efficiency.

A free-pricing experiment in dental healthcare started on 1 January 2012, when the market was deregulated. The objective of the experiment was to improve choices and transparency for patients, in addition to innovation and cost control. The initial experiment period was three years, with a possible two-year extension. A number of conditions were imposed to ensure the experiment's success:

- i. Dentists should provide insight into the quality of the care they offer. Indicators and patient surveys have been developed to that end;
- ii. Price transparency and information about the dental healthcare practice are mandatory, enabling patients to make an informed choice among dental healthcare providers.

However the parliament forced the minister to stop the free-pricing experiment.

A report issued by the health care authority (NZa) played an important role in the political discussion on the continuing of the experiment. The NZa reported an increase of 9,6% in

prices, which led to political discontent. Due to the decision of the parliament the prices are regulated again, starting January 1, 2013.

The NMT has introduced the 'dental healthcare monitor', which offers support for dentists should they encounter difficulties. Dentists themselves play a monitoring role in this respect. The objective is high-quality dental healthcare.

Lastly, the NMT is emphatically targeting the preventative role played by dentists and their teams. Calling broad attention to prevention is an important challenge for the entire team.

- *in educational politics;*

Students entered their sixth year of dentistry studies for the first time in 2012. This sixth year has been added to the academic curriculum. New dentistry components include student apprenticeships in dental practices and/or dental institutions. The Minister of Health has decided not to expand the dentistry study capacity in 2012. The NMT is exploring the options for establishing a guidelines institute, one of which options is joining in with existing international initiatives.

- *in the insurance system (including public health insurance and private insurance schemes);*

Within the context of the free-pricing experiment, dentists were free to determine their own prices. This has resulted in discussions with private insurers regarding the level of coverage in the various types of insurance. As mentioned above prices are regulated again starting 1 January 2013.

III. *Further information (activities, concerns).*

In light of the ageing expected in the occupational group and the recent reconfirmation of the dentistry capacity at Dutch universities, the NMT is studying the options for informing foreign dentists about the possibility of a career in the Netherlands.

The Netherlands is also struggling with the consequences of the global financial crisis. Concerns to consider include further interventions in public healthcare insurance, including in the area of dental care.