

**niv** nederlandse  
internisten vereniging

# Mission

Promote the quality of internal medicine care by advancing knowledge and skills in the prevention, timely detection, and treatment of internal diseases.



Education and continued training of internal medicine professionals

Representing the societal interests of patients and professionals

# Vision

Medical specialists with the broadest medical knowledge, that, combined with our individual specialized expertise, uniquely enables us to diagnose and treat patients with complex medical issues in a holistic manner. In doing so, we maintain control in multidisciplinary care, ensuring that together we provide high-quality, accessible, and affordable care for the patient and society.

# General Board

## Daily Board



**Prof. dr. Robin Peeters**  
*Chair*



**Iris van Groeningen**  
*Secretary*



**dr. Harald Brulez**  
*Treasurer*



**Prof. dr. Yvo Smulders**  
*Education*



**dr. Bas Huisman**  
*Organisation & Finance*



**dr. Peter de Jager**  
*Quality & Innovation*



**Prof. dr. Majon Muller**  
*Science & Healthcare  
evaluation*



**Oscar Smeekes**  
*Chair Young Internists*

# THE OFFICE

## Communication & Policy advisors



General director



Teammanager



→ secretary's of the sub-associations



→ office employees

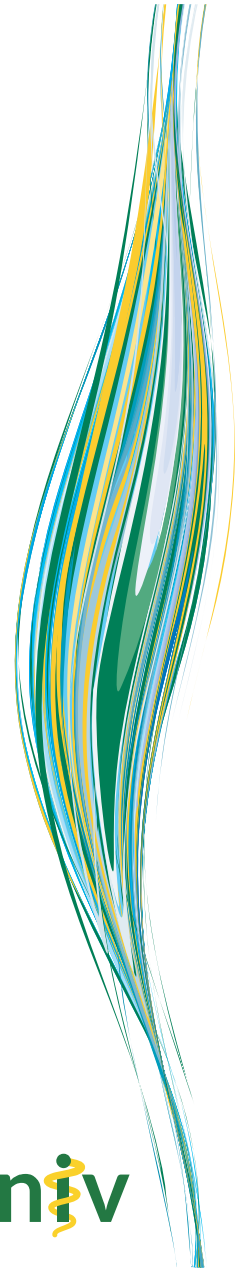
# Some figures and facts



49%  - 51% 



38%  - 62% 





# Some figures and facts

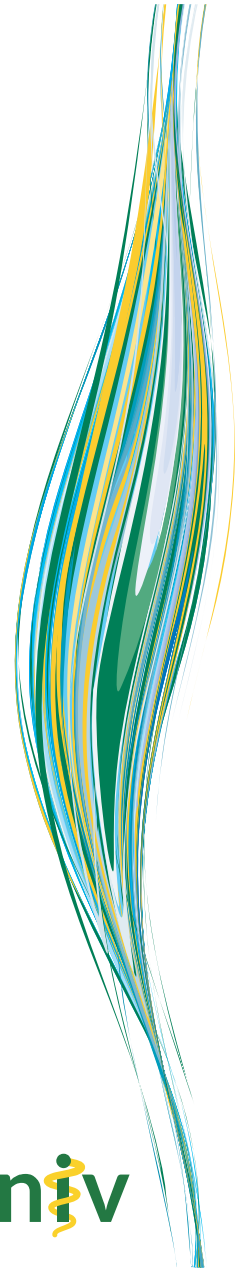
30+ guidelines annually

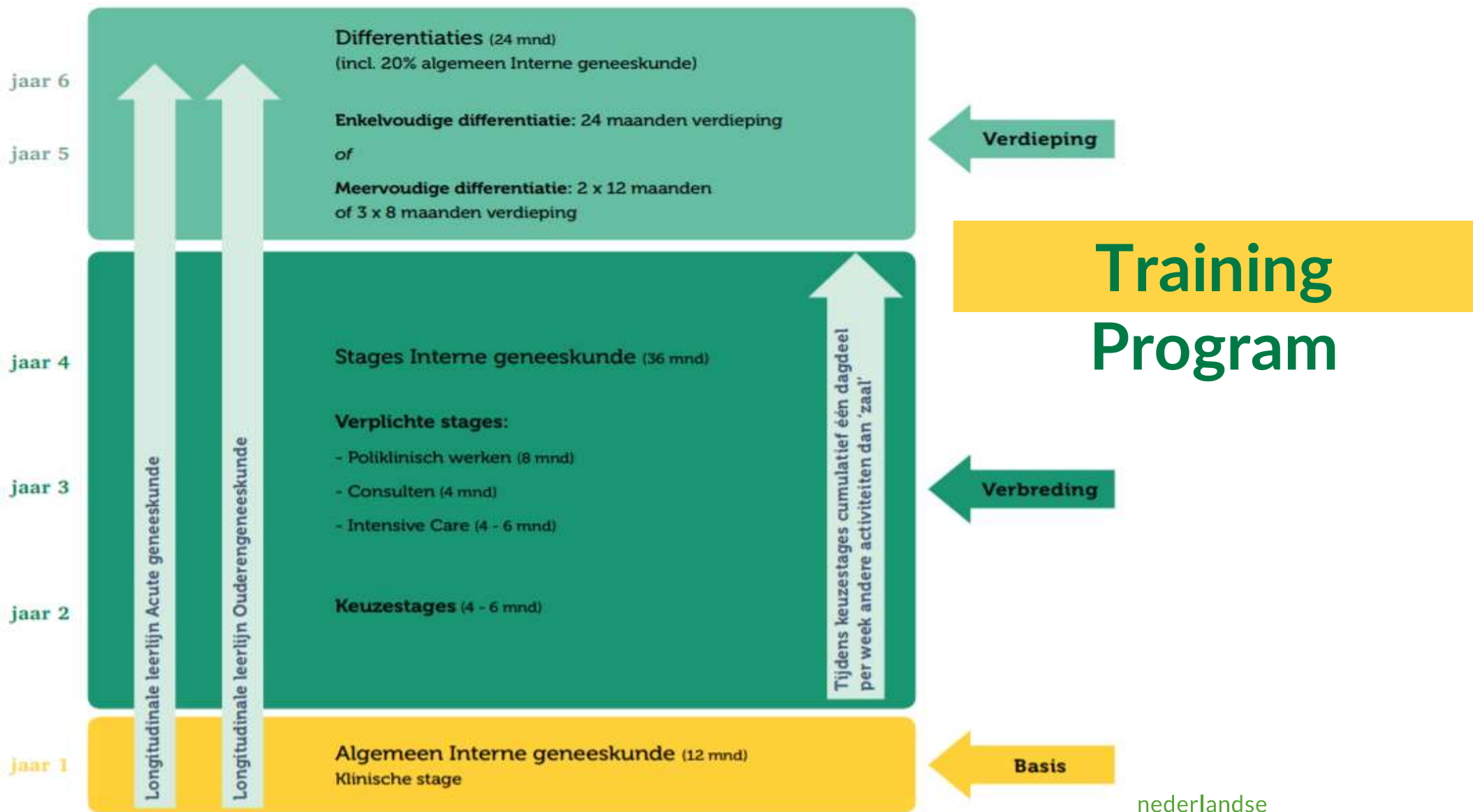
34 audits per year (quality&education)

Over 1200 attendees at the annual conference

13 running projects for quality improvement

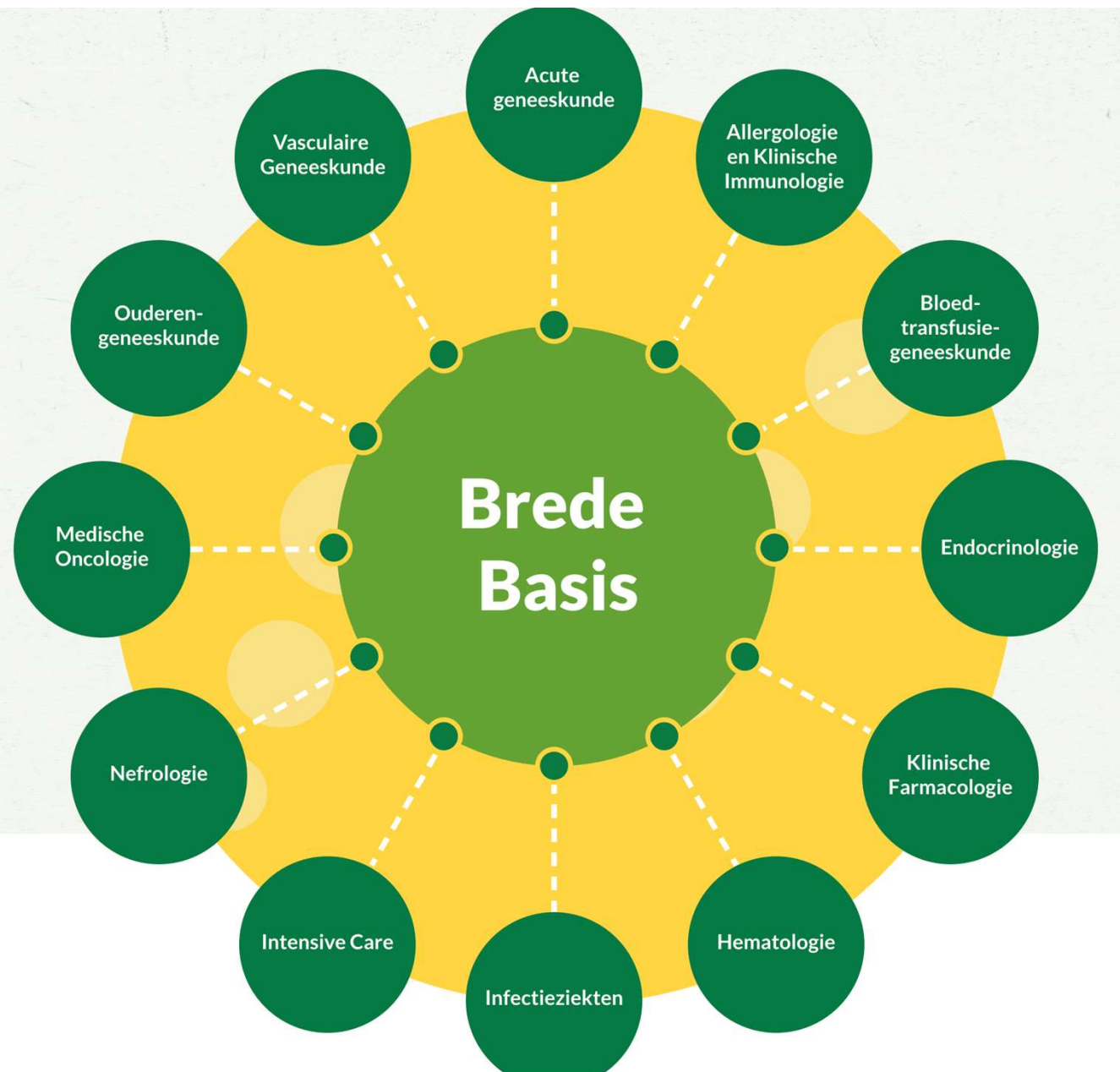
Our own Podcast-serie 'De Grote Visite'





Figuur 3: De drie fasen van de opleiding tot internist.





## 12 subspecializations

Endocrinology

Hematology

Infectious Diseases

Nephrology

Oncology

Acute medicine

Geriatrics

Intensive Care

Vascular Medicine

Transfusion medicine

Allergology & Immunology

Clinical pharmacology



**Future challenges**

# Rising Healthcare Demand

In 2040, **21%** of the Dutch population will have **three or more** chronic conditions.

Increase in the 65 and 90-plus age groups in the next 20 years:

- 50% increase 65+ yrs
- 200% 90+ yrs

More diagnostic en therapeutic options -> better survival

- Increasing complexity
- Increasing age
- More comorbidity

Higher workload and costs but frozen healthcare budgets

# "The internist as the crucial link"

- Internists are the primary point of contact for elderly and chronically ill patients with complex issues.
- Internists take the lead in caring for patients in need of acute care by quickly consulting and collaborating with other physicians based on their extensive knowledge.
- With their broad yet highly specialized knowledge, internists establish connections with other healthcare providers both within and outside the hospital, ensuring that patients receive the right care from the right physician in the right place.
- Internists can prevent more severe care by implementing targeted preventive interventions for patients. In doing so, they contribute to high-quality and cost-effective care for patients and society.



Strategic vision 2023 – 2026

STRATEGISCHE VISIE 2023 - 2026

Internist as  
cornerstone of  
healthcare

# OBJECTIVES



**Maintenance  
fundamental  
knowledge in internal  
medicine**



**Healthcare budget  
and finance  
system**



**Internist crucial  
link in  
networkcare**



**Sustainable  
Employability**



**Prevention**



**Diversity & safe  
working environment**



**Healthcare evaluation  
(cost-effectiveness research)**





# Maintenance of broad foundational knowledge

**BREDE  
DE BASIS**



**MIS HET NIET, SCHRIJF U NU IN VIA  
[WWW.DEBREDEBASIS.NL](http://WWW.DEBREDEBASIS.NL)**

**PALLIATIEVE ZORG**

Woensdag 8 november, 19:30 - 21:00 uur

**KLINISCHE FARMACOLOGIE EN BIOFARMACIE**

Woensdag 20 december, 19:30 - 21:00 uur

**ONCOLOGIE**

Woensdag 24 januari, 19:30 - 21:00 uur



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# Sustainable employability



# **NEW AND CONCERNING!**

## **Decreasing Popularity of the Medical (Specialist) Profession"**

- 59% recommend against working in the healthcare sector for young people.
- 25% would not choose to study medicine again.
- 56% of those under 36 years old indicate they would retire earlier (before the retirement age)!
- ↓ Medical Residents (Job Applications)
- ↓ 1100 applications for the initial medical education program.

It's not about the total burden or the number of hours...

CHALLENGES:

- ↓ Experienced autonomy and flexibility
- ↑ High administrative burdens
- ↑ Highly complex care in conjunction with ↓ support
- Insufficient (flexible) career prospects"



# Target actions (keypoints)

1. Reducing regulatory burden and registration workload; more time for the patient.
2. Increasing autonomy and flexibility; control over one's own career.
3. Focus on vitality; self-care and care for each other.



# Healthcare evaluation

## Defined 24 knowledge gaps

Obtain information necessary to **make appropriate choices together with the patient** through research on effectiveness of existing care and diagnostics.

- better-supported guidelines
- more effective and cost-efficient care for patients.



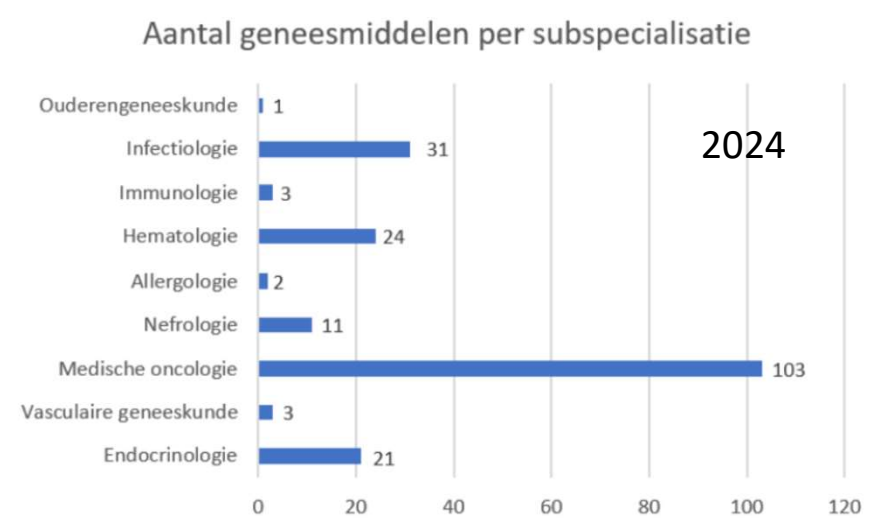
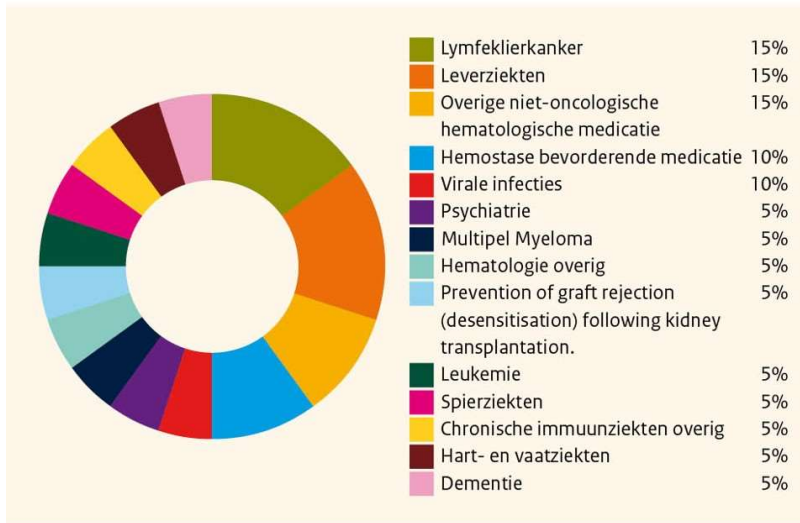




# Healthcare evaluation



- Introduction and evaluation of expensive diagnostics and medication (Expensive Medication Committees)
  - evaluation literature
  - registers





Many challenges for the internist in a world with increasing therapeutic options leading to better survival, and therefore, older patients with more comorbidity (but limited budgets).

Good to collaborate in Europe!



Questions?