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 **broround 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

General director
Teammanager

Communication & Policy advisors

→ secretary’s of the sub-associations

→ office employees
Some figures and facts

2573 internists
49% - 51%

1009 young internists
38% - 62%

35 committees /sections
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’
Training Program

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

Nederlandse Internisten Vereniging
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
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

Internist as cornerstone of healthcare
Objectives

- Maintenance fundamental knowledge in internal medicine
- Sustainable Employability
- Healthcare evaluation (cost-effectiveness research)
- Healthcare budget and finance system
- Internist crucial link in networkcare
- Diversity & safe working environment
- Prevention

Maintenance of fundamental knowledge in internal medicine is crucial for sustainable employability. Healthcare evaluation, including cost-effectiveness research, is essential for budget and finance system management. Internists play a crucial role as links in networkcare. Diversity and a safe working environment are fundamental.
Maintenance of broad foundational knowledge
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?