Table S1 Themes and illustrative quotes

Theme	Sub-theme	Quote
Profession	Continuity of care	*And that continuity is also important. I think everyone will freelance in the beginning because it's just easy and there is a lot of work, but at some point, I think everyone needs some stability. I think that continuity is very important as a core value for many people. And ultimately, we also become a doctor for that. (*GP trainee, Male, 30, 2020, no children)
		And practice ownership is, I think, the way to provide high-quality GP care. That doesn't mean working somewhere else every six months, so to speak; that detracts from quality. (Freelance GP, Male, 36, 2015, children)
		I think continuity can make a very big contribution to the quality of care. If you're in a place longer and you know the people better ... ultimately, it affects what and how and when you do additional research, for example … I think that becomes more refined when you're somewhere longer and you know the people better, so I think it has a big impact on quality. (Freelance GP, female, 34, 2017, children)
		But what makes it very difficult is that you have so much fun with the patients, and you have a kind of connection and yes, a sense of responsibility. And that makes it very difficult to say goodbye. So, I persevered much longer than I should have in retrospect, I think. But you feel a certain obligation towards the patients, don't you? So that made it extra difficult for me, I think. (Ex-practice owner, female, 47, 2002, children)
	Autonomy	*But I think that I could now very well see myself as a freelancer or salaried GP for the next few years, but at a certain point I will start to feel the nagging: I actually want to set my own course. I have certain ideas about healthcare and how I can best care for patients and my employees. I think at a certain point it will start to bother me too much to always remain in a salaried GP or a freelance position. And that is an advantage of being a practice owner yourself.* (GP trainee, male, 34, children)
		At the moment, I just don't see any advantages to owning a practice, other than the fact that I can make decisions. As a freelancer I can currently decide quite a lot for myself. So, that makes me think: I don't know what I'm actually doing it for. (Freelance GP, female, 31, 2018, children)
		But I have discovered that … if you want to shape the profession the way you think ... well, what suits you, or your vision, then actually the only option is to become a practice owner. So, ultimately, that's actually what I want, yes. (Freelance GP, female, 36, 2019, children)
		And if I want to develop a new project, I only encounter the problem of the health insurer and not the problem of whether it is possible and allowed, and things like that. (practice owner, female, 36, 2016, children)
Person	Social responsibility	*But uh ... at the same time, I also feel it is a bit of an obligation, that I also want to become a practice owner to be able to offer that continuity. But that may also make it seem a bit oppressive, or something, because it feels like an obligation.* (GP trainee, male, 31, no children)
		But you also notice in the field - you have doctors and you have freelancers - and that says something about appreciation, that says something about involvement, feeling like you belong ... but yes, it does have a kind of second-best stamp. (Freelance GP, female, 43, 2008, children)
		To be honest, I have to say that that is not the most important thing, but a bit of status, in the sense of not status for the outside world, but at a certain point I did have the feeling as a freelancer that I mattered less and had less to say in the region. That I thought: oh, that is seen as less. And as a practice owner I suddenly thought: oh, people are going to listen to me. Now they're going to listen to me; Now what I think counts a little. (practice owner, female, 44, 2004, children)

Theme	Sub-theme	Quote
		And you know what is another point, we also run into this a bit, that I often hear practice owners who say "but now it is your responsibility." These are mainly the older practice owners, who are done with it. And now it is your responsibility to take over something. Or someone else says they just have cold feet. But then I think, it's all well and good, you spent an hour complaining about how hard it is for you before (yes, yes, yes), how tough you have it… Well, it doesn't really get me excited (yeah). I am not going to take over. (Freelance GP, female, 31, 2018, children)
	Personal development and challenge	*At a certain point, it can become a bit boring, you know, if you have been a freelancer for a long time... So yes, I do experience that at the moment as a disadvantage of being freelancer and that also means that it will end at some point … to shape one's career.* (Freelance GP, male, 36, 2015, children)
		Yes, I do feel that I am developing and learning skills every day. I don't know what skills I will develop in the future. (practice owner, female, 35, 2019, children)
		So, the call to do something about the healthcare system, for the benefit of healthcare, patients, healthcare employees and society; yes, it became very clear. Well guys, that... if I'm going to do something, then I'm going to deal with that. With the experience that you have developed in the meantime. (Ex-practice owner, male, 48, 2004, children)
	Work-life balance	*But that space (to think about practice ownership) has only been available since my youngest started school. Before that, I found it more challenging to combine given the care at home.* (Freelance GP, female, 44, 2007, children)
		Because you are going to postpone it (practice ownership) because it feels like quite a commitment that puts a lot of strain on your private life. Yes, that must also suit your stage of life and your private life. (Freelance GP, female, 35, 2016, no children)
		You are actually much freer (as a practice owner). I think it is a lot more intense, overall, in terms of workload or hours you put in, but it does feel much freer and more flexible. You just have to be lucky that a freelancer is available, of course, so that always remains a bit of an issue, I think. (practice owner, female, 44, 2009, children)
	Task related self-efficacy	*Maybe I can do it; and then my husband once said yes, you can manage everything at home, why couldn't you do it in practice? …You know, maybe I should just do it.* (Freelance GP, female, 44, 2007, children)
		And I think yes, that is very personal, but that [as a practice owner] you actually have to continuously make choices, different choices than the ones I currently make in my work, and that you also get other additional choices. And I'm very bad at that myself, so that seems very stressful to me. (Freelance GP, male, 36, 2018, children)
		Continuously making decisions and managing. I just noticed that I found that really tiring at a certain point. I think: I don't always have an answer to everything. And I'm not the fastest either, so I always have to think about it carefully. And then I come back to that and everyone goes crazy: you're indecisive. (Freelance GP, female, 47, 2002, children)
	Ultimate responsibility	*You can't just get rid of it again. You always remain responsible. Yes.* (Freelance GP, male, 32, 2020, no children)
		And things can just happen that you could not have taken into account in advance. Yes, that is tensive. That you are responsible for the lives of yourself, your housemates, but also that of all your staff. (Freelancer, female, 36, 2015, children)
		Yes, I have often thought: gee, if you have a associate, it will be easier for you, a bit of chicken and the egg; you should first take over a practice and then find a associate, or maybe you will play a bit … flirting here and there … that's also what you do in a relationship. (Freelance GP, female, 43, 2008, children)
	Settling in a region	*My partner is a specialist in training, so he just doesn't know yet where he will ultimately get a job. So I want to become a practice owner, but for me there are some obstacles to a longer-term commitment.* (Freelance GP, female, 34, 2017, children)

Theme	Sub-theme	Quote
External	Finance and Income	*It doesn't matter to me; Yes, if you earn a little more, it is of course nice, but I don't think it will be the deciding factor for me to be an entrepreneur.* (GP trainee, female, 29, no children)
		...or you should say, I'll take a practice that would actually be fine for one person, but I do it with two people. But yes, at some point you also have to think about finances. If you both have to support a family, then that isn't going to work either ... I don't know how else it would be possible ... that is holding me back at the moment. (Freelance GP, male, 44, 2010, children)
		We had once calculated what we worked for per hour ... how many hours we put in and what we earned in profit from the company ... what we achieved roughly as an hourly wage, and then we said, gosh, we cannot become ill. Why not? Well, because a freelancer earns much more than what we earn per hour. (ex-practice owner, male, 2008)
	Role models	*Something I find really strange: you complain a lot that you are not doing well as a practice owner and the next moment you criticize the freelancer about why he or she is not taking responsibility. But then I think, yes, you don't show how much fun your profession is ... and that you can take over. So, I think that's the really difficult thing.* (Freelance GP, female, 31, 2018, children)
		You know, because I now see people around me doing it and who are not suffering as much from it as I had feared, I think: well, if they can do it, there is no reason to think that I couldn't do it. (Freelancer, female, 35, 2016, children)
	Practices	*I also consciously started freelancing in certain GP practices where I was curious about how they were organized. So, I simply arranged some freelance shifts here and there in really different types of practices and in different places. Just not out of reason to want to become a practice owner there, but just to see: how did you arrange it? What things are you working on? And things like that. I liked that.* (practice owner, female, 36, 2016, children)
		And then you see that the practice I joined, which was immediately taken over without any problems, has never been on the market. And it was really difficult for one of the old colleagues to transfer the practice properly because he did not make the effort to join the new health center. He was still in an old practice at home, without a practice nurse and had never done anything innovative. And that practice has really, well, almost been a disaster to find a good practice owner for it. (practice owner, female, 36, 2016, children)
		And I think if I were to do the ideal picture, then perhaps everyone would choose a different practice than where they are, right? I mean, sometimes the situations are such that you are in a certain place, at a certain moment, at a certain time, and then you get the opportunity ... but what I sometimes notice among the freelancers is that they are looking for the ideal practice. And I don't think the ideal practice exists. I might not have chosen my practice ... because I might have preferred to be in a more rural area; that appealed to me ... [but] I thought: here I get the chance to make something of it. (practice owner, female, 44, 2004, children
	Legislations	*At a certain point, of course, the new law that came into effect made me think: oh, maybe now it will be something... Perhaps I felt a little more pressure to choose a practice sooner. But, it now turns out that that isn't too bad if you just meet certain conditions. So yes, that argument is less important.* (Freelance GP, male, 36, 2018, children)
Theme Process	Prepared for practice ownership	*A bit of training ... with the GP training you have a management course of two or three days that you have to register for ... But it just has to be done while training; it has to be interwoven ... [this means] there has to be a piece of management in every block. How do you do that? How do you approach that? Yes, and also while working in practice. And so does the GP trainer.* (Practice owner, female, 35, 2019, children)
		yes, I think what could be possible is that you do not make it part of the GP training, but... that you are not immediately a GP, so to speak; but, for example, get a kind of fellow-like name, in which you first practice the profession and gain personal experience. And then at the end of that 'fellowship', perhaps you will receive some kind of post-education into what kind of practice you want and what you have actually learned after two years of work? The only education you actually get now ... is that you selectively search for further

Theme	Sub-theme	Quote
		training on practice takeover. But I think it might be something to offer this more as part of the GP training, after work experience. (Freelance GP, male, 36, 2018, children)
		... there are so many general practitioners, there are also so many styles. And that really doesn't give you enough guidance to make a good start. So, I think there could be a bit more stability in that. And perhaps also some more direction for all general practitioners ... there is no system in that; there is no real education. No. (Freelance GP, male, 36, 2015, children)
	Process and approach	*Yes, I always thought: well, I'm going to become a practice owner. Then there was the GP training and that turned out to be quite tough. Then I thought: oh, how? Well, you know, I also knew, I mean, I got hung up on another medical student at the end of my degree, so we knew we were going to be dependent on his placement. Then being a freelancer is just so much easier than looking for a practice at that moment. Now I have been underway for five years and I want to be able to influence what I do, and I want a permanent place where I belong and that belongs to me. So yeah, that's kind of a growth process. And then we will experience what the workload does. You know, just because I see people around me doing it and who aren't suffering as much from it as I had feared, I think: "well, if they can do it, there's no reason why I wouldn't be able to do it."* (Freelance GP, female, 35, 2016, children)
		Yes, when that actually failed [practice takeover], it was unpleasant; then I was done with it again. For that reason ... but more about how it went. I think: "well, if you treat each other like that, then I don't feel like it at all." So yeah, that really bothered me. I had to recover from that for a year, from how that had gone. Then I was done with it for a while for that reason. And later, yes, then I started thinking more about do I even want it. Well, also about that timing. (Freelance GP, male, 44, 2010, children)
		Indeed, just as you say, I have tried for a long time to find the ideal practice, but it is not there; you cannot get that. And then this came my way and then you can say "well, let it go" or "we're just going to do it." Yes, so then you jump in; that's right. I was looking for a practice in 2018 (3 years ago). I really wanted to be a practice owner. (practice owner, female, 38, 2013, children)
		And what I am currently really struggling with is that it is not really known which practices will become vacant soon. If these GPs are thinking about stopping or reducing their hours. Yes, you really have to do your best to find that out. (Freelancer, female, 36, 2015, children)

Includes: type of doctor, sex, age, year of graduating as a GP, and whether they have children or not.

Table S2: Themes, subthemes and (predominantly) positive and negative considerations to become a practice owner

Themes	Sub-themes	Considerations	
		Positive	**Negative**
Profession			
	Continuity of care	Important value for becoming GP and PO	Salaried GPs experience CoC; therefor it is not an important driver for them
	Autonomy	Expect and experience more autonomy with PO-ship	Autonomy in collaboration with neighborhood practices is limited
Person			
	Social responsibility	Feeling responsible for GP care and PO-ship	Feeling social pressure and judged of doubts
	Personal development	Wanting to develop themselves, after being an experienced GP, wanting a new challenge	First becoming an experienced GP; other career options
	Work-life balance	More room with older kids	Negative perception and fear for poor work-life balance
	Task related self-efficacy	Many think that they have the capacities	Small group think they do not have the right capacities
	Ultimate responsibility	Want to share the responsibility	Ultimate responsibility alone is not attractive; not having a duo-partner
	Settling in a region	Settling is a condition	Settling; partners job first
External			
	Finance and income	Varying perceptions, not an important consideration	Varying perceptions, not an important consideration
	Role models	Positive models of GPs in the same life stage	Much negative role models and culture of complaining by PO
	Practices	Possibility to shape the practice after take-over	Lack of experience at a short time level; practice do not always fit their ideal
	Legislations	Depends on legislation	Depends on legislation
Process			
	Prepared for PO-ship	Courses are offered	Not being prepared for PO-ship, lack of time for taking courses
	Process and approach	Asked by an older PO and taking this opportunity	Many factors must be favorable at the same time; lack of transparency in practices seeking a successor; unsuccessful take-over increases doubts about PO-ship; need for a coach

	predominantly positive considerations
	predominantly negative considerations
	positive and negative considerations vary per person, none predominantly for the whole group participants

Supplementary Box 1

GP care in the Netherlands – Short overview and explanation of terminology

The general practitioner (GP) is the primary care medical-generalist of the Dutch healthcare system. All Dutch citizens have the obligation to register with a GP. GPs provide medical-generalist care to their listed patients during the day and weekdays and ensure care in medically urgent situations and in the terminal phase. GP care is available 24/7.

GPs are experts at exploring and diagnosing what is going on when people have health complaints and questions, and they do so with a limited package of diagnostic tools. GPs provide optimal, appropriate medical care: together with their patients, they discuss whether care is needed, what care is needed, and who can best provide that care. Much of the care needed they provide themselves. GPs have an important task in coordinating the care their patients receive. General practitioners are not only ultimately responsible for the care provided by their own team but are often the connecting factor in the care chain and the first point of contact for other healthcare providers who have medical questions about their patients.

Core values:

- person centered
- medically generalistic
- continuous
- collaborative

Terminology of GP's:

- GP trainee: In the Netherlands GP trainees have a three-year trainee program. They are a trainee in a GP practice in their first and third year of the program. In these years they come to the training institute one day a week for classes, exchange and intervision. In the second year, they have internships with other organizations, such as elderly care and mental health care.
- Freelance GPs: These GPs work for shorter (one day in a GP practice or an evening/night/weekend shift) or longer time (one or more days a week on a regular basis) in GP practice(s). Due to regulations, they must work for at least three clients a year.
- Salaried GPs: A salaried GP works as an employee in a GP practice, mostly for one or more days a week for a longer time.

- Practice owners (POs): These are GPs who own a practice. They usually work for 3 to 5 days as a GP and besides that they have PO/management-tasks. POs can get budget for practice management for a couple of hours a week (5 hours for a standard practice).
- Non-practice owners (non-POs): This group consists of GP trainees, freelance- and salaried GPs.

Supplementary Box 2

Questionnaire for focus group discussions and interviews

Choice for GP care

1. Why did you choose to become a GP?

Experiences as a GP

1. What are your experiences (overall) of being a GP?
2. Can you tell me about your work-life balance; combining work and private life?

Practice ownership

Non-practice owner

1. What are your future plans/in general the future plans of non-practice owners?
2. What are your thoughts on practice ownership?
3. How do you view your preparation for practice ownership?
4. What does your ideal practice look like?
5. What should a process toward the ideal practice look like?

Practice owner

1. Why did you choose to become a practice owner?
2. What steps did you take to become a practice owner?
3. What was your image of an ideal practice?
4. Did you find your ideal practice? (Image-adjusted, requirement-adjusted?)
5. How is practice ownership perceived?

Ex-practice owner

1. Why did you choose to become a practice owner?
2. What steps did you take at the time to become a practice owner?
3. What was your perception of an ideal practice?
4. Did you find your ideal practice? (Image-adjusted, requirement-adjusted?)
5. How did you experience practice ownership?
6. Why did you quit practice ownership?

Core value: continuity of care

1. What does the core value, continuity of care, mean to you?
2. Do you see other ways of organizing care that secures the core value, continuity of care?

Own future, practice ownership

1. What are your future plans/generally/regarding practice ownership?