

The Nurse Practitioner in the Netherlands

General description

A nurse practitioner is a Master of Science educated nurse (NLQF/EQF level 7) who has completed the Master Advanced Nursing Practice, which is accredited by the NVAO (The Accreditation Organisation of the Netherlands and Flanders). He/she has previous experience in nursing on a Bachelor of Nursing level, and is employed to treat a defined group of patients with whom he/she will engage in an individual treatment relationship. From the patient's perspective, care and cure are offered jointly to promote the continuity and quality of both nursing care and medical treatment. The patient's ability to self-manage and safeguarding his/her quality of life play a central role.

On the basis of clinical reasoning (medical history, physical and/or psychiatric examination, additional diagnostics) the nurse practitioner will come to a (differential) diagnosis. Subsequently, he/she will apply evidence-based interventions, and indicate and perform reserved procedures. As nursing leaders, nurse practitioners fulfil a leading role in innovation in nursing and healthcare in general, underpinned by research and implementation of research results. They provide a contribution to the professional development of their own and other professions, and of quality of care. The title 'Nurse Practitioner' is protected by law and exclusively reserved for those who have completed a Master Advanced Nursing Practice and are registered in the specialist register. The nurse practitioner is registered in the specialists register (article 14) of the BIG Act (the Netherlands Individual Healthcare Professions Act). With the coming into force of the experimental article 36a and the corresponding government decree of 1 January 2012, the nurse practitioner can lawfully enter into an independent treatment relationship with a patient.

Specific description

The nurse practitioner focuses on the disease itself and enters into a treatment relationship with the patient, in addition to important nursing tasks such as promoting health, preventing disease, restoring health, and alleviating suffering. The nurse practitioner is responsible for his/her actions in this treatment relationship, in his/her area of expertise, and is accountable to patients, colleagues, physicians, and supervisors.

A nurse practitioner as defined in article 14 of the BIG Act distinguishes him/herself from a regular nurse as defined in article 3 of the BIG Act through:

a. Independence (= being allowed to):

The nurse practitioner independently determines the shape of the care process offered to the patient by entering into a treatment relationship in his/her area of expertise. This means that the nurse practitioner makes independent decisions about the interventions which will be executed in his/her area of expertise. The nurse practitioner offers, in addition to complex evidence-based nursing, specialist care, medical care in accordance with protocol, in his/her area of expertise. Where needed, the nurse practitioner has the authority to independently indicate and perform reserved procedures. The nurse practitioner refers the patient, where needed, to a different healthcare professional. Other healthcare professionals can refer the patient directly to the nurse practitioner.

b. Expertise (= being able to):

The nurse practitioner is an expert in a subarea of the nursing profession and uses insights from other areas of expertise, including the corresponding medical speciality.

c. Professional development (= wanting to):

The nurse practitioner is responsible for a proactive (non-following, self-steering) attitude in his/her professional development. Professional development means reflection on the professional practice and protocols on the one hand and scientific professional development on the other. An innovative professional attitude is a necessary condition to practice the profession at the level of a nurse practitioner.

Competences

The nurse practitioner works in somatic or mental healthcare and has competences in both the nursing and medical area. These competences are defined in accordance with the CanMEDS-system. The nurse practitioner fulfils the role of a clinical expert and has the following competences to his/her disposition:

Clinical Expertise:

- Provides patient-oriented care on an expert level;

Communication:

- Takes care of effective communication and interaction with patients and other parties involved;

Collaboration:

- Collaborates with other professionals on the basis of equality with the objective of realising optimal patient care;

Organisation:

- Participates in the decision-making involved in organising care in the different fields of the healthcare system;

Social Advocacy:

- Promotes the health and the well-being of patients and population groups;

Knowledge and Science:

- Contributes to the development and implementation of clinical and scientific knowledge and the spreading of nurse practitioner expertise; all this to ensure an ongoing learning process;

Professional:

- Practices the profession in an expert, qualitatively good manner, resulting in an accurate assessment of the individual situation of a client, professional intervention, a specific treatment plan and always acting in a procedurally correct way.

Job description

In direct patient care the nurse practitioner provides care on an expert level and medical care in accordance with protocols in his/her area of expertise.

In concrete terms, this means he/she:

- takes a medical history or makes an registration or intake report;
- collects information in a goal-oriented manner; he/she conducts an independent physical examination of the patient and requests additional diagnostics (such as laboratory tests), requests information from those who referred the patient, performs hetero-anamnesis;
- comes to a differential diagnosis and determines a (most-likely) diagnosis, on the basis of clinical reasoning and by interpreting research;
- sets up a multidisciplinary treatment plan;
- indicates and performs diagnostic, therapeutic, and preventive interventions;
- indicates admissions, treatments, discharges and/or referrals;
- indicates reserved procedures, performs these him/herself or instructs another involved professional in the treatment to perform the treatment, in accordance with the legal framework;
- evaluates if the set targets have been achieved;
- monitors the progress of the treatment in multidisciplinary context*;
- organises follow-up;
- takes care of adequate record keeping;
- independently initiates and finalises the treatment.

The nature of the reserved procedures are described as follows *:

1. performing surgical actions, which are understood to mean actions, in the area of medicine, where the connection of body tissues is disrupted and does not restore itself immediately;
2. performing catheterisation;
3. giving injections;
4. performing punctures;
5. performing elective cardioversion;
6. performing endoscopies;
7. performing defibrillation;
8. prescribing UR medication ** (prescription-only medication)

(*The profile with which the nurse practitioner is registered determines the to be performed reserved procedures)

(**The prescription of UR medication may not be transferred to others)

In addition to direct patient care, the nurse practitioner is involved in professional development (both for the nursing and the medical profession as well as for other professionals), participates or initiates scientific research, identifies innovations, fulfils the role of project leader in innovations, improves or initiates clinical pathways and projects, develops and improves multidisciplinary, intramural and transmural treatment and care protocols, procedures and guidelines, and is an important link in the improvement of the quality of evidence-based care and patient satisfaction, both in institutions and in national and international contexts.

Registration and legal position

The nurse practitioner is subject to article 14 of the BIG Act. His/her registration is evaluated every 5 years. To be eligible to re-register, the nurse practitioner must be able to prove to have regular and sufficient (work) experience within the specialty in which he/she is registered and has regularly and sufficiently participated in skills updates/refreshers courses. The nurse practitioner is subject to disciplinary rules, in accordance with the BIG Act.

The nurse practitioner is enlisted in one of the five registers:

1. nurse practitioner preventive care for somatic conditions;
2. nurse practitioner acute care for somatic conditions;
3. nurse practitioner intensive care for somatic conditions;
4. nurse practitioner chronic care for somatic conditions;
5. nurse practitioner mental healthcare.

Sources

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- *VBOC rapport: verpleegkundige toekomst in goede banen (how to put the future of nursing on the right track), mei 2006*
- *VBOC rapport: algemeen competentieprofiel en specifieke deelprofielen Verpleegkundig Specialist (general competence profile and specific sub profiles Nurse Practitioner), 16 januari 2008*
- *MEVA/BO-2907485 & MEVA/BO-2907457 Staatscourant (Government Gazette) nr 1877, 6 februari 2009*
- *CanMEDS ©; Royal College of physicians and surgeons of Canada 2009.*
- *Voorbehouden handelingen tegen het licht, de regeling van artikel 35-39 Wet BIG heroverwogen (Reserved procedures revisited, the provision of article 35-39 Big Act reconsidered), september 2009*
- *Wet tot wijziging van de Wet op de beroepen in de individuele gezondheidszorg onder andere in verband met de opheffing van de mogelijkheid tot taakherschikking (Law to change the BIG Act in connection with the possibility to codify task reallocation), Staatscourant nr. 568, 2 december 2011*
- *AMvB verpleegkundig specialist (Government decree nurse practitioner), Staatscourant nr. 659, 29 december 2011*