

## More information (in English)

about

# The profession of the Certified Nurse Specialist: the Nurse Practitioner in the Netherlands

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## 1. The establishment of the Certified Nurse Specialist in the Dutch legal system

### *The legal status of nurse practitioners in the Netherlands*

Under Dutch law there is no general exclusion on the practice of medicine. The law does contain provisions that restrict the performance of procedures that pose serious health risks. For different healthcare professionals such as doctors, physical therapists and nurses it is legally determined which 'reserved procedures' they are allowed to perform.

Individual professionals have to register in the official registry operated by the Dutch government. Without such a registration, it is forbidden to perform the reserved procedures and to use the formal title (e.g. doctor, nurse).

In addition, the law permits representatives of a profession to establish an official registry for specialists. The national organization representing nurses (V&VN) has used this provision to open a registry for nurse specialists. This has provided certified nurse specialists with a unique legal status and authorizes them to perform several procedures previously reserved for doctors.

Nurse specialists are positioned as independent practitioners. They are authorized to perform a medical examination, to diagnose, to initiate medical treatment, to refer the patient to other specialists and to prescribe medication. By providing both 'cure' (medical) and 'care' (nursing), they can offer comprehensive healthcare.

The different nursing specialisms have been broadly defined. There are four somatic specialisms: preventative care, acute care, intensive care and chronic care. The fifth specialism is mental healthcare. The broad definition has enabled nurse specialists to treat patients with diverse medical conditions.

## 2. Safeguarding professional quality by the Certified Nurse Specialist

*Overseeing the quality of education, registration and re-registration of (and by) nurse practitioners in the Netherlands*

In the Dutch system there is a fixed method for quality control for both the medical- and nurse specialists. The method is based on the principle of 'the separation of powers'<sup>1</sup>, and therefore consists of three 'branches'. Nurse specialists are the majority-representatives in each of these branches.

The first branch, the legislature, is the Council for Registered Nurse Specialists (CSV). The CSV determines the requirements for the educational program, for registration, and re-registration. They also determine the specialisms in which the profession is categorized.

The second, executive, branch is the Registration Commission for Nurse Specialists (RSV). The RSV executes the rules set by the CSV, through a system of control of the educational program and a system for (termination of) registration and re-registration of nurse specialists.

The third, judiciary, branch, is the independent Commission for Objection and Appeal (CvBB). Every person affected by a decision made by the RSV, can object to or appeal that decision through the CvBB.

Nowadays, nurse specialists audit their own MA-program, both the theoretical part taught in schools and the apprenticeship in healthcare institutions. They also oversee the quality of re-registration and assess portfolios of their fellow-practitioners who have not met the re-registration requirements.

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<sup>1</sup> as described by Montesquieu

### 3. Comprehensive care provided by Certified Nurse Specialists

#### *Categorizing the different specialisms of nurse practitioners in the Netherlands*

At the start of registration in 2008, the profession was categorized into five specialisms. Even though registration in one of the specialisms has legal consequences, the registered-specialism is rarely used as a 'title' to describe one's expertise. Instead, the commonly used categorization is based on the medical field (e.g. cardiology, psychiatry) in which the nurse specialist provides care. Therefore, a re-evaluation of the specialisms has been undertaken, with the outcome to reduce it to two specialisms: general healthcare and mental healthcare.

The choice for five specialisms, was motivated by developments in the Dutch healthcare system; rising costs, an aging population, a higher burden on specialized care and the subsequent need to partially transfer tasks, traditionally reserved for doctors, to other professionals. By bundling different fields, it was possible to bundle educational programs. Aim was to move away from narrow-thinking and to break down barriers between different fields, to provide more comprehensive care. This led to four somatic specialisms (preventative care, acute care, intensive care and chronic care) and a fifth specialism in mental healthcare. The clustering in specialisms was meant to provide focus for the development of nursing expertise within that category of care.

Stakeholders, especially nurse specialists themselves, prefer a new categorization into two specialisms, since this would provide them with the necessary leeway to further develop their profession, while at the same time providing sufficient demarcation (i.e. general vs. mental healthcare).