

## REGISTRATION AND LEGAL POSITION

The nurse practitioner's registration is evaluated every 5 years. To be eligible to re-register, the nurse practitioner must be able to prove to have regularly and sufficiently participated in refresher courses, peer review and professional development. A minimum number of hours of work experience as a nurse practitioner is also required. The nurse practitioner is subject to disciplinary rules, in accordance with article 47 and subsequent articles of the BIG Act.

The nurse practitioner is enrolled in one of the following five registers:

- ✓ Nurse practitioner preventive care for somatic conditions;
- ✓ Nurse practitioner acute care for somatic conditions;
- ✓ Nurse practitioner intensive care for somatic conditions;
- ✓ Nurse practitioner chronic care for somatic conditions;
- ✓ Nurse practitioner mental healthcare.

The four registers of nurse practitioners for somatic conditions are expected to be merged into one general healthcare register.

## SOURCES

AMC/Universiteit van Amsterdam (2009). Voorbehouden handelingen tegen het licht, de regeling van artikel 35-39 WET BIG heroverwogen. Amsterdam: Instituut voor Sociale Geneeskunde.

CanMEDS ©; Royal College of physicians and surgeons of Canada 2009.

MEVA/BO-2907485 & MEVA/BO-2907457 Staatscourant nr 1877, 6 februari 2009

Raad voor de Volksgezondheid en Zorg. (2002). Taakherschikking in de gezondheidszorg. Zoetermeer: auteur.

Schippers, E.I. (2011). Besluit van 21 december 2011, houdende tijdelijke regels inzake de zelfstandige bevoegdheid tot het verrichten van voorbehouden handelingen van verpleegkundig specialisten (Tijdelijk besluit zelfstandige bevoegdheid verpleegkundig specialisten). Den Haag: Staatscourant nr 659, 29 december 2011.

Schippers, E.I. (2011). Wet van 7 november 2011 tot wijziging van de Wet op de beroepen in de individuele gezondheidszorg onder andere in verband met de opneming van de mogelijkheid tot taakherschikking. Den Haag: Staatscourant nr 568, 2 december 2011.

Schippers, E.I. (2017). Nota van wijziging Wet BIG in verband met het opnemen van de physician assistant in de lijst van registerberoepen, het toekennen van zelfstandige bevoegdheid voor bepaalde voorbehouden handelingen aan physician assistants en verpleegkundig specialisten en het opnemen van de mogelijkheid tot het instellen van een tijdelijk register voor experimenteerberoepen. Den Haag.

VBOC-AVVV. (2006). Verpleegkundige toekomst in goede banen. Utrecht: auteur.

VBOC. (2008). Algemeen Competentieprofiel en Specifieke Deelprofielen Verpleegkundig Specialist. Utrecht: auteur.

For an overview of all research reports and letters to parliament, please refer to [www.platformzorgmasters.nl](http://www.platformzorgmasters.nl).

# WORKING TOGETHER WITH THE NURSE PRACTITIONER



**Do you have any further questions?**  
Ask your nurse practitioner for more information or visit [www.venvnvs.nl](http://www.venvnvs.nl)

## GENERAL DESCRIPTION

# THE NURSE PRACTITIONER

A nurse practitioner is employed to treat a defined group of patients with whom she will engage in an independent, individual treatment relationship. A nurse practitioner has obtained a Bachelor of Nursing degree and has completed the Master Advanced Nursing Practice (NLQF7). She is registered in the register of nurse practitioners. From the patient's perspective, care and cure are offered jointly to further the continuity and quality of both nursing care and medical treatment.

Self-management and quality of life play a pivotal role. The nurse practitioner will make a diagnosis based on clinical reasoning (medical history, physical and/or psychiatric examination, additional diagnostics). Subsequently, she will apply evidence-based interventions, and indicate and perform

reserved procedures. As nursing leaders, nurse practitioners fulfil a leading role in professional innovations and healthcare in general, underpinned by research and implementation of research results. They contribute to their own professional development and to other professions, and to the quality of care. The title 'Nurse Practitioner' is protected by law, and is exclusively reserved to those who meet the above-mentioned definition of the nurse practitioner. The nurse practitioner is registered in the specialists register (article 14) of the BIG Act (the Netherlands Individual Healthcare Professions Act).

**Article 36a of the BIG Act states that the nurse practitioner is allowed to carry out certain reserved procedures independently.**

## DETAILED DESCRIPTION

The nurse practitioner focuses on important nursing tasks such as improving health, preventing disease, restoring health, and alleviating suffering, as well as the disease itself. The nurse practitioner is responsible for her actions in this treatment relationship within her own area of expertise.

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

### A. INDEPENDENCE

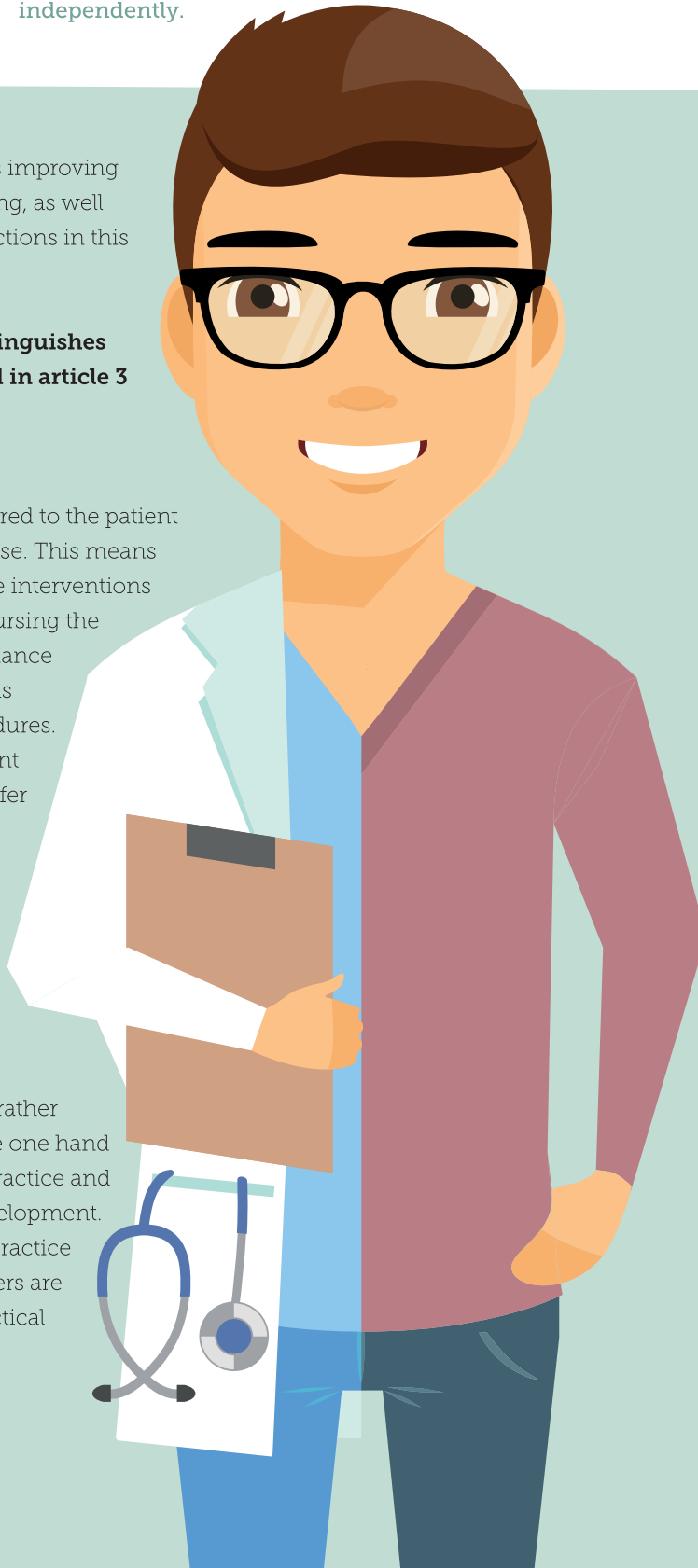
The nurse practitioner independently shapes the care process offered to the patient by entering into a treatment relationship within her area of expertise. This means that the nurse practitioner makes independent decisions about the interventions which will be executed. In addition to complex evidence-based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

### B. EXPERTISE

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

The nurse practitioner is responsible for a proactive (self-steering rather than subservient) attitude in her professional development. On the one hand professional development implies reflection on the professional practice and protocols, on the other hand it involves scientific professional development. An innovative professional attitude is an essential prerequisite to practice the profession at the level of a nurse practitioner. Nurse practitioners are obligated to renew their registration every five years based on practical experience, additional training and peer review.



## 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:

### PROFESSIONAL

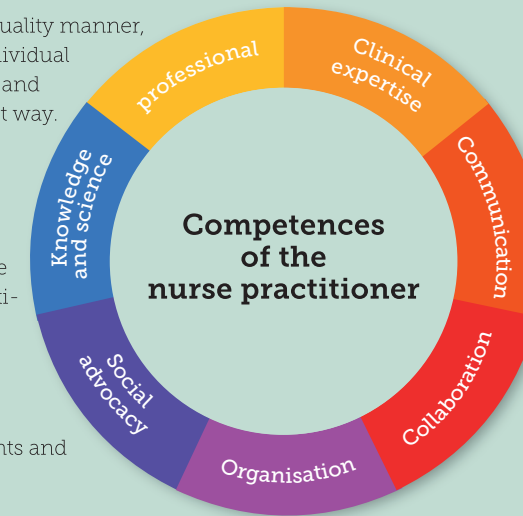
Practicing the profession in an expert, high-quality manner, resulting in an accurate assessment of the individual situation of a client, professional intervention and treatment, and acting in a procedurally correct way.

### KNOWLEDGE AND SCIENCE

Contributing to the development and implementation of clinical and scientific knowledge and the spreading of nurse practitioner expertise to ensure an ongoing learning process.

### SOCIAL ADVOCACY

Furthering the health and well-being of patients and population groups.



### CLINICAL EXPERTISE

Providing patient-oriented care on an expert level.

### COMMUNICATION

Guaranteeing effective communication and interaction with patients and other parties involved.

### COLLABORATION

Collaborating with other disciplines on the basis of equality to achieve optimal patient care.

### ORGANISATION

Participating in organising care in the different fields of the healthcare system.

## DETAILED JOB DESCRIPTION

In direct patient care the nurse practitioner independently provides nursing care on an expert level, as well as medical care in accordance with protocols within her area of expertise.

### Specifically, this means that she:

- ✓ can be deployed as a primary practitioner or as a supervising practitioner;
- ✓ takes a medical history or prepares a registration and/or intake report;
- ✓ collects information in a goal-oriented manner; 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;
- ✓ makes a diagnosis; formulates a (differential) diagnosis on the basis of clinical reasoning and by interpreting research;
- ✓ sets up a multidisciplinary treatment plan;
- ✓ initiates and performs diagnostic, therapeutic and preventive interventions;
- ✓ indicates admissions, treatments, discharges and/or referrals;
- ✓ indicates reserved procedures, performs these herself or instructs another professional involved 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 a multidisciplinary context;
- ✓ organises the follow-up;
- ✓ takes care of adequate record keeping;
- ✓ independently initiates and finalises the treatment.

### Nurse practitioners are allowed to independently indicate and perform the following reserved procedures\*:

- ✓ performing surgical actions, including actions in the area of medicine where the connection of body tissues is disrupted and does not restore itself immediately;
- ✓ performing catheterisations;
- ✓ giving injections;
- ✓ performing punctures;
- ✓ performing elective cardioversion;
- ✓ performing endoscopies;
- ✓ performing defibrillation;
- ✓ prescribing prescription only medicine (UR)\*\*.

(\*The profile for which the nurse practitioner is registered determines the reserved procedures she is allowed to perform.)

(\*\*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 professional disciplines), participates in or initiates scientific research, identifies innovations, fulfils the role of project leader in innovations, improves or initiates care paths 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.