PROFESSIONAL COMPETENCY FRAMEWORK

Nurse Practitioner
- Somatic Health Care
- Mental Health Care

"Werde, der du bist"

- Friedrich Nietzsche

Colophon

Nurse Practitioner professional competency framework

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Nurse Practitioner professional competency framework

Content

V&VN VS
Verpleegkundig Specialisten

Cover photo: Nikki Hendriks (Nurse Practitioner mental health care in training)

The Nurse Practitioner: ready for the future

The Nurse Practitioner

Since she[1] took office ten years ago, the Nurse Practitioner has convincingly proven her added value in healthcare in the Netherlands – and thus her right to exist. This is evident from the evaluation reports 'VoorBIGhouden' (De Bruijn-Geraets et al., 2015) and 'VoorBIGhouden 2' (De Bruijn-Geraets et al., 2016). At the beginning of 2019, more than 3,600 Nurse Practitioners were active; not only in specialist medical care, but also in primary care, integrated primary/secondary health care and care for the elderly, mental health care, care for the intellectually disabled, and work-related care.

In her treatment, the Nurse Practitioner focuses on care that contributes to the health, functioning, quality of life and dignity of life of the care recipient, wherever it is needed, both at home and in institutions. The Nurse Practitioner follows the *patient journey* and, if necessary, looks beyond the boundaries of her own workplace.

The Nurse Practitioner is a connecting professional with generalist and specialist skills or competences who takes on challenges in care as a collaboration partner with the care recipient, the care team, and with others within and outside the care organization. She is aware of transitions in care, for example of the shift from specialist medical care to primary care or of the progressively stronger link between mental and somatic health care, which makes coordination between practitioners increasingly necessary. She is a T-shaped professional who acts as an independent practitioner in the role of coordinating practitioner or co-care provider.

This professional competency framework describes the expertise of the Nurse Practitioner somatic health care (NP) and that of the NP mental health care. A number of competences are shared between the two NP types. In addition, each NP practices one of the two specialties and disposes of the corresponding specialist competences.

Ready for the future

In an ageing society like the Dutch one, which is struggling with shortages of qualified personnel, the available expertise should be used as efficiently as possible. This can be done, for example, by task substitution[2]. In addition, the location of care provision is shifting from institutions to the care recipient's own living environment (Taskforce Zorg op de Juiste Plek, 2018); a paradigm shift from illness to functioning is taking place; (Kaljouw & Van Vliet, 2015) and also views on health are changing (Huber et al., 2011). Under these circumstances, the NP, who combines nursing and medical expertise and

[1] In this profile, the Nurse Practitioner is referred to as a 'she', to prevent the recurrent use of he/she, him/her.
[2] Read more about this in annexes 2 and 3.

treatments, can make an important contribution. After all, NPs, as bridge-builders between nursing and medicine, naturally think outside the boundaries of traditional care domains.

The professional competency framework revised

This professional competency framework builds on the previously conceptualized professional competency framework (Lambregts & Grotendorst, 2012). There are three reasons for the revision. First, the Council for Nurse Practitioners (CSV) has decided to reduce the previously distinguished five nursing specialties to two: somatic health care and mental health care (Poortvliet & Uitewaal, 2017).

Secondly, on 1 September 2018 the statutory independent practice authority of the NP became definitive; a milestone for the professional group. By acquiring this definitive independent authority, the NP can continue to fulfil her role as an independent practitioner in all care sectors.

Thirdly, certain social developments influence the demand for and supply of care, such as the increase in the number of care recipients (with multimorbidity), (chronically) ill people's continued participation in society, increasing deinstitutionalization and the growth of cross-sectoral care, as well as the role of technology in maintaining care recipients' autonomy, control and independent functioning. These developments demand new and different competences from the NP.

The NP has definitively 'arrived' in the Dutch healthcare sector. Nevertheless, there is still a lot of work to be done. She is not yet the obvious partner in the organization of healthcare in all organizations. V&VN Verpleegkundig Specialisten (V&VN VS)[3] does everything in its power to change this. This requires the commitment of the NP at all levels: from the clinic to politics. It also calls for the professional group to be connected, both in the institutions and in networks, and nationally in a powerful professional association.

Reading guide

Chapter 1 describes the context of the NP as a T-shaped professional with generalist and specialist skills. The shared competences of NPs according to the CanMEDS-framework are described in chapter 2. The following chapters describe the specialist competences: chapter 3 the competences of the NP somatic health care and chapter 4 the competences of the NP mental health care. These competences are specifically related to the clinical expertise competency area and describe the competences of the NP somatic health care

[3] Section of the professional association of nurses and care-assistants in the Netherlands concerned with the professional interests of Nurse Practitioners.

and the NP mental health care in relation to the focus area, the area of expertise, the spectrum of treatment and the treatment process.

This main document is accompanied by appendices that can be read separately. Appendix 1 relates how this revised professional competency framework has come into being. Appendix 2 describes developments in the demand for care, supply of care and views on health. Appendix 3 discusses the development of the NP profession, as well as the principles of advanced practice nursing. Appendix 4 describes the professional partners with whom the NP cooperates. Appendix 5 contains explanations of the terms **printed in bold** in chapters 1 to 4.

Postscript

The authors have profited from the expertise of the V&VN VS members, as well as from the input from professional organizations, sector organizations, and education and research institutions, among others. On behalf of V&VN VS, we would like to thank them warmly for this.

We are convinced that this professional competency framework, which details the two specialties somatic health care and mental health care, will prepare the NP well for future developments in society and in healthcare, so that the NP can exercise her profession for the benefit of the care recipient and society!

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1. The Nurse Practitioner: generalist and specialist

1.1 Introduction

Healthcare professionals should possess a dynamic continuum of **competences**, tailored to the wish of care recipients to be capable of functioning in their own living environment for as long as possible. After all, it is not the disease or the disorder, but the care recipients' functioning, resilience and control over one's life that are increasingly central to care (Kaljouw & Van Vliet, 2015). The Nurse Practitioner (NP) must also be prepared for this. In preparation for her future role, this professional competency framework describes the NP as a generalist and as a specialist. For this purpose, the model of the T-shaped professional is used. In addition, the NP will be explicitly positioned as an independent practitioner, in cooperation with other practitioners in the care team, in the role of coordinating practitioner or co-care provider. Before we discuss the NP competences, we first describe the core of the discipline.

1.2 The core of the discipline

The NP is an independent **practitioner** with an **independent practice authority**. The core of her competency area consists of offering integrated **treatment**[4] to care recipients based on **clinical reasoning** in **complex care situations**, ensuring continuity and quality of treatment, and supporting the care recipient's autonomy, control-taking, **self-management** and **empowering** him or her within the ***patient journey***. The provided treatment includes both medical and nursing interventions. The NP works from a holistic perspective. This means that she focuses on the person's illness and on him/her being ill, in which approach the human being in his or her context is central. She also focuses on the consequences of illness and on **prevention**.

As an independent practitioner within a care team, the NP functions as a **coordinating practitioner** or co-care provider. As a coordinating practitioner, she is responsible, in addition to carrying out part of the treatment, for directing the care process. In this capacity, she oversees the entire treatment, coordinates the treatment and deploys other assistance if necessary. As a co-care provider, she is responsible for a specific part of the treatment.

The NP strives to improve **professional standards**, the quality of the multidisciplinary care team and the **quality of care**, and shows **leadership**, both in patient care and the further professionalization of nursing.

[4] The treatment offered by the Nurse Practitioner combines nursing and medical interventions. The term 'treatment' used in this document is understood to mean both the medical and nursing interventions. Each is defined separately in Annex 5.

1.3 The Nurse Practitioner: independent practitioner

The NP is registered in one of the two specialist registers on the basis of the provisions of article 14 of the BIG Act. By registering in an article 14 specialty it appears that she, as a nurse, has a special expertise. This expertise concerns the provision of complex nursing care and/or medical care of a more limited complexity. She has an independent practice authority in accordance with Article 36 of the BIG Act. This enables her to act as an independent practitioner. She can reach her full potential if the **nursing treatment** and **medical treatment** are interrelated. The NP enters into an independent treatment relationship with a care recipient. This is done on the basis of the care recipient's care needs so that the care recipient's autonomy and control-taking is supported and promoted as much as possible. This requires supporting the care recipient's self-management and promoting his or her empowerment. The NP follows the *patient journey*. Ethics is the basis for the NP's actions and treatment provision. Her actions are characterized by careful consideration, especially when moral dilemmas arise.

It is important here that NPs are always fully responsible for the work they do, whether as coordinating practitioners or as co-care providers. Among other things, they work alongside and together with physicians and medical specialists, may function as an independent practitioner, and may **select**, carry out and delegate reserved procedures on the basis of the BIG Act. The latter means: instructing the authorized persons to carry out these activities.

1.4 The coordinating practitioner

The NP can fulfil the role of coordinating practitioner. In the Meurs Committee report (2015), this concept is expressed as follows: *"The professional who is responsible for steering the care process of an individual care recipient."*

This means that the coordinating practitioner coordinates the care process and is the first point of contact for the care recipient and his relatives and/or legal representative. If care is provided by one care provider, this is by definition also the coordinating practitioner. In the case of multidisciplinary treatment, the coordinating practitioner has a substantial share in the treatment as such.

Together with the care recipient, the coordinating practitioner draws up the treatment plan, coordinates the care recipient's treatment with all the care providers involved and is responsible for the coherence of the entire treatment. This is aimed at agreement by means of joint decision-making. The coordinating practitioner is not responsible for the services and interventions carried out by other care providers during the treatment

process. The other care providers themselves are fully responsible for this. The coordinating practitioner is aware of the expertise of the fellow practitioners.

Which care provider acts as the coordinating practitioner in a multidisciplinary setting depends on the type of treatment and the target group. The NP functions best as a coordinating practitioner if she performs most of the treatment, and/or if the emphasis of the treatment is on the consequences of the treatment and illness for the health experienced by the care recipient, the physical and/or psychological functioning, the quality of life and the dignity of life.

1.5 The Nurse Practitioner: T-shaped professional

NPs are T-shaped professionals. This means that they have in-depth problem-solving skills within their own **competency area** and are also able to interact with other professionals from other specialties (IfM & IBM, 2008). See figure 1 on page 11 for a graphical representation of this T.

The vertical part of the T is built of the specialist skills in either the somatic health care or mental health care specialty, within a **focus area** (for example specialist medical care or adult psychiatry) and an **area of expertise** (for example elderly care or addiction care). In addition, NPs possess generic competencies allowing to work together with professionals from other disciplines; the horizontal part of the T. In addition to specialist knowledge, T-shaped professionals also play an important role in promoting a professional working environment.

Figure 1 – The Nurse Practitioner: a T-shaped professional (page 11)

THE NURSE PRACTITIONER: A T-SHAPED PROFESSIONAL

The nurse practitioner's general competencies

SCIENTIFIC RESEARCH	EDUCATION AND TRAINING	COORDINATING PRACTITIONER	DEVELOPING QUALITY OF CARE	SHOWING LEADERSHIP
> judging the worth of research findings for professional practice > initiating, designing and conducting research aimed at professional practice > participating in knowledge networks	> supervising, coaching and educating co-workers > training of nurse practitioners in training > initiating and participating in peer evaluation	> coordinating the care process and functioning as first point of contact for care recipients, their families or legal representative > playing a substantial role in the care recipient's treatment	> initiating, developing and implementing measures to improve quality of care, and innovativeness and professionalization of the profession > participating in knowledge networks	> taking the initiative to improve the quality of care (value-driven care) for the sake of the individual care recipient, the organization and/or the team, or public health and the healthcare system > professionalizing the nurse practitioner profession and the nursing discipline

INDEPENDENT PRACTITIONER
> methodologically and systematically making a diagnosis, and proposing, organizing and provide nursing care and medical care > counseling care recipients with a focus on the illness and being ill, in their own contexts, with outcomes relating to maintaining or regaining health, physical and/or mental functioning, quality of life and dignity of life > specialist knowledge, skills and attitude in one's own focus area and field of expertise in somatic health care or mental health care

the nurse practitioner's specialist competencies

1.6 Generic competencies

The NP makes integrated use of generic competencies related to:

a. *diagnosing and treating on the basis of the intended care outcomes:*
   - the methodical and systematic making of a **diagnosis** and the selection, organization and provision of nursing and medical treatment on the basis of clinical reasoning, whereby the professional standard is followed in a substantiated manner or from which a deviation is substantiated on the basis of evidence-based practice;
   - supervising care recipients with a focus on the illness and being ill, in which the individual in his or her context is central. The results of treatment by the NP relate to maintaining or regaining the health experienced by the care recipient, and his or her physical and/or psychological functioning, quality of life and dignity of life. The NP anticipates health risks (prevention), and supports the care recipient's self-management and empowerment;

b. *carrying out scientific research and applying the results:*
   - assessing the value of the results of scientific research for professional practice;
   - initiating, setting up and carrying out scientific research aimed at professional practice;
   - participating in knowledge networks;

c. *teaching and training:*
   - supervising, coaching and teaching fellow care providers;
   - training (supervising) Nurse Practitioners in training;
   - initiating and participating in peer consultation;

d. *developing the quality of care:*
   - initiating, developing and implementing interventions relating to quality of care, innovation and (evidence-based) professionalization of the working environment, taking into account the interests of the care recipient, the interests of internal and external partners, and cost-effectiveness aspects;
   - participating in quality networks, including suggesting subjects for improvement;

e. *showing leadership:*
   - showing leadership by taking the initiative to increase the quality of care (value-driven care) for the benefit of the individual care recipient (clinical leadership), the organization and/or the team, or public health and the healthcare system;
   - the further professionalization of the NP profession and of nursing.

2. The Nurse Practitioner: the shared competency area

2.1 Introduction

The competency area is the field in which the NP somatic health care and the NP mental health care are professionally autonomous (Terpstra et al., 2015). This means that NPs in this field can independently give substance to the profession. In these situations, they independently make effective choices in the care process. They are responsible for this and can be held responsible for it.

There are two legal specialties: somatic health care and mental health care. The NP somatic health care independently performs nursing and medical diagnostics and the resulting treatment, guidance and support of care recipients with physical complaints and disorders. The NP mental health care independently performs nursing, medical and psychological diagnostics and carries out the resulting treatment, supervision and support of care recipients with psychological complaints and/or psychiatric disorders. In addition, the profession has a generic basis: the shared competency area. The shared competency area is described in this chapter on the basis of the CanMEDS competency areas.

2.2 The CanMEDS competences of the NP

The NP, as a T-shaped professional, has a number of defined competences. From the point of view of uniformity, the description of these competences is ordered according to seven ‘areas of competency’, also known as 'roles', based on the system of the Canadian Medical Education Directives for Specialists (CanMEDS) (Frank, Snell & Sherbino, 2015). These areas are inextricably linked; clinical expertise is central: treatment based on nursing and medical expertise. This guides all other areas. This is shown graphically in figure 2 (page 14). The ordering in CanMEDS areas of competency also forms the basis for the professional competency frameworks of the care assistant, the (coordinating) nurse[5] and of medical specialists. More and more job profiles are also based on this.

The General Decree of the CSV (2016) and the specific decrees regarding the former five specialties formed the basis for the description of the competences (CSV 2008a-d; CSV, 2009).

[5] In the future, the Bachelor of Nursing registered nurse in the Netherlands will probably be referred to as ‘coordinating nurse’ – as opposed to the ‘nurse’ who has completed vocational education.

THE CANMEDS COMPETENCY AREAS OF THE NURSE PRACTITIONER

COMPETENCY AREAS

1 **Clinical expertise:** the nurse practitioner as a practitioner with nursing and medical expertise.
2 **Communication:** the nurse practitioner as a communicator.
3 **Collaboration:** the nurse practitioner as a collaboration partner.
4 **Organization:** the nurse practitioner as an organizer of quality of care improvement.
5 **Health advocacy:** the nurse practitioner as a health advocate.
6 **Science:** the nurse practitioner as an academic and researcher.
7 **Professionalism:** the nurse practitioner as a self-confident professional.

Figure 2 – The CanMEDS areas of competency of the Nurse Practitioner

The areas of competency are the following:

- Clinical expertise: the NP as a *practitioner with nursing and medical expertise*;
- Communication: the NP as *communicator*;
- Collaboration: the NP as a *collaboration partner*;
- Organization: the NP as an *organizer of quality of care improvement*;
- Health advocacy: the NP as a *health advocate*;
- Science: the NP as an *academic and researcher*;
- Professionalism: the NP as a *self-confident professional*.

2.2.1 Practitioner with nursing and medical expertise

The NP is an independent practitioner who offers integrated nursing and medical treatment. She enters into an independent treatment relationship with care recipients - in such a way that the autonomy, control-taking and self-management of the care recipient are optimally supported and promoted.

For the needs assessment, performance and delegation of reserved procedures for which the NP has an independent practice authority according to the BIG Act, the NP possesses competences regarding problem recognition and description, physical examination, analyzing the problem, additional examination, further analyzing the problem, selecting (needs assessment) reserved procedures, evaluating the reserved procedure performed, and reporting and registration (Buijse & Plas, 2007).

The NP makes a methodical and systematic diagnosis. She assesses the need for, organizes and provides nursing and medical treatment on the basis of clinical reasoning. In doing so, the professional standard is followed in a substantiated manner, or deviations are justified on the basis of specific circumstances of the care recipient, or on the basis of the care recipient's personal wishes (evidence-based practice). Where possible, she prevents illness or aggravation thereof by anticipating health risks.

The NP's treatment provision is simple where possible and complex where necessary. The NP works according to protocols on the one hand, and on the other hand the treatment is also tailored to the care recipient's needs. The treatment is aimed at maintaining or regaining the health experienced by the care recipient, the physical and/or psychological functioning, the quality of life and the dignity of life. It will not always be possible to improve the care recipient's health situation and functioning. The health situation and functioning may also deteriorate. The NP monitors this as well as possible, so that there is optimal experienced health, functioning, quality of life and dignity in the eyes of the care recipient, relatives and the social network. The NP supports the self-management of care recipients and promotes empowerment.

Knowledge

The Nurse Practitioner has knowledge of:

- the principles of anatomy, physiology, psychology, pathology, psychopathology and pharmacology, and in-depth knowledge in this area specifically for the own specialty, focus area and area of expertise;
- the diagnostics, the treatment, the follow-up and the complications of common disorders on the intersection of the two specialties somatic health care and mental health care, and in-depth knowledge of these specifically for the own focus area and the area of expertise in accordance with the state of knowledge, using classification systems and process-oriented and substantive diagnostic and therapeutic methods, including the cyclical process of clinical reasoning;
- professional standards, guidelines and protocols that relate to the NP's line of work and/or target group.

Skills

The Nurse Practitioner is able:

- on the basis of clinical reasoning, to collect targeted information through observation, independent physical examination and additional diagnostics, to analyse, interpret and apply this information, make differential diagnoses, make a diagnosis or probability diagnosis on the basis of classification systems and methods, and to focus on early risk detection;
- to draw up a treatment plan based on reasoned choices, in which the need of diagnostic, therapeutic and preventive interventions is assessed, and if relevant carried out and delegated, including reserved procedures with due observance of one's own authority and competence, and in which effect and costs are weighed up and materials and resources are deployed in a responsible way;
- to work according to standards, guidelines and protocols, but may, if necessary, deviate from these if the situation, the wishes of the care recipient or her own professional or moral considerations give cause to do so;
- to independently monitor, evaluate and adjust the progress of the treatment; organize follow-up treatment and aftercare; and independently conclude a treatment;
- to organize the treatment in the chain in which the care is delivered, by going beyond the boundaries of her own work unit and organization, if this is in the interests of the care recipient's treatment and *patient journey*;
- to identify complications and act adequately in the event of complications, especially with regard to common disorders in the specialty and, to a greater extent, within her own focus area and are of expertise;

- to recognize early signs of decompensation (both in the case of physical disorders and psychological complaints and/or psychiatric disorders) and take appropriate action or have it taken, especially with regard to common disorders in the specialty and, to a greater extent, within her own focus area and/or are of expertise.

Attitude

The Nurse Practitioner is characterized by:

- working in accordance with the professional code for nurses and care assistants, supporting and promoting the autonomy of care recipients, and applying the principles of 'do not harm, do good and justice'[6];
- taking into account the wishes and needs of the care recipient and his/her relatives ('deciding together'), the degree of literacy and/or health skills.

2.2.2 Communicator

The NP ensures effective communication with the care recipient, communicates from the care recipient's perspective and interprets information in the right context. She strives for an effective treatment relationship, involves the care recipient and his/her family in the decision-making process and integrates their opinions in the diagnostic process. She communicates – on the basis of equality – with the care recipient and his/her family about the diagnostic process, the treatment phase and possible alternatives in such a way that the expectations of the treatment and the results thereof are realistic and the care recipient can make a choice on the basis of this. The NP advises on lifestyle and giving meaning to life, and consults with the care recipient and/or the social network on the wishes and needs with regard to quality of life. The NP is able to apply Advance Care Planning.

She uses information and communication technology and helps the care recipient to find reliable information about diagnosis and treatment. The NP is able to function as a coordinating practitioner, communicates with various disciplines within and outside her own organization and ensures adequate reporting and transfer of data.

Knowledge

The Nurse Practitioner has knowledge of:

- various communication theories, such as communication levels (content, procedure, process), the most important interview techniques in various situations (in any case anamnesis interviews, bad news interviews, end-of-life interviews [Advance Care Planning], the principles of motivational interviewing), various ways of influencing

[6] Applying these principles is aimed at doing no harm, preventing harm and evil, doing away with evil, and doing and promoting good (autonomy, beneficence & non-maleficence, justice). Any harm must be weighed again other interests. Burdens and benefits should be distributed equally (Beauchamp and Childress, Principles of Biomedical Ethics, Fourth Edition. Oxford. 1994, cited in the Algemeen besluit CSV van 30 mei 2016).

and empowering behaviour, the principles of effective consultation and of effective reporting and transfer;
- the concepts of experienced health, physical and/or psychological functioning, quality of life and dignity of life and the meaning of these concepts for the request for help.

Skills

The Nurse Practitioner is able:

- to build and maintain a treatment relationship with a care recipient on the basis of cooperation and trust created by her expertise;
- to take into account different (cultural) backgrounds, to empathize with care recipients, relatives and the social network in the different phases of life, health, illness and death;
- to communicate at content, procedure and process levels and switch smoothly between these levels, apply conversation techniques appropriate to the care recipient and the level of communication (level of understanding, background, physical and psychological condition), give advice and instruct and motivate the care recipient to make effective treatment choices;
- to implement self-management support strategies and deal with different coping styles to support care recipients and their families in making treatment decisions, such as whether or not to continue treatment;
- to deal adequately with aggression, rule-transgressing behaviour and misunderstood behaviour among care recipients, relatives and the social network;
- to inform and (psychosocially) guide care recipients and their relatives in (complex) care situations, with regard to, among other things, quality of life in palliative care, and to make agreements about the roles and commitment of relatives and the social network;
- to effectively communicate verbally, in writing and digitally about matters concerning the care recipient (including file management, patient consultation and transfer), and to ensure continuity of care within the chain by (the organization of) adequate verbal, written or digital transfers and to make good use of information technology and communication technology (care technology, eHealth).

Attitude

The Nurse Practitioner is characterized by:

- having an eye for the care recipient, his or her loved ones and the social network, showing empathy and respect, acting as advocate, and adapting communication to the different phases of life, health, illness and death, the cultural background, the degree of literacy and/or health skills, and by being aware of the effects of her own verbal, non-verbal and digital expressions.

2.2.3 Collaboration partner

The NP works together with other healthcare professionals on the basis of equality as an independent practitioner. She carefully and effectively coordinates tasks with them. She makes clear agreements about the patient groups she sees within her competency area and - by extension - about performing the needs assessment and delegation of reserved procedures in these patient groups. Where necessary, she calls on other professionals for consultation. She provides consultations on the basis of her own expertise, taking into account the perspective of the care recipient. She provides solicited and unsolicited advice. If her own expertise is not sufficient, she will refer the patient, while ensuring the quality and continuity of the treatment.

The NP is the connecting link in the collaboration between medical specialties, between settings, between disciplines and in chain or network care. She acts as a bridge between care assistants, nurses, physicians and other disciplines in the care chain. The NP coaches, supervises and instructs individual nurses or teams of nurses in nursing and medical care questions and coaches, and supervises and instructs other professionals.

As an independent professional, the NP comes into contact with the care recipient through direct referral and acts as the coordinating practitioner of individual care recipients in complex care situations. She is the connecting link and acts as a contact point for all parties involved.

Knowledge

The Nurse Practitioner has knowledge of:

- the scope of her profession, the position of the profession within the organization, the scope of her competency area, and the expertise of collaboration partners;
- collaborative processes, such as peer consultation, various frameworks of collaboration, group and team formation, team roles, group dynamics and giving and receiving feedback;
- the current standards of care and guidance in the field of (inter-professional) collaboration.

Skills

The Nurse Practitioner is able:

- to take into account and act on the different perspectives of colleagues, care recipients and relatives when working together;
- to promote coordination between the members of the multidisciplinary and interdisciplinary care team, so that the care recipient can benefit optimally from the total expertise of the team;

- to give peer consultations and to act from the perspective of the care recipient to promote the continuity and quality of treatment, aimed at maintaining or (re)acquiring the experienced health, physical and/or psychological functioning, the quality of life and the dignity of the care recipient's life.

Attitude

The Nurse Practitioner is characterized by:

- a respectful, collegial and open attitude towards care recipients, relatives, colleagues, members of the multi-disciplinary and interdisciplinary care team and other collaboration partners, and stimulating this attitude for herself and others;
- dealing professionally with the different perspectives of colleagues, care recipients and relatives on the basis of equal collaboration;
- a clear positioning of herself in the multi-disciplinary and interdisciplinary care team, not afraid of confrontations and differences of opinion, in which she can deal with differences of opinion and differences in perspective.

2.2.4 Quality of care organizer

The NP is important for quality thinking in healthcare. Her expertise enables her to monitor the conditions under which the care and support is provided for the line of work and/or the target group she focuses on.
The NP follows the healthcare-specific and technological developments in her own field (including ICT and eHealth), translates these into practice and takes into account cost-effectiveness aspects, the interests of internal and external collaboration partners and the interests of the care recipients. The NP organizes or reorganizes care processes to improve the availability and continuity of care, reduce waiting times for the care recipients and increase cost-effectiveness. In addition, she develops new forms of care, for example with the help of eHealth, whether or not together with other professionals and with attention to the recognizability of the nursing profession.

Other tasks in the area of quality of care include (participating in) the development of evidence-based quality standards and deriving from these standards guidelines and protocols for the provision of care. The NP also contributes to initiating and interpreting scientific research aimed at improving the quality of care. To this end, she participates in quality networks. She implements the quality requirements from legislation and regulations in the care and treatment process.

Knowledge

The Nurse Practitioner has knowledge of:

- the quality frameworks for care and the monitoring of quality of care;
- healthcare systems and policies at home and abroad, the strategic long-term agenda of the Dutch government, healthcare organizational structures (including her own professional organization), chain processes and the organization of healthcare in the own region and in the own organization, as well as quality networks and possible collaboration partners within and outside the own setting, and is familiar with various organizational forms and principles from organizational studies;
- management and policy in the healthcare sector, including the financing of care and the differences between various sectors (acute care, primary care, specialist medical care, chronic care, mental health care), cost-effectiveness, macro-economic developments;
- the development of healthcare quality standards, and the guidelines and protocols derived from these, and their import for the *patient journey* and the care recipient's own functioning;
- strategic opportunities for influence.

Skills

The Nurse Practitioner is able:

- to assess whether quality requirements for care in her own workplace are sufficiently complied with and make recommendations for improvement;
- to translate vision on quality of care into concrete actions aimed at improving the quality of care;
- to organize or redesign care processes in a process-oriented manner, based on gaps and changes in the healthcare landscape, and to translate outcomes into indicators;
- to independently take care of (part of) the financing of her own care provision by means of (billable) registration and DBC healthcare products[7] and advise the care institution on these, and to provide information for and negotiate about the production within her own institution and with health insurers;
- participate in working groups for the development of quality standards and the guidelines and protocols derived from them, and to reflect on the significance of quality standards for the *patient journey* and her own functioning;
- to make proposals for improvement in the area of quality of care (including care technology, eHealth, care at a distance), and to be open to innovations in this area.

[7] The cost of hospital treatment in the Netherlands is determined by what is known as a Diagnosis-Treatment Combination (DBC in Dutch). This diagnosis treatment combination is also called a DBC healthcare product.

Attitude

The Nurse Practitioner is characterized by:

- being open to improvements, changes and innovations in the national healthcare infrastructure and/or the structure of the organization, awareness of her own prejudices and judgements in this respect, conscious handling of these, and the ability to think out-of-the-box;
- promoting, on the basis of national and international trends in the field of care innovation, the role of eHealth, care at a distance and care technology, taking into account the *patient journey*.

2.2.5 Health advocate

The NP helps individual care recipients and groups of care recipients to find their way around the healthcare system and gain access to the right care at the right time. She also supports and promotes the care recipient's ability to act as a critical consumer (empowerment aimed at self-management).
She represents the interests of the individual care recipient and/or specific patient groups and contributes to the social debate on these issues.

Based on her specific expertise, the NP identifies health risks among individual care recipients and patient groups – including risks relating to patient safety – at the individual, organizational and social levels and takes action to influence these. She adheres to reporting codes, including signals of abuse and neglect, can make these signals discussable and coach healthcare professionals on these. The NP follows media reports on insights and trends with regard to her own specialty, the focus area and the area of expertise.

Knowledge

The Nurse Practitioner has knowledge of:

- the basic principles of epidemiology and of health differences between groups based on epidemiological data (including incidence, gender, age), socio-economic status and other contextual factors;
- the principles of self-management, empowerment, lifestyles, prevention and health education, health and behavioural determinants, social networks, and knows ways of influencing behaviour and ways to stimulate healthy behaviour;
- social trends within target groups, and is aware of cultures, culture-related views on health and culture-related health problems and the influence of these views on the request for help and the provision of care.

Skills

The Nurse Practitioner is able:

- to identify health risks (individually, and at the organizational and social levels) and interpret and incorporate the results of epidemiological research in the treatment;
- to support the self-management and social network of a care recipient, promote empowerment, advise on lifestyle changes or continuation of therapy, and has outreach care and interference care skills;
- to carry out interventions concerning individual and collective prevention and health education, and to develop policies and interventions aimed at prevention and early detection;
- to promote changes in the care delivery on the basis of social developments, to identify factors that pose a threat to care recipients and/or specific groups, and to propose and implement policy in the area of prevention.

Attitude

The Nurse Practitioner is characterized by:

- contributing to patient safety at both the level of the individual care recipient and the level of the organization and/or care chain.

2.2.6 Academic and researcher

The NP has a reflective and learning attitude and thereby acts as a role model for others. She is focused on sharing knowledge and contributes to the expertise of colleagues and other healthcare professionals. The NP plays an active role in training future professionals, in practice and at universities of applied sciences. This is part of the NP's professional leadership role[8].

The NP is aware of recent scientific developments within her own specialty, focus area and area of expertise, and critically assesses scientific information. She promotes the development and implementation of knowledge and expertise within her own specialty, focus area and area of expertise. She stimulates the expansion of knowledge within her specialty and her focus area and area of expertise by initiating, setting up and carrying out monodisciplinary or multidisciplinary scientific research or by participating in research integrated into patient care.
She translates scientific results into professional practice and participates in the development of multidisciplinary guidelines. She publishes and collaborates in scientific and non-scientific publications, and participates in knowledge networks.

[8] In her doctoral thesis, Dr Ter Maten-Speksnijder (2016) recommends that Nurse Practitioners should also pay attention to research, education and leadership.

Knowledge

The Nurse Practitioner has knowledge of:

- the principles of evidence-based practice and of best practices;
- various methods for carrying out (mono- and multidisciplinary) scientific research;
- the various knowledge networks within her own specialty, focus area and area of expertise;
- the didactics of workplace learning, coaching, reflective practice (supervision, peer-to-peer learning and peer consultation), and of learning principles, guidance and instruction methods, and is aware of applications in the field of knowledge development and sharing and of the concept of lifelong learning;
- ethics and healthcare ethics and methodologies for dealing with moral dilemmas.

Skills

The Nurse Practitioner is able:

- to retrieve the results of scientific research, to understand these, to assess their value and to apply these in practice;
- to make a connection between problems in professional practice and science, and to initiate, set up and carry out scientific research in response to a research question derived from professional practice or gaps in the scientific knowledge base within her own area of expertise;
- to develop new interventions based on research results;
- to promote the development and deepening of scientific expertise by means of scientific research and innovation projects;
- to participate in knowledge networks aimed at her own specialty, focus area and area of expertise;
- to coach, supervise and teach fellow care providers, such as care assistants, nurses (among whom Nurse Practitioners in training) and physicians, and to transfer, delegate, advise and give feedback on their actions and professional behaviour;
- to act as trainer of Nurse Practitioners in training.

Attitude

The Nurse Practitioner is characterized by:

- a reflective ability that is expressed in professional practice as an independent practitioner;
- a critical ability that is expressed in the assessment of new knowledge, research results and new procedures;
- promoting the expertise of students, colleagues, care recipients and other parties involved in healthcare, in which she plays a pioneering role and serves as a role model for both prospective and qualified nurses and coordinating nurses, whether or not in training to become a Nurse Practitioner.

2.2.7 Self-confident professional

The NP is a self-confident professional who steers her profession and works continuously on her personal and professional development. She provides high-quality patient care in an honest, sincere and committed manner, with attention to the care recipient's integrity, autonomy and control-taking.

The NP makes her added value clear. Through her daily functioning, she shows that she is worthy of the trust of the care recipient and his or her environment. The NP is a valuable professional within the organization. She is aware of the added value of their own care provision and negotiates about this if necessary – within the institution or with health insurers.

The NP is accountable for his or her own professional actions. She often works in a multidisciplinary context, but has the opportunity to practice independently. The NP knows the limits of her own competences and makes clear agreements with other professionals about the division of tasks, responsibilities and coordination.

The NP follows accredited continuing education and training, both nationally and internationally, aimed at treatment on the basis of nursing and medical expertise as well as in other areas of competency. The quality of the care she provides remains high through peer evaluation with (fellow) NPs or other professionals with whom she cooperates.

The NP works on the profiling and further professionalization of the specialty and participates in professional and interest groups. She has an innovative and proactive professional attitude. She actively contributes to the policy of care organizations, for example by serving on nursing advisory councils or professional organization. The NP solidifies herself in professional networks and shows leadership at all levels.

The NP takes care of her own health as an employee and sets her own limits.

Knowledge

The Nurse Practitioner has knowledge of:

- the *state of the art* of the competency area in which she works (including current guidelines and professional standards) and of current themes and developments in her own area of expertise;
- the vision of the profession on good care, social developments, the role of NPs and leadership;
- the legislation and regulations that apply to the professional practice, including those regarding independent treatment responsibility, coordination, patient safety, quality requirements and information transfer.

Skills

The Nurse Practitioner is able:

- to represent and position the own professional group within and outside her organization and to substantiate the added value of her own actions in terms of the available evidence-based practice and cost-effectiveness;
- to contribute to the *state of the art* of her own competency area by means of scientific research, care innovation and quality of care interventions;
- to work independently and proactively on the promotion and development of her expertise, including for the purpose of re-registration as a NP, and to establish and maintain the development and exchange of peer expertise and knowledge;
- to read and interpret professional literature, to follow (accredited) training and attend congresses and to be subject of peer evaluation;
- to position herself as an independent practitioner in the role of coordinating practitioner and/or co-care provider, and herein show professional and personal leadership;
- to value and critically approach her own functioning, to make her own functioning and experiences discussable with colleagues and care recipients and to integrate feedback on these into her actions, and to develop through feedback, self-reflection and self-assessment and to discuss ethical and meaning issues with colleagues and care recipients;
- setting priorities and finding a balance between all aspects of the job: patient care, scientific research, teaching and training, quality of care and leadership;
- to find a balance in her work, aimed at preventing personal health problems as a result of a disturbed balance between professional capabilities and workload, both within and outside the professional practice, where necessary acknowledging her limits.

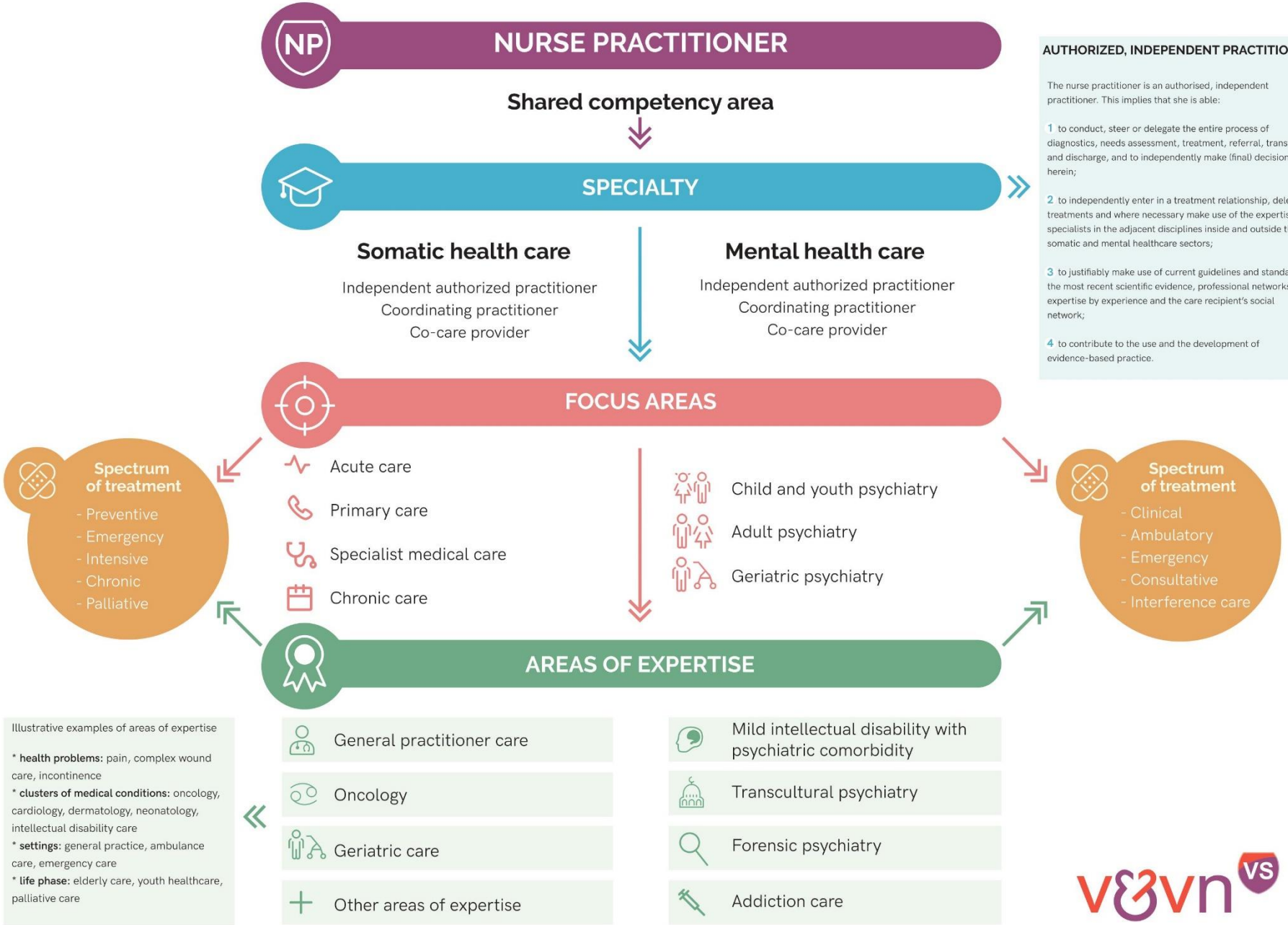
Attitude

The Nurse Practitioner is characterized by:

- acting as a role model for care assistants and (coordinating) nurses, being an ambassador of the profession;
- acting within the limits of her own expertise and taking responsibility for and being accountable for her care-related actions;
- acting in accordance with the nursing professional code and legislation and regulations, observing rules of conduct that are part of the professional responsibility, and being able to deal with the responsibilities of an independent practitioner.

Figure 3 – Focus areas, areas of expertise and spectrum of treatment of the NP somatic health care and the NP mental health care (page 28)

FOCUS AREAS, AREAS OF EXPERTISE, AND SPECTRUM OF TREATMENT OF THE NP SOMATIC HEALTH CARE AND THE NP MENTAL HEALTH CARE



AUTHORIZED, INDEPENDENT PRACTITIONER

The nurse practitioner is an authorised, independent practitioner. This implies that she is able:

1 to conduct, steer or delegate the entire process of diagnostics, needs assessment, treatment, referral, transfer and discharge, and to independently make (final) decisions herein;

2 to independently enter in a treatment relationship, delegate treatments and where necessary make use of the expertise of specialists in the adjacent disciplines inside and outside the somatic and mental healthcare sectors;

3 to justifiably make use of current guidelines and standards, the most recent scientific evidence, professional networks, expertise by experience and the care recipient's social network;

4 to contribute to the use and the development of evidence-based practice.

3. The Nurse Practitioner somatic health care

3.1 Introduction

In this chapter we describe the competency area of the NP somatic health care: her working method, the various focus areas, the areas of expertise, the spectrum of treatment and the role as a coordinating practitioner. Figure 3 (page 28) illustrates the relationship between focus areas, areas of expertise and the spectrum of treatment.

3.2 Competency area of the NP somatic health care

The competency area of the NP somatic health care includes: independently performing nursing and medical diagnostics and the resulting treatment, supervising and supporting care recipients with physical complaints and disorders. The care she provides can cover the entire spectrum of prevention, treatment, supervision and support.

A physical condition arises from various biomedical factors, in which psychological and social factors may also play a role (biopsychosocial model) (WHO, 2001). Functional limitations may arise from the physical condition. The NP somatic health care works from the perspective of the care recipient and his or her environment to prevent, eliminate or make manageable complaints and dysfunctions as much as possible. If necessary, support is provided to the care recipient's social network (such as family members and others closely involved).

If other healthcare professionals are involved in the care provision in addition to the NP somatic health care, the NP somatic health care can take responsibility for the integrality and coordination of the treatment process. The NP somatic health care is then the first point of contact for all parties involved, including the care recipient and his/her relatives and/or legal representative. If this is important for the integral treatment of the care recipient, a form of task substitution will take place in which the NP somatic health care applies medical treatments in addition to nursing treatments. The NP somatic health care is competent and employable throughout the entire field of somatic health care insofar as physical complaints and disorders are dominant in the request for help.

Each NP somatic health care has a generic basis in somatic health care, and concentrates on an area of expertise within a focus area. Areas of expertise are not regulated in the BIG Act. In practice, there is a large and dynamic number of areas of expertise. Examples of areas of expertise are pain, complex wound care, incontinence, oncology, cardiology, dermatology, neonatology, mental disability care, general practitioner care, ambulance care, emergency care, elderly care, youth health care and palliative care. Treatment within the focus area and are of expertise takes place within a diverse spectrum of treatment.

3.3 Method of working

The NP somatic health care is an independently authorized practitioner. This implies that the NP somatic health care is able:

- to carry out, manage, or delegate the entire process of diagnostics, needs assessment, treatment, referral, transfer and discharge and to independently make (final) decisions;
- to enter into independent treatment relationships, delegate treatments and, where necessary, make use of the expertise of fellow specialists from adjacent disciplines within and outside the somatic health care sector;
- to make well-founded use of current guidelines and standards, the latest scientific evidence, and of professional networks, expertise by experience and the care recipient's social network;
- to contribute to the use and development of evidence-based practice.

In personalized diagnostics, the NP somatic health care uses diagnostic frameworks such as the International Classification of Diseases and Related Health Problems (ICD-10), the International Classification of Functioning, Disability and Health (ICF) and the Nursing Diagnosis Classification (NANDA). In carrying out the treatment, the NP somatic health care uses medical and nursing therapeutic frameworks such as standards, guidelines, the Nursing Outcomes Classification (NOC) and the Nursing Interventions Classification (NIC). Treatment is focused on the care recipient's health and daily functioning as well as improved quality of life and dignity of life. In her treatment, the NP somatic health care strives for optimum autonomy of the care recipient, making optimum use of the possibilities offered by the social environment and technology.

3.4 Focus areas, areas of expertise and spectrum of treatment

The NP somatic health care is competent and deployable in the entire field of somatic health care, and in the field of mental health care insofar as physical complaints and disorders are dominant in the demand for help[9]. This does not alter the fact that additional expertise is required. A distinction can be made between focus areas, areas of expertise and the spectrum of treatment.

In her professional practice, the NP somatic health care takes account of the integration of care that exceeds the focus areas and areas of expertise in the somatic health care sector. As a result, she plays a conscious role in the connection between professionals, for example

[9] There is overlap between the somatic health care and mental health care sectors regarding the concept of morbidity. The NP somatic health care focuses on physical complaints, and on psychiatric disorders insofar these concern comorbidity of a physical condition or more severe chronic physical functional disabilities as a result of the psychiatric disorder.

between specialist medical care and primary care. Her professional practice is not limited to traditional healthcare domains.

Focus areas

Various focus areas can be distinguished according to the currently common sectors in which the NP somatic health care exercises her expertise:

- acute care;
- primary care;
- specialist medical care;
- chronic care.

Acute care

Acute care is characterized by life-threatening vital function disorders, often due to an acute disturbance in the homeostasis as a result of an accident or a previous medical intervention, as a result of comorbidity or due to a sudden physical disorder. This is where the focus of care lies. The NP somatic health care within this focus area works for example at a regional ambulance care institution or an emergency department of a hospital.

Primary care

Primary care concerns the interface between preventive care and acute care, but also the treatment of chronic disorders, within the care recipient's social context. The emphasis is often on health education and prevention. This includes the health of employees of companies. In order to cope with requests for help, collaboration plays a central role within the general practitioners' practice and the general practitioners' service, for example in the connection with secondary emergency care, but also in the connection with the municipality and the social domain. The NP knows the social map, the other stakeholders, and forms connections between the various parties so that the care recipient receives the best care. A current development is the transfer of specialist medical care from hospitals to primary care and the enhanced collaboration between specialist medical care and primary care (integrated primary/secondary health care), which enables increasingly complex treatments in the home situation. The field of work is therefore in transition. There is low-threshold contact with acute care, medical specialist care, chronic care and mental health care. The NP somatic health care within this focus area works at general practitioners' practices, health centers or general practitioners' services, but also at municipal health services, home care organizations or work-related care organizations.

Specialist medical care

In the area of specialist medical care, the focus of care is on the diagnosis and treatment of physical disorders of various kinds, as well as on the early recognition of side effects and complications and the diagnosis and treatment of these. In addition, the psychosocial counseling of care recipients and relatives plays an important role in often far-reaching

physical disorders. A current development is the transfer of specialist medical care from hospitals to primary care and the greater collaboration between specialist medical care and primary care (integrated primary/secondary health care), which enables increasingly complex treatments in the home situation. The field of work is therefore in transition. There is easily accessible contact with professionals in primary care and chronic care. The NP somatic health care within this focus area works in (academic) hospitals or in independent treatment centers.

Chronic care

In the area of chronic care, the focus of care is on the quality of life and the dignity of life in chronic treatment. Diagnostics and the treatment of physical disorders are mainly aimed at this, although everyday physical disorders are also treated curatively. However, this is often chronic treatment, which can take many years. The NP somatic health care has an important guiding role here: she supports the care recipient and his or her loved ones in realizing that a shift in balance between health and disease is underway. The focus of treatment and counseling often ultimately lies on palliative care. The NP somatic health care within this focus area is active in elderly care, for example within nursing home care institutions, or intellectual disability care.

Areas of expertise

The area of expertise of the NP somatic health care encompasses the whole of specific knowledge, skills and attitude to provide optimal care to specific patient groups. This specific expertise complements the common expertise and competences within the focus area.

In the broad somatic health care sector, the NP somatic health care develops in-depth expertise in nursing and medical treatment for a specific patient group or groups. A patient group is characterized by a certain health problem, a cluster of medical conditions, a life phase, a setting or a vision on care.

The areas of expertise are characterized by the intrusive nature and high prevalence of the health issues, and require specific knowledge and expertise. Over the years, areas of expertise will develop and inevitably change.

To illustrate this, we give a number of examples of areas of expertise:

- *health problems*: pain, complex wound care, incontinence;
- *clusters of medical conditions*: oncology, cardiology, dermatology, neonatology, mental health care for the disabled;
- *settings*: general practitioner care, ambulance care, emergency care;
- *life phase*: elderly care, youth health care, palliative care.

Some areas of expertise have already been further developed. These are described below.

General practitioner care

The NP somatic health care in general practitioner care treats patient groups at various stages of life and within the care recipients' social systems. She focuses on health information and prevention as well as diagnostics and treatment of everyday physical disorders. If necessary, she refers to specialist medical care and/or other sectors. She comes into contact with both acute care and chronic care and psychological complaints. She deals with common complaints, but is also involved in the home functioning of care recipients who have undergone or undergo extensive specialist medical treatment. She also treats care recipients in the palliative phase.

Oncology

The NP somatic health care in oncology is a practitioner in the care network of cancer patients. She has specialist knowledge of oncogenesis, cancer diagnostics and oncolytic treatment (including treatment with antineoplastic agents), as well as palliative care when curative treatment options are exhausted. Her expertise lies in connecting the mostly invasive curative treatment with quality of life. She is also able to diagnose and treat the side effects and complications of the treatment. Her work is also emphatically focused on the psychosocial functioning of cancer patients. If necessary, she will use supportive (psychological) treatments and/or refer to mental health care. She is also the link between specialist medical care and primary care in the care recipient's network.

Elderly care

The NP somatic health care in elderly care – either chronic elderly care or geriatric rehabilitation care – focuses on the physical disorders associated with ageing, and on preserving the quality and dignity of life of ageing people. In this context, she diagnoses somatic and psychogeriatric problems, and offers both curative treatment of common physical disorders and palliative treatment. She assists care recipients and their families in the pursuit of optimum quality of life and dignity of life in the changing context of life, health, illness and death that occurs in old age.

Spectrum of treatment

The following components of the spectrum of treatment are distinguished within the focus areas and areas of expertise:

- preventive treatment;
- emergency treatment;
- intensive treatment;
- chronic treatment;
- palliative treatment.

Preventive treatment

The primary and secondary prevention of physical disorders by identifying (possible) health threatening factors. In prevention, promoting healthy behaviour is paramount, and the NP somatic health care applies the principles of health information and education.

Emergency treatment

The treatment of acute health-threatening and/or life-threatening physical disorders is in the foreground. Treatment by the NP somatic health care depends heavily on medical diagnostics and treatment.

Intensive treatment

The treatment of the disease and the consequences of the disease for the care recipient's immediate functioning are central. The integrated nursing and medical treatment provided by the NP somatic health care depends heavily on medical diagnostics and treatment.

Chronic treatment

The ongoing treatment of physical disorders by the NP somatic health care is central with a focus on tertiary prevention, dealing with disorders, limitations and disabilities resulting from one or more comorbidities, and promoting sustained social participation. Nursing treatment plays an important role; medical and multidisciplinary treatments are mainly used to support this.

Palliative treatment

Treatment for people with a life-threatening condition or frailty, for example at the approaching end of life. The NP somatic health care focuses on maintaining or improving the quality and dignity of life in the final stage of life, in constant dialogue and coordination with the care recipient, relatives and/or legal representative and the social network. Medical and nursing interventions are implemented for the benefit of the quality and dignity of life.

3.5 The NP somatic health care as coordinating practitioner

The NP somatic health care can coordinate the care for or the supervision of part or the entire *patient journey*. If she carries out most of the treatment, or if the emphasis of the treatment is on the consequences of the treatment and illness for the experienced health, physical and/or psychological functioning, quality of life and dignity of life, she has the role of coordinating practitioner. She shall consult another practitioner, for example a medical specialist, in the event of requests for help that lie outside her expertise.

3.6 The NP somatic health care as co-care provider

The NP somatic health care may be asked to take on a specific part of the treatment within the framework of a larger treatment program. This specific part may consist of more limited complex, routine medical treatments, or complex nursing interventions within a care process. She will then be a co-care provider.

3.7 Specific competences of the NP somatic health care

In addition to the aforementioned shared competences of the NP, the NP somatic health care differs from the NP mental health care in the nature of the specialty-related competences in the clinical expertise competency area. This section describes the specific competences of the NP somatic health care, first in relation to the focus area, the area of expertise and the spectrum of treatment, and then in relation to the treatment process.

3.7.1 Competences regarding the focus area, area of expertise and spectrum of treatment

Knowledge

The NP somatic health care has knowledge of:

- The diagnostic, therapeutic and preventive arsenal for common disorders in the somatic health care sector;
- The diagnostic, therapeutic and preventive arsenal with regard to common disorders within one or more of the following focus areas:
    - acute care;
    - primary care;
    - specialist medical care;
    - chronic care;
- the diagnostic, therapeutic and preventive arsenal with regard to common disorders within one or more areas of expertise[10], possibly including the following areas of expertise:
    - general practitioner care;
    - oncology;
    - elderly care.

[10] Several areas of expertise can be distinguished, in line with the specific patient population(s) the NP somatic health care works with, and on the basis of which she has gained further specific expertise during her theoretical and practice training, re-training, and refresher courses.

Skills

The NP somatic health care is able:

- to provide somatic health care in an effective, efficient and ethically responsible manner within the aforementioned focus areas and areas of expertise;
- to act within the various components of the spectrum of treatment:
    - preventive treatment;
    - emergency treatment;
    - intensive treatment;
    - chronic treatment;
    - palliative treatment.
- to apply the diagnostic, therapeutic and preventive arsenal – where possible evidence-based – using a combination of nursing and medical methodologies and possibly methodologies from other disciplines such as psychology[11];
- to independently select, carry out and delegate reserved procedures[12].

Attitude

The NP somatic health care is characterized by:

- the linking of nursing and medical treatment for the benefit of the care recipient's experienced health, physical and/or psychological functioning, quality and dignity of life.

3.7.2 Competences regarding the treatment process

The clinical expertise competency area includes specific competences allowing the NP somatic health care to act as an independent practitioner within the focus area, the expertise area and the spectrum of treatment. The description below follows the treatment process.

The NP somatic health care is able:

- to purposefully collect information:
    - knows the principles of taking a medical history and heteroanamnesis in somatic health care practice;
    - can apply these principles in the assessment of care recipients;

[11] This concerns knowledge of psychologic interventions that may be implemented for the psychosocial support of care recipients.

[12] On the basis of the current reserved procedures granted to the 'acute care for somatic conditions NP' and the 'intensive care for somatic conditions NP, the NP somatic health care is expected to be able to independently select, implement and delegate the following reserved procedures in accordance with legislation and regulations: the performance of surgical procedures, the performance of endoscopies, the performance of catheterisations, the giving of injections, the performance of punctures, the performance of elective cardioversion, the application of defibrillation and the prescription of prescription drugs as referred to in Article 1, first paragraph, part s, of the Medicines Act.

- to select and carry out diagnostic interventions:
    - knows the principles of physical examination in somatic health care practice and specifically within the focus area and area of expertise;
    - can perform physical examination in somatic health care practice and specifically within the focus area and area of expertise;
    - is familiar with the common additional examination techniques (including imaging techniques and laboratory tests) in somatic health care practice and specifically within the focus area and area of expertise;
    - can apply these examination techniques in somatic health care practice and specifically within the focus area and the area of expertise;
- to make a differential diagnosis based on clinical reasoning and to make the right decisions:
    - is familiar with the principles of clinical reasoning and differential diagnosis in somatic health care practice and specifically within the focus area and the area of expertise;
    - is able to make a differential diagnosis in somatic health care practice and specifically within the focus area and area of expertise;
- to select and carry out therapeutic interventions:
    - knows the effects (pharmacodynamics and pharmacokinetics), side effects, contraindications and interactions of commonly used drugs within somatic health care;
    - has specialist knowledge of the effects (pharmacodynamics and pharmacokinetics), side effects, contraindications and interactions of drugs in the focus area and area of expertise;
    - is competent to prescribe medicines in somatic health care practice, specifically within the focus area and the area of expertise;
    - is familiar with the principles of forms of medical treatment in somatic health care practice and specifically within the focus area and the area of expertise (including reserved procedures such as prescribing prescription drugs, as well as psychological interventions);
    - can correctly apply these forms of treatment in the appropriate context of the spectrum of treatment within the focus area and area of expertise;
- to evaluate whether the objectives set have been achieved:
    - knows the principles of referral to other specialists in somatic health care practice;
    - has specialist knowledge of referral to other specialists within the focus area and area of expertise, including referral to mental health care;

- can adequately refer care recipients in somatic health care practice and mental health care practice, specifically for the own focus area and area of expertise;
- has knowledge of principles of transfer of care to other somatic health care providers and follows the *patient journey*;
- can adequately transfer care to other healthcare providers and follows the *patient journey*;
- has knowledge of principles of follow-up and discharge specifically for the focus area and area of expertise;
- can adequately follow up the request for help and/or terminate the treatment;
- can determine a natural death and/or refer to the municipal coroner in case of suspicion of a non-natural death;

- directing the treatment and the care process:
  - knows the principles of coordinating the treatment and the entire care process;
  - can function as an independent practitioner and, if possible, if the *patient journey* makes this desirable, as a coordinating practitioner.

4. The Nurse Practitioner mental health care

4.1 Introduction

In this chapter we describe the competency area of the NP mental health care: her working method, the various focus areas, the areas of expertise, the spectrum of treatment and the role as a coordinating practitioner. Figure 3 (page 28) illustrates the relationship between focus areas, areas of expertise and the spectrum of treatment.

4.2 Competency area of the NP mental health care

The competency area of the NP mental health care includes: the independent performance of nursing and medical diagnostics and the resulting treatment, supervision and support of care recipients with psychological complaints and/or psychiatric disorders.

The treatment by the NP mental health care focuses primarily on the consequences of the psychiatric disorder and/or the limitations in the (inter)personal functioning within complex care situations. If other care professionals are also involved in the care, the NP mental health care can bear responsibility for the integrality and coordination of the treatment process[13]. The NP mental health care is then the first point of contact for all parties involved, including the care recipient and his or her relatives and/or legal representative. If this is important for the integral treatment of the care recipient, a form of task substitution will take place. The NP mental health care integrates medical-psychiatric treatment forms such as prescribing prescription drugs and also psychotherapeutic treatment forms. Continuous attention to the prevention of psychological complaints and psychiatric disorders, medicalization and stigmatization (from the perspective of the care recipient, the care provider and society) is necessary. The NP mental health care is competent and can be employed in the entire field of mental health care, but also in the somatic health care sector if psychological complaints and psychiatric disorders play a role in the request for help.

Treatment within the focus area and area of expertise takes place within a diverse spectrum of treatment.

[13] See also the role of coordinating practitioner as specified in the Dutch model quality charter for mental health care (Model Kwaliteitsstatuut GGZ, 2016).

4.3 Method of working

The NP mental health care is an independently authorized practitioner. This implies that she is able:

- to carry out, manage, or delegate the entire process of diagnostics, needs assessment, treatment, referral, transfer and discharge and to make (final) decisions independently;
- to enter into independent treatment relationships, delegate treatments and, where necessary, make use of the expertise of fellow specialists from adjacent disciplines within and outside the mental health care sector;
- to make well-founded use of current guidelines and standards, the latest scientific evidence, and of professional networks, expertise by experience and the care recipient's social network;
- to contribute to the use and development of evidence-based practice.

The NP mental health care is active in settings where multiple-complex and/or single-complex care situations are paramount. Multiple-complex care situations will often involve problems in several areas of life where major health risks are at stake. Due to a low degree of predictability of the course of the disease and the treatment effect, the treatment and interventions must be continuously adjusted on the basis of the current situation and further diagnostics.
In single-complex care situations, on the other hand, there is an easily predictable course of illness with manageable health risks, in which protocol-based treatments and/or treatments of limited quantitative scope are sufficient (Kaljouw & Van Vliet, 2015).

The most important therapeutic instrument is the NP mental health care as a practitioner herself. She continually reflects on her own actions and attitude. She is able to recognize, investigate and use transference and countertransference to establish and maintain a therapeutic alliance – aimed at achieving the treatment goal. Validation of this therapeutic instrument requires sustained effort.

In her personalized diagnostics, the NP mental health care uses classification systems, such as the DSM-5, ICF and NANDA, which can also be used to map the care recipient's request for help. In carrying out the treatment, the NP mental health care uses nursing interventions aimed at the intended results of the treatment as classified in the NIC and the NOC. The results of the treatment mainly concern daily functioning, recovery and improving the quality of life.

The NP mental health care also uses psychodynamic, (cognitive) behavioural therapy, group dynamics, environmental therapy and systemic interventions to influence the cognitions, moods, behaviour and attitudes of the care recipient and his or her system. Where necessary

and indicated, the care recipient's **mentalizing ability** is promoted. Pharmacotherapeutic interventions or the prescription of prescription drugs are carried out from the medical domain when this facilitates integral treatment. In the treatment, the NP mental health care strives for optimum autonomy of the care recipient, making optimum use of the possibilities offered by the environment and the technology.

4.4 Focus areas, areas of expertise and spectrum of treatment

The NP mental health care is competent and can be used in the entire field of mental health care, and in the field of somatic health care insofar as psychological complaints or psychiatric disorders are dominant in the demand for help[14]. This does not alter the fact that additional expertise is required. A distinction can be made between focus areas, areas of expertise and the spectrum of treatment.

In her professional practice, the NP mental health care takes into account the integration of care that exceeds the focus areas and the areas of expertise in the mental health care sector. As a result, she plays a conscious role in the connection between disciplines, for example between mental health care and somatic health care. Her professional practice is not limited to traditional healthcare domains.

Focus areas

The focus areas are developmental psychologically oriented. These are:

- child and adolescent psychiatry;
- adult psychiatry;
- gerontopsychiatry.

Child and youth psychiatry

The focus area of child and youth psychiatry consists of both youth mental health care and youth care. Youth care includes: ambulatory youth assistance, foster care, youth care plus, stay in a youth institution, youth protection, youth rehabilitation and youth care for young people with a disability. The support within this focus area focuses on children and young people who, due to their psychological complaints, developmental disorder and/or psychiatric disorder, show psychological suffering, serious problem behavior and/or are restricted in their social and school functioning, which has a negative influence on the development towards adulthood and the quality of life. An explicit aspect of the focus area is the (social and pedagogical) environment of the children and young people; it is strived for to offer accessible and unambiguous care as much as possible in the immediate living environment. Treatment and/or (pedagogical) support is offered to parents and/or

[14] There is overlap between the somatic healthcare and mental healthcare sectors regarding the concept of morbidity. The NP mental health care focuses on somatic conditions insofar these concern comorbidity or somatoform disorders.

educators and schools in order to remove as much as possible the obstacles that stand in the way of a balanced development towards adulthood. The care can also focus on situations in which the upbringing threatens to become so problematic that parents/educators can no longer cope and/or the safety of the child or the young person is at stake.

Adult psychiatry

The focus area of adult psychiatry concerns the care of adults who suffer psychologically and/or are restricted in their social and societal functioning due to their psychological complaints and psychiatric disorders, which has a negative influence on the quality of life. Care for adults is increasingly taking shape in a social context, with outpatient treatment taking precedence. Focal treatment is aimed at resolving the complaints. An integrated treatment is aimed at improving daily functioning; the emphasis is on recovery support, rehabilitation and social reintegration.

Gerontopsychiatry

The focus area of gerontopsychiatry is characterized by the senium-related combination of somatic, cognitive and psychiatric disorders, the changed pharmacokinetics and dynamics, the diminishing functioning in daily life, and the social embedding and diminishing flexibility (vulnerability). The double ageing of the population, the tendency for older people to live longer at home and the fact that society is increasingly individualizing play a role in this. Here too, ambulatory treatment or care prevails. Interventions are focused on maintaining function and prognostic factors of greater demand for care.

Areas of expertise

The NP mental health care has knowledge and skills in the treatment of general psychiatric conditions such as psychoses, mood disorders, personality disorders and traumatic experiences. In addition, there are areas of expertise that often go hand in hand with the aforementioned conditions. The areas of expertise are characterised by the intrusive nature and high prevalence of the problem, and require specific knowledge and expertise. Over the years, areas of expertise will develop and inevitably change. Several clusters of areas of expertise that have existed for some time can currently be distinguished to which knowledge and skills are tailored. Care recipients may have to deal with problems from different areas of expertise:

- mild intellectual disabilities with psychiatric comorbidity;
- transcultural psychiatry;
- forensic psychiatry;
- addiction care.

Mild intellectual disabilities with psychiatric comorbidity

In mental health care, mild intellectual disabilities among care recipients are often not recognized. The disabilities are often expressed in a disharmonious intelligence profile, and cognitive, social and emotional limitations that lead to functional problems. People with a mild intellectual disability have problems with 'being able' as well as problems with 'being able to cope', which leads to an overload. This also causes problems in social functioning and behavior that interfere with or lead to psychiatric disorders or addiction problems. People with a mild intellectual disability have a higher comorbidity with psychiatric disorders and/or addiction.

Transcultural psychiatry

Transcultural psychiatry is characterized by cultural-sensitive work. The treatment of care recipients takes account of social and cross-cultural diversity (diversity in culture, gender, religion, spirituality and sexuality). The NP mental health care is aware that symptoms may present differently. In a transcultural context, other forms of human conduct and other expectations with regard to the course and results of the treatment are also taken into account. This requires a judgement-free connection with the care recipient and his or her background and environment.

Forensic psychiatry

Forensic psychiatry includes outpatient, semi-institutional and inpatient treatment for people who have an increased risk of criminal behavior associated with psychiatric disorders, addiction or mild intellectual disabilities. The treatment is aimed at risk management with a safe society as the primary goal. Psychiatric and medical care and treatment are offered secondarily. Often there is involuntary treatment, imposed as a punitive measure. The treatment takes place during or after the execution of the sentence for an offence, or after the display of criminal behavior. Forensic psychiatric treatment is offered in various settings. Consultation is increasingly being provided to colleagues in the regular mental health care sector. Forensic psychiatry is characterized by a close relationship with the judiciary.

Addiction care

Categorical addiction care includes ambulatory, semi-institutional and inpatient treatment and counseling to people with an addiction disorder with regard to substances and behavior (alcohol, drugs, medicines, food, games, sex, gambling and internet). Addiction is seen as a syndrome with a growing chronicity, characterized by craving, tolerance and loss of control. This syndrome ultimately leads to a reduced autonomy in thinking, feeling and acting.

The addiction treatments focus on the addiction disorder itself and on disorders related to the use of the substance. Common disorders are psychotic disorders, anxiety and mood disorders, sleep disorders, sexual dysfunctions and neurocognitive disorders. The

diagnostics and treatment are aimed at a combination of the biological, psychological and social functioning and the breaking through of the cause-effect cycles that maintain the addiction and the additional syndromes. The treatment often has three objectives:

- become and remain abstinent;
- reduction of substance use and/or addiction behavior and improvement and/or stabilization of the quality of life;
- palliative care and reduction of nuisance for the care recipient and his environment.

Care for people with an addiction problem is not limited to 'addiction care institutions'; other institutions also provide support to people with an addiction problem. Examples are: general practitioners' practices, regular mental health institutions, the prison system, mild intellectual disability care, municipal health services, social care, district teams, and also somatic health care. Addiction care workers closely collaborate with these institutions and teams, offering support in the form of expertise building or intervening in the teams in complex situations.

Spectrum of treatment

The following components of the spectrum of treatment are distinguished within the focus areas and areas of expertise:

- clinical treatment;
- ambulatory treatment;
- emergency treatment;
- consultative psychiatry;
- interference care.

Clinical treatment

Clinical treatment is understood to mean: care and treatment involving overnight stay. This can be understood as institutional or semi-institutional care. There is a need to continuously monitor, stimulate, support or take over the care recipient’s daily functioning. Semi-institutional care includes forms of protected housing. Clinical treatment is based on multidisciplinary collaboration.

Outpatient treatment

In outpatient treatment, care and treatment are transferred to the place where the care recipient is located, or to the outpatient clinic; the care recipient then comes to the NP mental health care. Outpatient treatment explicitly requires attention for the care recipient’s immediate surroundings. The treatment can be multidisciplinary or monodisciplinary.

Emergency treatment

Emergency treatment is characterized by crisis intervention within 24 hours after registration. This concerns support to people in acute psychological or psychiatric distress - 24 hours a day and 7 days a week. A psychiatric crisis involves integral diagnostics and the deployment of de-escalating interventions. This means that in addition to psychopathology, also the somatic and social context are assessed. There may be delirium, dementia, psychosis, dissociation, risk of suicide and aggression. Emergency treatment is called upon when people from their psychological problems call for care or disturb public order. Triage is important here: estimating the risk of suicide and of physical or material damage, as well as the use of interventions, such as assessing the need of admission, prescribing intervention medication, or activating the social network to deal with the crisis. In addition to an intellectual and emotional effort, the NP mental health care is expected to be highly stress-resistant.

Consultative psychiatry

Consultative psychiatry is about carrying out psychiatric consultations and offering consultation. In a psychiatric consultation, the NP mental health care is deployed to diagnose, treat or give treatment advice aimed at a specific psychiatric request for help in a somatic context. The consultation is aimed at offering help and knowledge to others who have less expertise in the field of psychiatry. The consultation is offered in somatic departments of general hospitals, nursing homes, rehabilitation centers, to general practitioners, general practitioners' practice support staff and primary care services. Expertise in somatic comorbidity is essential.

Interference care

Interference care is intended for people who have (an accumulation of) complex problems and for whom the right care cannot be provided in time because they "cannot or do not want to ask for help themselves; cannot make or maintain poor contact with regular care providers or actively avoid help because they believe they do not have a problem; so fall between the cracks in the existing support offer". (GGZ GHOR Nederland, GGZ Nederland, KNMG, 2014). Interference care is imposed if no initiative can be expected from the person concerned. Interference care aims to actively, outreach-wise and unsolicited help these people to acknowledge and express their care needs, and then to guide them to regular care. 'Setting up quarters' is an important instrument in this. Increasing the quality of life and reducing nuisance are the main priorities. Characteristic is the infringement of the right to self-determination and self-determination in relation to the care recipient's privacy and autonomy. Integrity in the handling of information and confidentiality is part of interference care, as is careful interaction with chain partners and a binding, seductive attitude towards the care recipient.

4.5 The NP mental health care as coordinating practitioner

In the mental health care sector, the term 'coordinating practitioner' has been adopted on the basis of the report of the Meurs Committee "Hoofdbehandelaarschap GGZ als Noodgreep" (2015).

In the Dutch model quality charter for mental health care (Model Kwaliteitsstatuut GGZ, 2016), adopted by the professional organizations and sector parties in the mental health care sector, the coordinating practitioner is further specified as the care provider who coordinates the care process and is the first point of contact for the care recipient and his or her relatives and/or legal representative. If care is provided by a single care provider, this is by definition also the coordinating practitioner. In the case of multidisciplinary treatment, the coordinating practitioner has a substantial share in the treatment as such. Furthermore, the charter states that the coordinating practitioner must be appropriate to the type of treatment and the target group. The NP mental health care functions best as a coordinating practitioner when the consequences of the condition or disease are central.

The NP mental health care is logically the coordinating practitioner when it comes to the care for or the supervision of (part of) a *patient journey* she carries out. She shall consult another health professional, for example a medical specialist, in the event of requests for help that lie outside her expertise.

4.6 The NP mental health care as co-care provider

The NP mental health care may be asked to take on a specific part of the treatment within the framework of a larger treatment. This specific part may consist of more limited, complex, routine medical treatments, or complex nursing treatments that are carried out within a care process. She is then a co-care provider.

4.7 Specific competences of the NP mental health care

In addition to the aforementioned shared competences of the NP, the NP mental health care differs from the NP somatic health care in the nature of the specialty-related competences in the clinical expertise competency area. This section describes the specific competences of the NP somatic health care, first in relation to the focus area, the area of expertise and the spectrum of treatment, and then in relation to the treatment process.

4.7.1 Competences regarding the focus area, area of expertise and spectrum of treatment

Knowledge

The NP mental health care has knowledge of:

- the diagnostic, therapeutic and preventive arsenal for common conditions in mental health care;
- the diagnostic, therapeutic and preventive arsenal with regard to common disorders within one or more of the following focus areas:
    - child and adolescent psychiatry;
    - adult psychiatry;
    - gerontopsychiatry;
- the diagnostic, therapeutic and preventive arsenal with regard to common disorders within one or more areas of expertise, including possibly the following:
    - mild intellectual disabilities with psychiatric comorbidity;
    - transcultural psychiatry;
    - forensic psychiatry;
    - addiction care.

Skills

The NP mental health care is able:

- to provide mental health care in an effective, efficient and ethically responsible manner within the aforementioned focus areas and areas of expertise;
- to act within the various components of the spectrum of treatment:
    - clinical treatment;
    - outpatient treatment;
    - emergency treatment;
    - consultative psychiatry;
    - interference care;
- building, maintaining and concluding an effective treatment relationship in which the person of the NP mental health care can also be used as a therapeutic tool; the NP mental health care can use aspects of transference and countertransference;
- applying the diagnostic, therapeutic and preventive arsenal - where possible evidence-based - using a combination of nursing methods and methods from other disciplines, such as medicine[15] and psychotherapy[16];
- independently select, carry out and delegate reserved procedures.

[15] In particular medical-psychiatric forms of treatment such as prescribing prescription drugs.

[16] In particular psychodynamic, behavioural-therapeutic, group-dynamic, environmental-therapeutic and systemic interventions.

Attitude

The NP mental health care is characterized by:

- the linking of nursing and medical treatment for the benefit of experienced health, physical and/or psychological functioning, quality and dignity of life of the care recipient.

4.7.2 Competences regarding the treatment process

The clinical expertise competency area includes specific competences so that the NP mental health care is able to act as an independent practitioner within the focus area, the expertise area and the spectrum of treatment. The description follows the treatment process.

The NP mental health care is able:

- to purposefully collect information:
  - knows the principles of taking a medical history, heteroanamnesis and biography in mental health care;
  - can apply this in the assessment of care recipients;
- to assess the need for and carry out diagnostic interventions:
  - knows the principles of psychiatric research, including structured interview techniques, psychotherapeutic interview techniques, assessment instruments and questionnaires;
  - can perform psychiatric tests;
  - knows the principles of physical examination in mental health care and specifically within her focus area and area of expertise;
  - can carry out physical examination within mental health care and specifically within her focus area and area of expertise;
  - knows the common additional examination techniques (including imaging techniques and laboratory tests) within mental health care and specifically within her focus area and area of expertise;
  - can apply these examination techniques within mental health care and specifically within her focus area and area of expertise;
- to make a differential diagnosis based on clinical reasoning and to make the right decisions:
  - is familiar with the principles of clinical reasoning and differential diagnosis within mental health care and specifically within her focus area and area of expertise;
  - is able to make a differential diagnosis within mental health care and specifically within her focus area and area of expertise;

- to assess the need for and carry out therapeutic interventions:

- knows the effects (pharmacodynamics and pharmacokinetics), side effects, contraindications and interactions of commonly used drugs in mental health care;
- has specialist knowledge of the effects (pharmacodynamics and pharmacokinetics), side effects, contraindications and interactions of drugs (including psychopharmaceuticals) within her focus area and area of expertise;
- is competent to act in the prescription of medicines (including psychopharmaceuticals) within the mental health sector, specifically within her focus area and area of expertise;
- is familiar with the principles of medical-psychiatric forms of treatment in mental health care and specifically within the focus area and the area of expertise (including reserved procedures including the prescription of prescription drugs, and psychodynamic, behavioral therapeutic, group dynamic, environmental therapeutic and systemic interventions);
- can apply these forms of treatment in the right context and in the right way within her focus area and area of expertise;

- to evaluate whether the set objectives have been achieved:
  - knows the principles of referral to other mental health specialists;
  - has specialist knowledge of referral to other specialists within her focus area and area of expertise, including referral to somatic health care;
  - can refer care recipients adequately within mental and somatic health care, specifically with regard to her own focus area and area of expertise;
  - has knowledge of principles of transfer of care to other healthcare providers within mental health care and follows the *patient journey*;
  - can adequately transfer care to other healthcare providers and follows the *patient journey*;
  - has knowledge of principles of follow-up and discharge specifically with regard to her focus area and area of expertise;
  - can adequately follow up the request for help and/or terminate the treatment;
  - can determine a natural death and/or refer to the municipal coroner in case of suspicion of a non-natural death;
- to coordinate the treatment and the care process:
  - knows the principles of coordinating the treatment and the total care process;
  - can function as an independent practitioner and, if possible, if the *patient journey* makes this desirable, as a coordinating practitioner.

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ANNEXES

Nurse Practitioner Professional Competency Framework

Content

Annex 1 - Realization of the professional competency framework

Revision of the professional competency framework

The section V&VN VS was in charge of the revision of the professional competency framework. For this purpose, a working group was set up in January 2018 under the leadership of Jaap Kappert[17]. Members of the working group were Irma de Hoop[18], Arnout Uitewaal[19], Paul Poortvliet[20], and Caroline van Mierlo[21].

The competences of the NP as stated in the 2012 professional competency framework (Lambregts & Grotendorst, 2012) formed the basis for the revision of the professional competency framework. A broad group was also involved in the revision. First of all, the NPs themselves; after all, the professional competency framework concerns this professional group. In addition, the section V&VN VS attached great importance to reflection from the sector organizations, the education sector and the professional organizations of related professions. NPs work closely with other professionals and have a key position within healthcare organizations. A clear and recognizable professional competency framework contributes to a clear positioning and good mutual cooperation. The board of V&VN VS also wished the professional competency framework to fit in well with the transitions in healthcare and society.

Consultation of a broad group

The first version of the professional competency framework has been reviewed by the V&VN VS board. In April 2018, the second version was submitted to networks of NPs in a written round of comments. Nine networks responded. The reactions were incorporated in a third version.

This third version was discussed with *Nurse Practitioners* at three meetings in Rotterdam (Rotterdam University of Applied Sciences), Utrecht (V&VN) and Groningen (Hanze University of Applied Sciences) in May 2018. In total, more than fifty NPs attended these meetings.

The third version was also commented on by *the project group and the sounding board* group of the 'Implementation of the Future-oriented Classification of Nursing Specialties' program (Poortvliet & Uitewaal, 2017). This process has established links between the new

[17] Nurse Practitioner, secretary of the section V&VN VS (until 1 August 2018) and advisor V&VN and policy advisor V&VN VS (from 1 August 2018).
[18] Nurse Practitioner and president of the section V&VN VS.
[19] Secretary Council for Nurse Practitioners (CSV).
[20] External project leader for the project 'Implementation Nursing Specialisms'.
[21] Advisor V&VN, coordinator for the professional competency frameworks for care assistant, nurse, coordinating nurse and Nurse Practitioner.

classification of nursing specialties, the revision of the professional competency framework, the educational framework and the regulations of the Council for Nurse Practitioners (College Specialismen Verpleegkunde [CSV]) and the Registration Commission for Nurse Practitioners (Registratiecommissie Specialismen Verpleegkunde [RSV]). The project group and sounding board group then discussed the fourth version, which was edited into a fifth version, which was discussed again. Again, networks of NPs were invited to comment. Ten networks and a few individual NPs took advantage of this opportunity. Meanwhile it was October 2018. An overview of the reactions can be requested from V&VN VS.

Sectoral organizations from elderly care, mental health care, general hospitals and university hospitals (Actiz, GGZ NL, NVZ and NFU) were represented in the sounding board group and/or the project group and discussed the professional competency framework with their supporters. Proposals resulting from these consultations have been fed back.

The following *professional organizations* were invited to comment. The Federation of Medical Specialists (FMS), the Elderly Care Physicians Association (Verenso), the General Practitioner Association (LHV), the Physician Assistants Association (NAPA), the Netherlands Psychologists Institute (NIP), the Federation of Healthcare Psychologists and Psychotherapists (FGzPt), the Netherlands Association for Healthcare Psychology (NVGzP), the Association for Hospital Medicine (VvZ) and the Medical Student Organization (De Geneeskundestudent). All accepted the invitation, although instead of the FGzPT, the Council for Healthcare Psychologists and Psychotherapists (CSGP) participated.

The *educational sector* was involved at an early stage to enable a smooth transition to a new educational framework. The aforementioned project group included two representatives from a university of applied sciences. They coordinated with colleagues in a consultative body which includes a representation of the universities of applied sciences that offer a MANP program (nine universities of applied sciences and the NP mental health care educational institution). In addition, the secretary and president of V&VN VS received suggestions from other senior trainers of MANP programs.

Finally, with the help of Ko Hagoort, an edited version was produced that was submitted to the Sounding Board Group, the project group, the board of V&VN VS and the board of V&VN. The board of V&VN VS adopted the professional competency framework on Wednesday 09 January 2019. Finally, the board of V&VN adopted the professional competency framework on 25 January 2019. This competency framework was translated into English by Ko Hagoort in the spring of 2019.

Names of people involved

Project group for the implementation of nursing specialties

Name	Position	Representing
Ada ter Maten-Speksnijder	'Practor', Apprenticeships Albeda College	V&VN VS
Wim Breeman	Acute somatic care Nurse Practitioner / lecturer MANP program at Rotterdam University of Applied Sciences	V&VN VS
Peter Goossens	Nurse Practitioner mental health care / visiting professor mental health nursing at Ghent University, Belgium	V&VN VS
Irma de Hoop	Nurse Practitioner mental health care / president V&VN VS	V&VN VS
Marjolijn Broers	Chronic somatic care Nurse Practitioner	Actiz
Yvonne Haar	Chronic somatic care Nurse Practitioner	Actiz
Jolanda ter Sluysen	Director of care professions educational programs, Radboudumc Academic Hospital	NFU
Kees Spitters	Growth and Strategy Manager GGzE	GGZ NL
Riet Janssen	Program manager MANP program Fontys University of Applied Sciences	LOO
Rob Bakker	Director GGZ Verpleegkundig Specialist	LOO
Arnout Uitewaal	Secretary	CSV
Paul Poortvliet	Project leader	

The RSV (Bas Vogel) was optionally invited.

Sounding board group for the implementation of nursing specialties

Name	Position	Representing
Milena Babovic	Director	NAPA
Sophie Osseweijer-Bronsgeest	Intensive somatic care Nurse Practitioner	V&VN VS
Jeanet van Essen	Nurse Practitioner mental health care	V&VN VS
Liedy Vennegoor	Chair, Executive Board Careaz wonen, welzijn en zorg	Actiz
Petrie Roodbol	Professor of Nursing Science	NFU
Lucyl Verhoeven-de Laat	Intensive somatic care Nurse Practitioner	NVZ
Jettie Tolman	Educational programs consultant Gelre Ziekenhuizen	NVZ
Paul Poortvliet	Project leader	

Annex 2 - Developments in the demand for care, care provision and health

Developments in demand for care

The demand for care is rising in the Netherlands. In addition, the demand for care is also changing for various reasons. The number of elderly people is increasing. More people suffer from one or more chronic conditions, live longer at home and more often visit an emergency room. In addition, medical and technological developments offer more and more possibilities. All this increases the scope, the care intensity, but also the costs for care (Taskforce Zorg op de Juiste Plek, 2018).

The Netherlands National Institute for Public Health and the Environment (RIVM) describes a number of trends in healthcare up to 2030 in its 2018 Public Health Future Exploration (RIVM, 2018). One in three Dutch people will then have two or more chronic conditions. The number of Dutch people with at least one chronic disease is expected to increase from 8.5 million in 2015 to 9.8 million in 2040. This concerns diseases such as osteoarthritis, visual disorders, diabetes, coronary heart disease, hearing disorders, stroke, cancer, neck and back problems, COPD, asthma, and heart failure. The number of people diagnosed with dementia is expected to increase from 154,000 in 2015 to 330,000 in 2040. In 2040, cancer, cardiovascular disease and mental disorders will be the diseases that cause the most disease burden.

The life-time risk of developing a psychiatric disorder is 42.3% in women and 44.7% in men. Approximately 43.5% of all Dutch people aged 18-64 suffer from a mental disorder at some point (Trimbosinstituut, 2010). Cross-sectionally, approximately 18% of the Dutch population suffers from a psychiatric disorder (Trimbosinstituut, 2010). The number of people with two or more mental disorders will increase. In 2013, 280,000 people had a serious psychiatric disorder as defined by DSM-V (Delespaul et al., 2013, in Trimbosinstituut, 2014). In addition, care recipients in mental health care often have recurrent problems.

Developments in healthcare provision

The RIVM expects that, partly due to the provision of health care, chronically ill people will continue to participate in society. Health care is increasingly provided in or close to home and aims to allow the care recipient to autonomously take control. This is achieved by supporting self-management and promoting empowerment, aimed at increasing or maintaining the quality of life. However, not everyone is able to do this, for example because of a low level of education, vulnerable health or less sound judgement.

The trend towards increasing multimorbidity and deinstitutionalization of health care requires integrated, multidisciplinary care (LOOV, 2015; FMS, 2012). Multidisciplinary teams of healthcare professionals have all the competences in this area (Kaljouw & Van Vliet, 2015). People with complex and multiple requests for help benefit greatly from chain care, network care and/or care arrangements from multidisciplinary teams. In the future, curative care and non-curative chronic care will be less demarcated from each other, so that cooperation in the care sector will be increasingly of a supra-sectoral nature (Invoorzorg, 2015).

Technological developments also have consequences for the provision of health care – and therefore also for the shaping of professions in the healthcare sector (Kaljouw & Van Vliet, 2015). These technological developments may provide new opportunities for someone to function independently and to carry out self-management (RIVM, 2018).

In addition to the emphasis on the importance of generalist and agile care professionals, there is also a trend towards specialization. After all, serious and complex disorders will continue to require specialist knowledge and skills in the future (Kaljouw & Van Vliet, 2015).

Changing views on health

NPs function within the views on health and disease that have become established in society and in health care. These views on health and disease have changed in recent years.

In 1948, the World Health Organization (WHO) described health as *"a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity."* In the Netherlands' nurses professional competency framework from 1999, this description is another focal point for nursing care. It is now clear that such a situation is not feasible for most people. From this perspective, almost the entire world population would be unhealthy. In addition, this description does not do justice to one's ability to cope with physical, emotional and social challenges on one's own. Even with a disorder, illness or disability, a meaningful life with well-being is possible.

Meanwhile, various groups within the population – including policy makers – are advocating a different approach to the concept of health. This is a paradigm shift from the medical model to a biopsychosocial model. The approach proposed by physician-researcher Machteld Huber is illustrative. She describes health as: *"The ability to adapt and self-manage in the face of social, physical, and emotional challenges"* (Huber et al., 2011). The focus is not on the condition (or its absence), but on adaptability and self-management.

NPs use various approaches to health in their daily practice. Machteld Huber's approach helps to see health more broadly than just the absence of disease. This approach is mentioned, in the knowledge that other approaches to health also exist and that this particular approach has also been criticized.

Jaap van der Stel (2016), for example, believes that the biopsychosocial aspect is missing from the description of Machteld Huber. He understands health to mean: *"being able to maintain and develop the physical, psychological and social functions necessary in view of the phase of life and living conditions, partly through one's own efforts and according to one's well-being"*.

What do these developments mean for the Nurse Practitioner?

The developments outlined above have consequences for the working method of the NP. She will not only provide patient care within her own organization, but will increasingly follow the care recipient, for example by providing (part of) the treatment at the care recipient's home. This can also be done by using eHealth. The NP's collaboration partners will also function just as much within and outside the own organization.

In addition, the NP will increasingly act as a coordinating practitioner. This means that she is the practitioner who directs the care process of an individual care recipient. An important part of this role is supporting the self-management of care recipients, so that they can (re)direct their own lives.

The NP will also need both generalist and specialist competences to be prepared for the care demand of the future.

Annex 3 - Development of the profession

Principles of Advanced Practice Nursing

The principles of the profession are derived from the concept of Advanced Practice Nursing (APN), developed in the United States as: *"the patient-focused application of an expanded range of competencies to improve health outcomes for patients and populations in a specialized clinical area of the larger discipline of nursing"* (Tracy & O'Grady, 2019). In the Netherlands, the term 'Advanced Nursing Practice' is used for this purpose.

The American Association of Colleges of Nursing (2004) defines Advanced Nursing Practice as: *"any form of nursing intervention that affects health outcomes for individuals or groups, including direct care for individual patients, care management for individuals or groups, the management of nursing and healthcare organizations, and the development and implementation of healthcare policies"* (Tracy & O'Grady, 2019).

The International Council of Nurses (ICN) defines the APN professional as follows: *"A Nurse Practitioner/Advanced Practice Nurse is a registered nurse who has acquired the expert knowledge base, complex decision-making skills and clinical competencies for expanded practice, the characteristics of which are shaped by the context and/or country in which s/he is credentialed to practice. A master's degree is recommended for entry level"* (ICN, 2001-2018).

Seven core competencies are distinguished: direct clinical practice, advice and coaching, consultation, evidence-based practice, leadership, collaboration and ethical decision-making. The first – direct clinical practice – is also figuratively paramount (Tracy & O'Grady, 2019). According to the ICN, possession of these competencies leads to, among other things, the right to diagnose, prescribe drugs, recommend treatments, refer care recipients to other healthcare professionals and the right to admit care recipients to hospital (ICN, 2001-2018).

Various differentiations can be distinguished within Advanced Practice Nursing (professional name 'advanced practice nurse'), including those of the Advanced Nurse Practitioner (ANP) and Clinical Nurse Specialist (CNS).

Development of the profession in the Netherlands

The NP profession in the Netherlands is still young. In 2009, it was acknowledged as a specialty in accordance with Article 14 of the BIG Act and registered under this protected professional title. However, the development of the profession has a longer history.

The NP mental health care profession already existed before the recognition of the specialty in the BIG Act. Since 1998, these NPs have been trained via a three-year higher professional education course. In 2009, this course was awarded the MANP degree in education (NVAO, 2009).

The VO-SPV course (advanced training of social psychiatric nurses) at Utrecht University of Applied Sciences also formed a run-up to the NP profession. Social psychiatric nurses had already been trained as practitioners before the BIG Act (1997) came into force. Until the bachelor-master structure was introduced, the advanced course was the 'highest' clinical course. At that time, social psychiatric nurses had followed the Bachelor of Nursing (or an old in-service psychiatric nursing training), supplemented by the MGZ-GGZ (abbreviated HBO) and the VO-SPV. In 2006, the VO-SPV was completely absorbed by the two-year mental health care MANP.

The Nurse Practitioner entered the somatic health care system in the Netherlands around 2000. These nursing care professionals were deployed to promote, among other things, continuity and quality of care, initially only in hospitals. For example, they provided care in neonatal intensive care departments in the context of task substitution according to the NANNP model (NANNP Council, 2013); care that traditionally belonged in the medical domain. Gradually, more and more Nurse Practitioners came into being, also in primary care and care for the elderly.

More and more official authority was added. As of 2012, the NP has an independent practice authority for a number of reserved procedures on an experimental basis. On 1 September 2018, this was converted into a definitive independent practice authority. The NP also became authorized to invoice fees. NPs can authorize Diagnosis-Treatment Combination healthcare products[22] since 2015, and from 1 January 2019 they can also independently invoice peer consultation and co-treatment fees. The NP will also be given the opportunity to invoice activities under the Chronic Care Act. Since 2017, the NP has been a coordinating practitioner in mental health care. Evaluations about patient safety, efficiency and effectiveness in the context of the profession are positive (De Bruijn-Geraets et al., 2015; De Bruijn-Geraets et al., 2016).

The growing professional group is increasingly organizing itself, both in a strong professional association and in networks. In recent years, networks of NPs with a specific area of expertise have emerged. Some networks have grown to several hundred members. These networks focus on training, on the positioning of the NP, and on the development of the area of expertise in a specific field of work.

[22] The cost of hospital treatment in the Netherlands is determined by what is known as a Diagnosis-Treatment Combination (DBC in Dutch). This diagnosis treatment combination is also called a DBC healthcare product.

The number of NPs is expected to increase further in the coming years. For a further overview of the history of the NP in the Netherlands, please refer to the professional competency framework of NP 2012 (Lambregts & Grotendorst, 2012; Appendix 1) (in Dutch).

The Bachelor of Nursing program is the basic program required for entry in the Master of Advanced Nursing Practice program. This means that the (future) profession of 'coordinating nurse' forms the basis for the NP profession.

Advanced Nursing Practice in the Netherlands

The concept of Advanced Nursing Practice in the Netherlands contains characteristics of the competencies of both the ANP and the CNS. However, the ANP focuses more on direct patient care while the CNS focuses more on quality care, care management and policy (Bryant-Lukosius & Kam Yuet Wong, in Tracy & O'Grady, 2019).

Advanced Nursing Practice goes further than specialization in an area within nursing alone, as evidenced by the broad independent practice authority and the master's program at NLQF level 7. The NP therefore distinguishes herself from nurses with an advanced specialist training.

Hamric and Tracy (in Tracy & O'Grady, 2019) describe the differences between nurses with an advanced specialized training and advanced practice nurses as follows. Advanced practice nurses have:

- new knowledge and skills, particularly evidence-based knowledge and knowledge of a theoretical nature, which sometimes transcend the traditional boundaries of medicine;
- a significant or more significant role autonomy;
- responsibility for health promotion, diagnosis and treatment of patient problems, including pharmacological and non-pharmacological interventions;
- greater complexity of clinical reasoning and decision-making, as well as the greater degree of leadership in organizations and the care environment;
- specialization in a particular sub-area and/or for a particular patient group.

In addition, in the Netherlands, task substitution has continued to take shape in recent years. The Council for Public Health and Healthcare (2002) has defined task substitution as follows: *"the structural reallocation of tasks between different professions"*. This reallocation of tasks ultimately led to the independent practice authority of the NP for the needs assessment, execution and delegation of reserved procedures, which she uses to function as an independent practitioner.

Annex 4 - Collaboration with other healthcare professionals

Healthcare is increasingly becoming a matter for multidisciplinary teams of healthcare professionals. These should be composed in such a way that adequate, tailor-made care can be provided to people with, for example, chronic disorders, multimorbidity, functional problems and psychological disorders. The most important professional groups with which the NP collaborates are listed below. The list is not exhaustive. Cooperation always takes place on the basis of recognition of mutual competences and skills.

Care assistants, nurses and coordinating nurses

The NP often works together with care assistants, nurses and coordinating nurses. As the level of education and/or in-depth professional knowledge increases, so does the complexity and autonomy of their practice. These care professionals all function as holistic professionals with the central aim of promoting a care recipient's ability to function independently and to retain control of his or her own life through self-management and empowerment and to keep the perceived quality of life as high as possible.

The NP has an important role in the coaching, supervision and education of care assistants, nurses and coordinating nurses. In this way, the NP, in cooperation with the team, can improve the quality of a care team.

In addition, the NP, as an independent qualified professional, may delegate the execution of reserved procedures to care assistants, nurses and coordinating nurses pursuant to Article 36 of the BIG Act, with due observance of Articles 35 and 38 of the BIG Act (careful assignment/giving orders, giving functional instructions and ensuring supervision and intervention).

The areas of expertise of the care assistants, nurses and coordinating nurses are described in the respective professional competency frameworks of these professionals.

Nurse scientists

Nurse scientists initiate, set up and conduct scientific research. The NP is also active in this field, but has a different focus. After all, the research component in the NP field is always in the light of patient treatment. A NP can carry out scientific research, but is first and foremost a practitioner. In practice, NPs and nurse scientists, clinical epidemiologists and others work together to carry out (clinical) scientific research.

Physicians and medical specialists

The NP has taken over tasks previously reserved for physicians. The NP is integrating medical diagnostics and medical treatment into her treatment.

The NP also has an important role in coaching, supervising and teaching physicians (in training) and physicians in training as specialists. In this way, the NP can promote the quality of a care team and inter-professional cooperation.

Healthcare psychologists and psychotherapists

NPs work together with healthcare psychologists, clinical psychologists, clinical neuropsychologists and psychotherapists. Here, too, there is a reallocation of tasks. Treatments that used to be performed only by these professions have now also become part of the NP field of work.

Physician assistants

The NP works with *physician assistants*. The physician assistant works as a professional in the medical domain, where the NP offers integrated medical and nursing treatment. The content of the two master's programs is different, although the preparatory program may be the same and the fields of work may overlap considerably.

Annex 5 - Glossary

Area of expertise

A description of the specific knowledge, skills and attitude that the NP must have at her disposal, complementary to the expertise as described in the shared competency area and the focus areas within the somatic and mental healthcare specialties (College Specialismen Verpleegkunde, 2016). The word 'specific' can refer to a health problem, a cluster of medical conditions, a life phase, a setting or a vision on care.

Clinical reasoning

The continuous, cyclical process of data collection and analysis aimed at the questions and problems of an individual care recipient and his or her relatives, in relation to health and disease. This includes risk assessment, early detection, problem recognition, intervention and monitoring, in order to arrive at an integrated treatment plan (Lambregts & Grotendorst, 2012). Risk assessment is understood to mean the determination of the nature of the disease/disorder, the resulting health risks, the risks and possible side-effects of therapeutic options, the risks of the applied reserved procedures and the expected effects thereof, based on the findings of the anamnesis, physical and/or psychiatric examination and additional examination, within the relevant area of expertise. Early detection implies the observation, examination and diagnosis of the care recipient with the aim of being able to detect changes in the care recipient' health status in a timely manner.

Competence

A competence is a combination of knowledge, skills and attitude (Lambregts & Grotendorst, 2012).

Competency area

The competency area is the field in which the NP somatic health care and the NP mental health care are professionally autonomous (Terpstra et al., 2015). This means that NPs in this field can independently give substance to the profession. In these situations, they independently make effective choices in the care process. They are responsible for this and can be held responsible for it.

Complexity of the care situation

The characteristics below may influence the complexity of the care situation according to a literature study by Guarinoni et al. (2014), copied from Van Straalen and Schuurmans (2017):

- the personal characteristics of the patient: personal demographic data, lifestyle, personal ability and available knowledge to make health decisions;

- clinical characteristics: medical diagnosis, the degree of (in)certainty of the diagnosis, therapy and care, chronicity, physical function and disability, cognitive functioning, nutritional status, severity of the condition and severity of the symptoms, complications, multipathology, geriatric disorders, urgency of the situation, critical or less critical status;
- care characteristics: nurse diagnoses, interventions and outcomes, intensity of single nurse care activities, extent to which allied healthcare professionals are involved, for example physiotherapists and GPs;
- social characteristics: social functioning, stability in the living situation, extent to which the patient has a support system, socio-economic situation, cultural circumstances, availability of technology;
- characteristics of the care system: characteristics of the care organization, degree to which expert personnel is available, degree to which there is a need for coordination of the care, availability of technology, quality of the services of an organization, way in which patients are allocated to individual care providers and the resulting caseload.

It depends on the clinical reasoning ability of the NP whether all relevant data are correctly included in a decision. In this way, personal clinical reasoning is linked to the complexity of care situations and vice versa.

Coordinating practitioner

A coordinating practitioner is defined as being responsible for the integrality and coordination of the treatment process. The NP will then be the first point of contact for all parties involved, including the care recipient and his relatives and/or legal representative. The report of the Meurs Committee (2015) defines the coordinating practitioner as: *"the professional who is responsible for directing the care process of an individual patient."*

eHealth

The application of modern information and communication technology for the benefit of healthcare (Pagliari, 2005, in Krijgsman & Klein Wolterink, 2012).

Empowerment

Empowerment is to empower others by encouraging and authorizing them. Empowerment is about sharing power with others, including patients, and enabling them to seize or assert it. Empowerment is more than encouraging others to act independently. It is a development process that grows over time and contributes to a sense of competency, responsibility, independence and capacity to act (Carter & Reed, in Tracy & O'Grady, 2019).

Evidence-based practice

Evidence-based practice concerns the explicit, judicious and conscientious use of the best available (scientific) evidence, including experiential knowledge and best practices, and considering the preference (possibly based on previous experience) of the care recipient when making choices and performing procedures (Terpstra et al., 2015).

Focus area

Area within the nursing specialty to which the NP pays most attention in her professional practice. The focus areas are in line with the currently usual sectors in somatic health care. In the mental health care sector, the focus areas are oriented on developmental psychology. Van Dale Groot dictionary of the Dutch language defines the focus area as *"the area on which one concentrates one's attention, to which one pays the most attention"* (Den Boon & Hendrickx, 2015, p. 9).

Independent practice authority

Independent practice authority refers to the possibility for certain professionals defined in the BIG Act to select (needs assessment), carry out and delegate reserved procedures as referred to in Article 36 of the BIG Act without the intervention of other professionals.

Leadership

In the book "Verpleegkundig Leiderschap" (Nursing Leadership; Vermeulen et al., 2017), leadership is defined as: *"working together with colleagues from our own and other disciplines as well as with patients and family to achieve value-driven care, appropriate to the situation"*.

Carter and Reed (in Tracy & O'Grady, 2019) distinguish four forms of leadership: clinical leadership, professional leadership, system leadership and policy leadership. Clinical leadership is about representing the care recipient and optimizing the quality of care. Professional leadership is about developing and supporting other NPs and other healthcare professionals. System leadership is taking up a position in the organization or fulfilling an (advisory) administrative role. Policy leadership relates to influencing healthcare policy.

Medical diagnosis

The systematic and analytical process of finding a solution to a medical problem by using a variety of methods, including biomedical knowledge and knowledge of epidemiological data such as incidence, gender and age, as well as prior knowledge and contextual factors (Grundmeijer, Reenders & Rutten, 2009).

Medical treatment

Medical treatment means the treatment in the field of medicine as described in Book 7, Title 7, Section 5, Section 446, first paragraph, of the Dutch Civil Code with respect to the agreement on medical treatment.

Procedures in the field of medicine are understood to mean:

a. all procedures - including examining and giving advice - directly related to a person and aimed at curing the person of a disease, preventing the person from developing a disease or assessing the person's state of health, or providing obstetric assistance;
b. activities other than those referred to under a., directly related to a person, which are performed by a physician or dentist in that capacity.

Mentalizing ability

The mentalizing ability is understood to mean understanding one's own feelings, thoughts, intentions and desires as well as those of others (Dimence, 2018).

Needs assessment

In line with a nursing or medical diagnosis, making the choice of (selecting) the appropriate treatment and/or support that the care recipient must receive in order to maintain or improve (experienced) health, physical and/or psychological functioning, quality of life and dignity of life (Terpstra et al., 2015).

Nursing diagnosis

A nursing diagnosis is a clinical assessment of the experiences and/or reactions of an individual, family or community regarding actual or potential health problems and/or life processes, which provides the basis for the selection of nursing interventions to achieve results, and for which selection, interventions and results the nurse is responsible (De Graaf-Waar, 2014).

Nursing treatment

Nursing treatment forms the whole of nursing interventions for different nurse diagnoses. Nursing interventions are one or more procedures, whether or not in connection with one or more other patient/client related operations, all of which have a common goal and have been chosen on the basis of nursing decision-making (McCloskey & Bulechek, 2002). This concerns nursing procedures carried out on the basis of standards, guidelines, protocols, the patient's own expertise and preferences, including examining and giving advice, as stipulated in the Dutch Medical Treatment Contracts Act. Nursing treatment and nursing care are synonyms. Nursing procedures and nursing interventions are also synonyms

Palliative care

Palliative care is care that improves the quality of life of patients and their loved ones affected by life-threatening conditions or vulnerability, by preventing and alleviating suffering, through the early detection and careful assessment and treatment of physical, psychological, social and spiritual problems. During the course of the disease or vulnerability, palliative care has an eye for maintaining autonomy, access to information and choice (IKNL & Palliactief, 2017).

Patient journey

A *patient journey* is a concise representation of the different phases and events that a fictitious patient/client experiences in the current reality or in the future when dealing with his illness or physical complaint ("Patiëntenreis", z.d.).

Practitioner

The professional who carries out (part of) the treatment, who acts in accordance with the professional (scientific) standard applicable to him. The practitioner carries out his share of the treatment as laid down in advance in the individual treatment plan (Model Kwaliteitsstatuut GGZ, 2016).

Prevention

Prevention focuses on increasing or maintaining the health, vitality and self-management of people. A distinction is made between collective prevention (aimed at the entire population and intended to actively identify persons with an increased risk and guide them to care in good time), fit-for-purpose prevention (aimed at preventing the onset of illness or disability in a person with an increased risk) and care-related prevention (aimed at preventing aggravation of illness, the occurrence of complications and the onset of disabilities) (Terpstra et al., 2015).

Professional standard

The professional standard contains standards that give substance to the practice of the nursing care provider. Apart from professional rules, this also includes protocols and guidelines, rules of conduct, general due diligence requirements and the standards from legislation and regulations and case law. This concerns the generally accepted principles of care provision (V&VN, 2015).

Quality of care

The quality of care is the extent to which healthcare in individuals and patient populations improves the desired health outcomes. To this end, care must be safe, effective, timely, efficient, equitable and people-oriented:

- safe means providing care that minimizes the risks and damage to care recipients, including preventing avoidable injuries and medical errors;
- effective means providing care based on scientific knowledge and evidence-based guidelines;
- timely means as little delay as possible in the provision of care;
- efficient means providing care in a way that uses a minimum of resources, maximizing resource use and avoiding waste;
- equitable means providing care without distinguishing between personal characteristics such as gender, race, ethnicity, geographical position or socio-economic status;
- people-oriented means providing care taking into account the preferences and wishes of individual care recipients, and the culture of their community (WHO, 2006).

Self-management

The individual ability of individuals to prevent health problems where possible and, when they do occur, to cope with the symptoms, treatment, physical, psychological and social consequences of health problems and lifestyle adjustments. This enables people to monitor their own state of health and to react in a way that contributes to a satisfactory quality of life (Terpstra et al., 2015).

Specialty

Article 14 of the BIG Act defines specialty as follows: *"professionals who have acquired particular expertise in the exercise of a particular sub-area of their profession"*. Specialty and sub-area are synonyms.

Sub-area

Synonymous with specialty. See: specialty.

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