



Annual overview:

NAPA in 2017

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Annual review: NAPA

The Dutch Association of Physician Assistants was founded in 2004. We are committed to full integration of the Physician Assistants (PA) within the healthcare system, enabling our more than 1,000 members to do their job. We want the patient to receive good, safe and affordable care. In the future, this will be achieved through the right healthcare provider in the right place and with more focus on efficiency. PAs can play an important role in this. PAs want to offer medical care in collaboration with the doctors and other health care providers. In this annual overview, you can read what the NAPA achieved in 2017.

In 2017 the NAPA had focused on:

1. Professionalization within the association

We appointed a director, moved to the 6th floor within the building 'Domus Medica' and learned to work within the new association structure.

2. Solidifying task reallocation

We collaborated with the Ministry of Health, Welfare and Sport in order to get task reallocation embedded in the Law on Professions in individual healthcare. The house of representatives and the senate agreed with the proposed amendment.

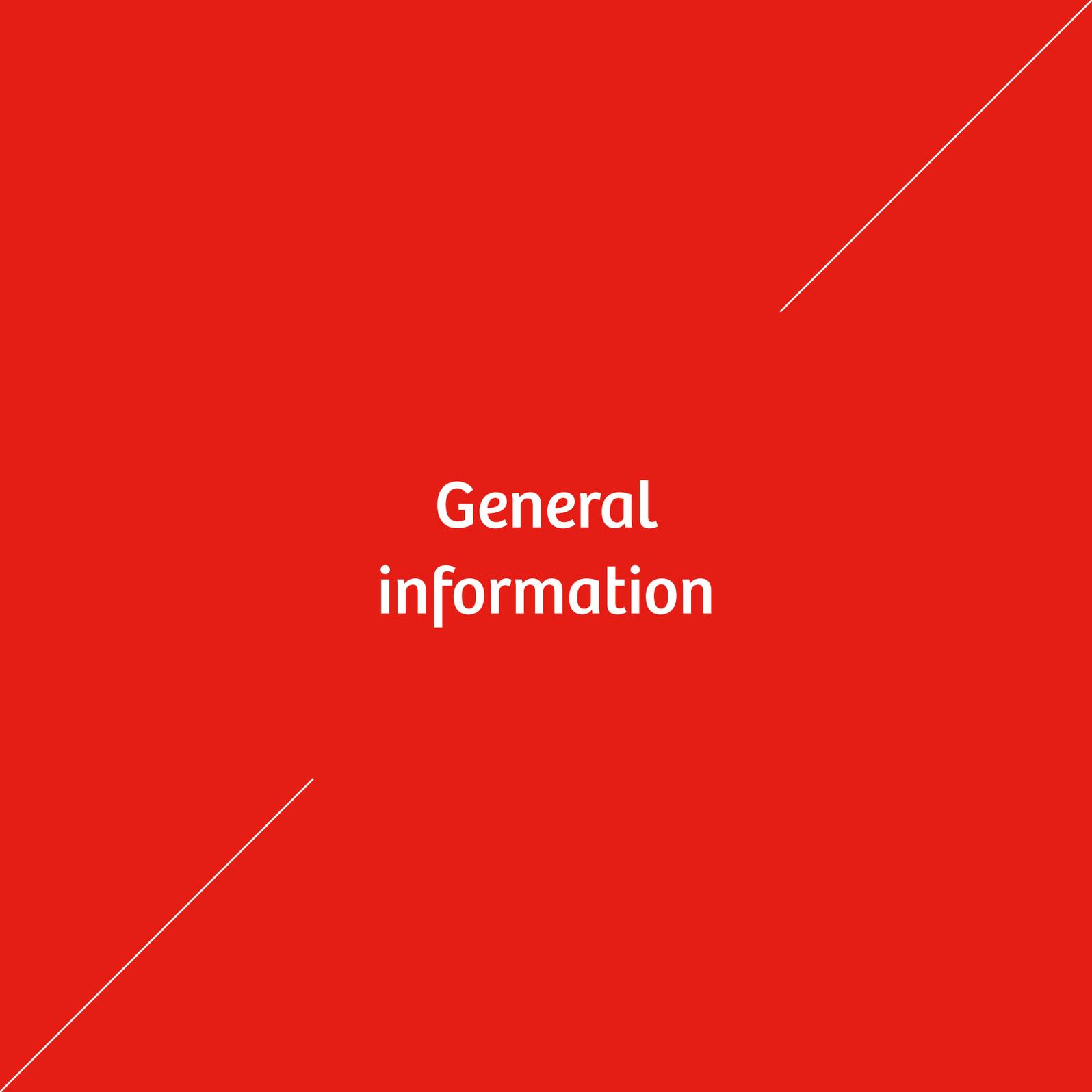
The NAPA specialist groups also worked hard to develop collaboration agreements with the medical associations of physicians.

3. Communication and development

We have kept our members and other stakeholders and interested parties informed about relevant topics through our renewed website, our magazine MPA, the monthly newsletter, LinkedIn and twitter.

4. Addressing problems

We tackled a number of problems that our members encounter in daily practice, such as the obstacles of PAs in mental healthcare, the PA clinical obstetrician, the wish to be allowed to perform post-mortem examinations, and bottlenecks within the declaration regulations.

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General information

Historical overview

In the late 1990s the first initiatives on starting a PA program were taken by the Dutch government. They foresaw a shortage of healthcare workers. The first PA program wasn't accredited and started in 2001. The first accredited program started in 2003 and one year later three other programs were started. These programs also are accredited at the master's level by the Accreditation Organization of the Netherlands and Flanders.

Education

The PA is trained to take over some of the medical and organizational tasks from medical professionals. The PA program in the Netherlands is a two-and-a-half-year Master's degree. After completing the program, they have a Master of science (MSc) degree. The candidates need to have at least a bachelor degree in a medical field, for example nursing or physical therapy, to access the Master program. They also need at least two years of experience in direct patient care. Furthermore, candidates must be fluent in both Dutch and English.

The PA is popular profession within Dutch health care, because they are legally authorized to treat patients independently. PAs fall under the same laws as physicians and nurse practitioners. The PAs in the Netherlands work independently in accordance with agreements made with the physicians. When a PA thinks that he's not capable to do a task or case, there has to be a possibility to consult with a physician.

Quality of care

In the past years, the performance of PAs has been studied rigorously. The results of these studies are positive: PAs provide efficient and high-quality care with high scores on patient satisfaction.

After becoming a PA, they have to maintain their knowledge and competences through a lifelong learning program. In the Netherlands, PAs and physicians must maintain their competences by completing accredited activities that are approved by the scientific specialists' associations or by the Dutch Association of Physician Assistants (NAPA). Examples of approved activities are the (inter)national annual PA meetings, registered specialized master classes, e-learning and much more. The list of activities is fairly similar with the list of activities for earning the CME credits in the USA. Completed activities are registered in a quality register at NAPA. Every five years these items are evaluated and a specialized committee decides whether or not a PAs license will be extended for another five years.

Legislation

After a five-year experiment ending in October 2017, the Dutch parliament and Senate agreed to give PA full independence in diagnosing, initiating treatment and performing medical procedures. These medical tasks can be executed independently by a PA and are mostly non-complex procedures or prescribing medication. As of July 1, 2018, the title Physician Assistant in the Netherlands is a protected title that only somebody who successfully completed an accredited Master's degree Physician

Assistant can use. As of July 2018, every PA will be listed in a public register.

The former Dutch Minister of Health Minister Schippers decided this year to change the act BIG (law on individual medical professionals) which regulates the performances of medical professionals. The amendment will take effect on July 1, 2018. PAs will legally be allowed to perform the following medical tasks independently:

1. catheterizations,
2. surgical procedures,
3. injections,
4. punctures,
5. prescribe medication,
6. endoscopies,
7. elective, electrical cardioversion and
8. defibrillation.

This legal independence means that a PA can diagnose patients and start treatment. They do have to follow agreements made with their employer and the medical specialist about the scope of their tasks. Besides these agreements, the quality of the performance of the medical tasks must be in accordance with the national guidelines and protocols.

Example

In the Journal of Orthopedics for Physician Assistants (Nov 2017) Dutch Orthopedic PA Ramon Roerdink describes the regular activities for the PA in orthopedics. They perform operations on their own. Examples of these independent operations are gastro slides, forefoot corrections, lateral

clavicle resections, excisions of ganglions, carpal tunnel release, removal of osteocytes and arthroscopies. Besides that, they assist in major surgeries as first assistant. In many hospitals the outpatient, emergency room and clinical consults for orthopedic patients and doing the rounds in the wards are done by the PA. Patient care is the most important part of the job of a PA. Initiating projects for improving the quality of health care, building and maintaining patient registries and initiating clinical research are often done by PAs.

Professional association

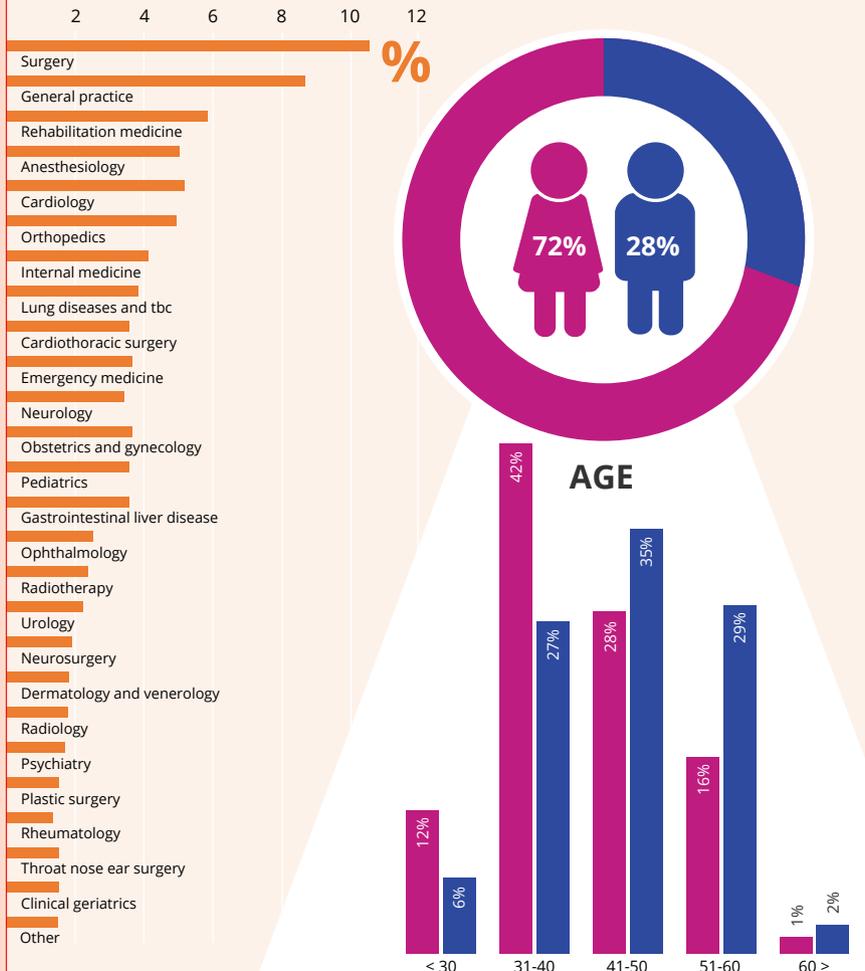
The only professional association for PAs in the Netherlands is NAPA. Approximately 90-95% of all PAs are members of NAPA. The NAPA was started by a few of the first PA students in 2004. NAPA is working hard to promote this profession and collaborates with the ministry of health care, the PA programs and with medical professional organizations. NAPA has introduced the Quality register for PAs in 2009. About 95% of all trained PAs are registered.

Our mission

In the Netherlands the government, patients and medical doctors seeing the benefits of a PA. Although the PA in the Netherlands has a good legal status, some PAs are still struggling with their position in the hospitals. Unfortunately, there are also still many PAs working and earning below their level of education and competencies. But the positive outcomes of studies and the lack of well-educated medical professionals in coming years gives us a lot of possibilities to address this problem and better the standing of the PA in the medical world.

PHYSICIAN ASSISTANT

in the Netherlands



Source: member administration NAPA	Former occupation	Part
Nurse	381	44%
Paramedic	273	31%
Medical support profession / function	206	24%
Other	95	11%

Information number

We are accessible daily via our information number and receive many e-mails from members.

Top 3 topics of 2017 are:

1. What is a PA allowed to do independently?
2. Declarations and Diagnosis Treatment Combinations
3. Terms of employment and job descriptions



The NAPA in numbers



As of 1-1-2018:

1045 members

Of which:

851 full members

185 junior members

9 exceptional and honorary members

Licensee index

939

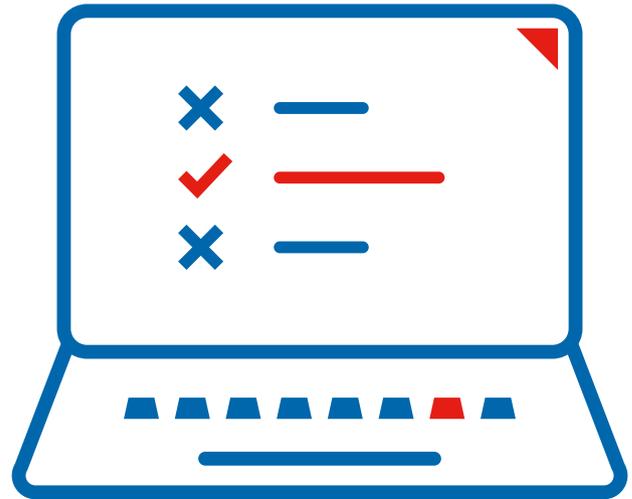
total number of persons registered in the NAPA Licensee Index

124

Number of which are reregistered

98

Of which are first time registrations in 2017



Accreditation

822

Number of accredited training courses NAPA

The background is a solid red color. There are two thin white diagonal lines: one starting from the top right corner and extending towards the center, and another starting from the bottom left corner and extending towards the center.

Annual conference: INVEST



- More than 700 participants
- 2 days full of workshops, scientific sessions and networking



- Awarding of the Science award
- Naming the PA of the year



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Small steps forward every month.

**What have we achieved
in 2017?**



01

January

On 24 January, the NAPA Council of Members had its first meeting using the new association structure. The members' council has, among other things, established the electoral regulations and the accreditation guideline for the members' council and formally appointed the NAPA specialty groups.

On 25 January, the proposal to amend the Law on Professions in individual healthcare was discussed in the Permanent Parliamentary Committee for Health, Welfare and Sport. There were many questions about the amendment of the law for the minister. NAPA lobbied for the transition from experimentation article to a permanent regulation for the PAs in the Law on Professions in individual healthcare.



02

February

NAPA succeeded in arranging a discount for its members for the annual **AAPA conference** in Las Vegas. Traditionally many Dutch PA's and PA's in training go there. The NAPA members receive the same status and participation costs as AAPA members.



March

The Minister of Health, Welfare and Sport has extended the **subsidy scheme** for the “Education to advanced nurse practitioner and training for physician assistant” by five years to 1 July 2022. This means each year the ministry subsidized 250 students to do the PA program. In addition, a grant is available for employers’ cost and internships. NAPA consults with the trainers of Colleges how to stimulate the intake of PAs in the study program.



April

The amendment of the Law on Professions in individual healthcare was declared non-controversial. The NAPA is involved in the writing of the general measure of governance and the assessment framework for medical registration in the governmental register (BIG register). Discussions were also held with the BRIC (executive of the BIG register) about the terms for including PAs in the BIG register.



Daisy de Bruin-Geraets, on behalf of the research group of Maastricht University, presented the research report to the chairmen of the NAPA and V & VN Nurse practitioners. The results of this study are of great importance for the amendment of Law on Professions in individual healthcare. The NAPA and V & VN Nurse practitioners therefore pleaded with the Ministry of Health, Welfare and Sport to include all eight reserved medical acts from the experimental phase in the amendment of the Law on Professions in individual healthcare.

In May, the annual congress of the American Association of Physician Assistants (AAPA) took place in Las Vegas. Once again there was a large delegation of Dutch PAs was present and the NAPA organized the traditional **Holland House Party**.

We also signed the **cooperation agreements** with the association of Nurse practitioners and the Dutch Association of Throat, Nose and Ear specialists.



On June 28th, we signed **cooperative agreements** with the Dutch Association of Gastroenterologists.

NAPA moves to the 6th floor within Domus Medica and thus placing both offices on the same floor. The meeting room is frequently used by the specialist groups for their meetings.



September

During the debate in the **House of Representatives** on 7 September, there was broad support for the placement of PAs and Nurse Practitioners in the Law on Professions in individual healthcare. During the debate, the Minister made a number of commitments to the House of Representatives. This year, too, the well-read medical magazine 'Medisch Contact' organized the Prinsjesdag (opening-day of the Dutch Parliament) breakfast for the fourth time with Minister Schippers of Health, Welfare and Sport. Vincent Straten, chairman NAPA, was also there.

On Thursday, September 7, the board of the NAPA established the **cooperation agreements** between PAs working in the Surgery and the Dutch Association of Surgery.



**1.000th
member**

In September VVD representatives Zohair el Yassini and Sophie Hermans paid a work visit to the Sint Maartens clinic in Nijmegen. They spoke with Vincent Straten and Quinten van den Driesschen about **the role of physician assistant** in primary and secondary health care.

In September, NAPA welcomed its **1,000th member** and the Education & Science Commission was established.



October

In October, the **new professional profile** of PAs was established. This version contains, in comparison with the profile from 2007, several adjustments following the amendment of the law. The profile is written on the basis of 10 years of practical experience of PAs.

The **cooperation agreements** with the Dutch Society for Rheumatology have been signed.

In October, the **Senate** approved the proposal to amend the Law on Professions in individual healthcare.



November

In our **new strategic course**, we have determined what we will focus on in the coming years. In the coming years the NAPA will work to solidify the position of the PAs. The barriers PAs have to deal with should be resolved, so that the PAs are able to exercise their own profession without restrictions. The NAPA wants to realize the improvements together with the medical field. NAPA will take the position as the national representative of the PAs and reliable cooperation partner.

One of the **focus points of the NAPA** is the removal of the barriers for task reallocation. Since 2015, the NZa (the Dutch healthcare authority) has adjusted registration and declaration rules and PAs can open and close a Diagnosis Treatment Combination themselves. At the moment, there is an exception for the PAs working in mental health care. The PAs are not included in the Mental healthcare professional



guidelines as a mental health professional. Before the summer the NZa indicated that, partially due to the signals from the NAPA, they intend to give all professions the opportunity to take credit for their involvement and to register their treatment time. This does not solve the problem completely. The NAPA argues that the PA should be seen as a primary treatment officer.

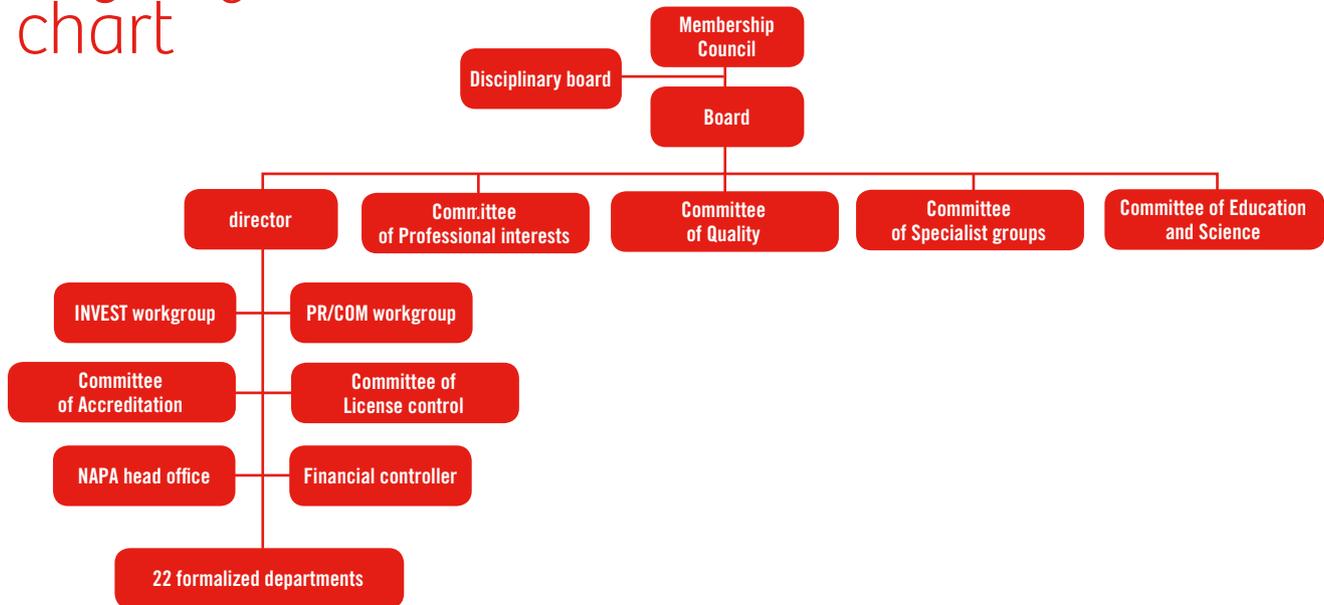
This year we once again hosted our annual conference **INVEST** in November with more than 700 participants. It was a great success!



12 December

The motto of NAPA is to do more for members for the same contributions. The NAPA arranged a collective subscription for its members so that they receive the medical magazine **Medisch Contact** on a weekly basis from 2018 onwards.

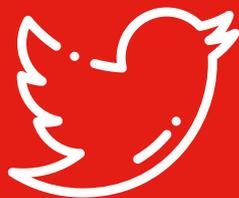
Organization chart



The formalized departments in 2017 are:

- Anesthesiology
- Cardiology
- Gynecology
- Surgery
- General practice
- Internal medicine
- Throat nose ear surgery
- Pediatrics
- Lung diseases and tbc
- Gastrointestinal liver diseases
- Neurosurgery
- Neurology
- Ophthalmology
- Orthopedics
- Elderly medicine
- Plastic surgery
- Radiology and nuclear medicine
- Radiotherapy
- Rheumatology
- Rehabilitation medicine
- Emergency medicine
- Urology

Link to more information in English
www.napa.nl/english/



Number of followers on twitter

Early 2017: **244**
end of 2017: **323**



Number of followers on LinkedIn

Early 2017: **397**
end of 2017: **773**

Colophon:

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NAPA

Visiting address (by appointment)

Domus Medica

Mercatorlaan 1200

3528 BL Utrecht

info@napa.nl

030 68 68 768

(work days from 09.00-17.30)