Valorisation

Changing legislation is not an everyday policy measure. This takes place only in special circumstances. By changing the IHCP Act, the Dutch government responded to a clear need of "the work field". The independent rights were granted, however, on a temporary basis and would only be permanently enshrined in case of a positive evaluation. It is beyond doubt that the findings of the evaluation have an impact not only on "the work field" but also on other stakeholders. However, to become valuable, findings must be well communicated.

The process of value creation from knowledge by making it available and suitable for economic and social exploitation and to translate this knowledge into products, services, processes and new business is known as valorisation (National Valorisation Committee, 2011). This definition particularly applies to technological innovations. Practice-oriented research mainly focuses on creating value for society. The extent to which research findings are taken up and used is closely linked to the way practice has been involved. Knowledge must be exchanged not only at the end but also during the research period. This is a continuous process of informing each other and adjusting its exchange strategies.

This chapter reflects on the relevance of the findings of the evaluation, as described in this dissertation, for the different stakeholders, as well as the actions already taken or that must be taken to disseminate the findings.

Nurse practitioners (NPs) and physician assistants (PAs)

Nowadays, over 3.000 NPs and 1.000 PAs are working in the Netherlands. [1] These health professionals have been specifically trained to take over tasks from physicians. Being independently authorised to perform certain medical reserved procedures, is then essential. The legally required, physician's consent was seen by NPs and PAs as a bothersome burden to perform their tasks optimally. The granted independent rights were welcomed with open arms. Besides, the independent rights strengthen NPs'/PAs' position within Dutch healthcare by making them distinctive from other non-medical professions. Not continuing these rights could limit their added value and thus undermine the reason for their existence.

The importance of the evaluation was acknowledged by the national umbrella professional associations, Nurses and Carers Netherlands department for nurse practitioners (NCN NP, in Dutch V&VN VS) and National Association of Physician Assistants (NAPA), respectively. Both associations fully cooperated with the research to increase its response rate and thereby its reliability. Both associations took part

in the evaluation's guidance committee set up by the Ministry of Health, Welfare and Sport (HWS) in order to provide advice and therefore to secure acceptance among their members. The members, in turn, were informed about the study at the annual congresses, in newsletters and other media. During the congresses, researchers were also present to answer questions and to pick up signals which were relevant for the evaluation. After completion of the evaluation, the associations informed their members of the outcomes and conclusions on their own websites [2, 3] and via social media (Facebook and Twitter) [4-6] and posted the final report `voorBIGhouden` to download on their websites. [7]

VoorBIGhouden was also used in a working conference for 2ndyear MANP students, co-organised by NCN NP. In order to prepare the subject independent rights, students had to go through the report. [8]

Interim and overall results are presented to NPs and PAs during multiple national annual conferences and internationally during the 10th ICN NP/APN Conference 2018 by the PhD Candidate and during CAPA ACAM 2017 by the president of the NAPA.

Physicians

Physicians, working in close collaboration with NPs and PAs, were pre-amendment responsible for the complete care pathway, including the performance of reserved procedures by NPs and PAs. Post-amendment NPs and PAs themselves were responsible for their own part of the care pathway and were, therefore, disciplinarily accountable. Physicians formerly organised care processes in such a way that supervision and intervention were always ensured. In practice, this meant that parallel consultation hours were held and patients were discussed before or afterwards. Post-amendment, this was no longer needed since physician's legal position had been changed. Furthermore, NPs and PAs introduction caused a shift in the physician's patient population towards fewer patients but with more complex health problems. This process was improved by NPs'/PAs' independent rights. Care processes were adjusted such that physicians had more time for those patients. A negative evaluation could (partly) offset all above effects and lead to rearrangement of care processes.

Despite initial scepticism regarding NPs'/PAs' independent rights because of a lack of clear conditions [9], the Royal Dutch Medical Association (RDMA, in Dutch KNMG) also took part in the evaluation's guidance committee and the underlying

associations had actively recruited physicians for participation in the study. A notice about the findings of the evaluations was placed in the Dutch physician's trade journal "Medisch Contact". [10]

Policy makers

The findings of the evaluation were of the utmost importance for the ministry of HWS, as commissioner. Task shifting is one of the key points of Ministry of HWS's policy to combat the gap between healthcare demand and supply. A successful experiment not only has an effect on nation's policy toward NPs and PAs but also toward new professions eligible for task shifting such as technical physicians (in Dutch: technisch geneeskundigen) and Allied Medical Healthcare professionals (in Dutch: Bachelor Medisch Hulpverleners). The latter two evaluations are yet to be presented to the Parliament.

During the entire evaluation period, a representative of the Ministry was a member of the guidance committee. In this way, barriers known at the time, could be addressed more rapidly, as it was the case with the lack of transparency in costing and invoices on NPs'/PAs' operations.

The importance of the evaluation has been highlighted by the decision of the Minister to receive the final report in person (Figure 1). The minister communicated, based on the report, that task shifting was successful and that she would adopt the recommendations. [11] The subsequent legislative proposal was approved by the Lower Chamber of the Parliament and rubber-stamped on 3 October 2017 by the Upper Chamber. [12]

Figure 1: Delivery of the report voorBIGhouden to Minister Schippers

By now, the report is also broader used in policy documents, such as in the 2016 Advisory Committee's Plan (in Dutch: Capaciteitsplan 2016), where the Advisory Committee on Medical Manpower Planning (in Dutch: Capaciteitsorgaan) provided intake recommendations for the healthcare sections and government on workforce capacity. [13] Or, in the consensus document 'Task shifting in Rehabilitation Medicine', where recommendations with regard to the registration of cooperation agreements were met. [14]

The results of the evaluation have recently been presented at a national conference on task shifting to an audience of Dutch policy makers, health care professionals and patients (Taakherschikking in de Nederlandse gezondheidszorg: de experimenteerfase voorbij [15]); to trainers of universities of applied sciences with a MANP and/or MPA education and advisory bodies of several hospitals.

Researchers

The Dutch Advisory Council on Health Research recommended in 2007 that studies initiated by University Medical Centres, should connect to public health and health care issues and should lead to innovation of healthcare and prevention. [16] To achieve this, the Health Council of the Netherlands recommended in 2016, instead of the established quantitative research designs, to use designs that are better adapted to real-world problems faced during daily practice, like qualitative and mixed-methods designs. [17] The evaluation presented in this dissertation satisfies both conditions and could serve as an example.

The current evaluation can internationally contribute to the knowledge about the impact of (independent practices) of NPs/PAs on processes and outcomes of healthcare. As discussed in Chapter 1, there is a strong need for up to date, high quality research in other countries than the US and UK, enabling cross-country comparison. Research on task-shifting has its methodological shortcomings. The evaluation described in this dissertation can be regarded as an innovative encouraging framework, which should be optimised. Most scientific results of the evaluation are published in peer-reviewed international journals.

What remains to be accomplished is to write articles about patients' perspective and NPs/PAs workload (data are available) and to present the findings and the used design/methods to researchers internationally.

The relevance of the study and the extent to which findings were communicated can be best summarised in Figure 2. In this figure the number of online search results are given for the report “voorBIGhouden” and the minister’s response: “Task shifting is successful” (“Taakherschikking is succesvol”).

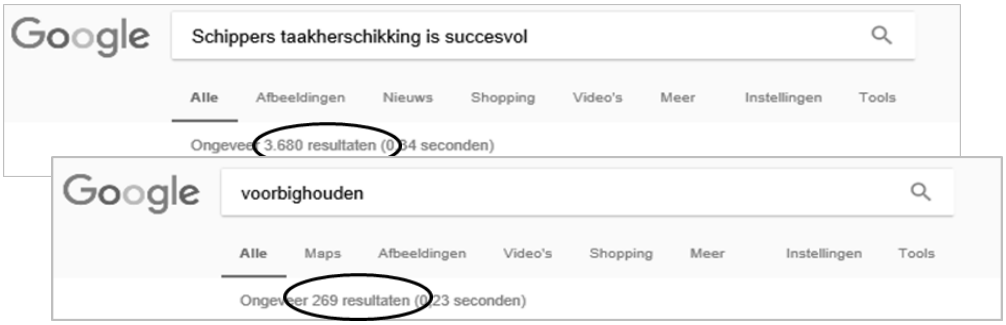

Figure 2: Number of online search results per key words (September 2018)

References

1. *www.platformzorgmasters.nl/.* (accessed September 28, 2018).
2. *http://www.venvn.nl/Berichten/ID/820220/Schippers-Taakherschikking-in-de-zorg-succesvol*. (accessed September 28, 2018).
3. *http://venvnvs.nl/2015/11/11/evaluatierapport-artikel-36a-wet-big-2/.* (accessed September 28, 2018).
4. *https://mobile.twitter.com/pr_napa*. (accessed September 28, 2018).
5. *https://t.co/pwoB2d085H* (accessed September 28, 2018).
6. *https://www.facebook.com/venvnvs/posts/427889017408026* (accessed September 28, 2018).
7. Bruijn De-Geraets, D.P., et al., *voorBIGhouden. Eindrapportage Evaluatieonderzoek Art. 36a Wet BIG met betrekking tot de inzet van de Verpleegkundig Specialist en Physician Assistant*. 2015, Maastricht UMC+, RVE Patiënt & Zorg: Maastricht.
8. *http://venvnvs.nl/venvnvs/vvn-vs-voor-studenten/.* (accessed September 28, 2018).
9. Hendriks, A.C. and D.Y.A. Meersbergen van, A*fspraken nodig over taakherschikking*. Medisch Contact, 2011. 2 Maart 2011.
10. Paauw, S., *Tijdelijke voorbehouden handelingen bevallen goed.* Medisch Contact, 2015. 12 November 2015.
11. Ministerie van Volksgezondheid, Welzijn en Sport, *Kamerbrief Evaluatieonderzoek experiment art. 36a Wet BIG met Physician Assistent en Verpleegkundig Specialist*. 2015: Den Haag.
12. *https://www.eerstekamer.nl/wetsvoorstel/34630_wijziging_van_de_wet_big_in.* (accessed September 28, 2018).
13. Capaciteitsorgaan, *Capaciteitsplan 2016, Voor de medische, klinisch technologische, geestelijke gezondheid, FZO en aanverwante (vervolg)opleidingen* revisie 3.0. 2016.
14. NAPA, V&VN VS, VRA, *Consensusdocument Taakherschikking in de revalidatiegeneeskunde*. 2016.
15. *https://www.mumc.nl/congres-taakherschikking* (assessed September 28, 2018).
16. Raad voor Volksgezondheidsonderzoek, *Onderzoek dat ertoe doet. De responsiviteit van universitair medische centra op vraagstukken in volksgezondheid en gezondheidszorg*. 2007: Den Haag.
17. Gezondheidsraad, *Onderzoek waarvan je beter wordt. Een herorientatie van UMC-onderzoek*. 2016: Den Haag.