

Competent = qualified

Innovative education and training and new health care professions

The 13th of April, 2011 the Council for Public Health and Health Care in the Netherlands has published its advisory report 'Innovative education and training and new health care professions'. The report is meant for the Dutch Minister of Public Health, Welfare and Sports

Summary

The health care sector is facing change in the demand for care. The population is aging, cultural diversity is growing and an increasing number of people live with chronic disorders, with the elderly often suffering from various disorders all at the same time.

This is also the case in other western countries. Different requirements are imposed on professionals, their education and the way they work but their level of education has proven to be inadequate. Moreover, the way in which professional practice is organised often prevents the right man or woman from working in the right position. Does this also apply to the Netherlands?

The following questions were therefore addressed to the Council for Public Health and Health Care (RvZ):

1. In what direction should the shift in professional tasks take place?
2. What does this mean for competencies and education and training?
3. What measures are required to help implement these changes in professions, and in education and training?

The Council's answers to these questions are as follows:

1. In what direction should the shift in professional tasks take place?

A shift in the tasks of existing professions is taking place because the changing demand relies heavily on prevention and on long-term patient care. The psycho-social consequences of chronic disorders thus require systematic attention. Agogic skills, communication skills and collaboration skills are becoming more important. There is a stronger focus on working proactively.

Furthermore, increasing pressure is being placed on working more efficiently. Health care will be organised differently, depending on the nature of the work – problem-solving, routine or communicative. Professions will acquire a different focus in each organisational environment. At the same time, as a result of scientific advancement and new technologies the tasks performed by highly educated professional practitioners can be shifted to those with a lower level of education without compromising on quality. In a number of instances, patients themselves can perform part of the diagnostics and treatment. Health 2.0 and new technologies offer improved opportunities for doing so.

2. What does this mean for competencies, and education and training?

It means increased dynamics and diversity. The consequence thereof is that different competency profiles will begin to emerge for each profession and that the competency profiles for different professions will partially overlap. Fixed areas of competence will be a thing of the past while the future will see a system of proven, separate competencies based on a downsized professional structure.

The full spectrum of competencies places a strong emphasis on acquiring knowledge, but more attention will need to be placed on skills and professional behaviour. For all professions, the ability to apply ICT and collaborate with people working in other disciplines and professions are key factors. Helping patients to adapt to self-management and lifestyle changes are new tasks requiring competencies which not every profession need possess. However, it is important that these competencies are available in a team to help meet the demand for local care.

It is essential that education and training focus on patient needs. In addition, increased flexibility in education is required to encourage moving on to other positions at a next level or the same level. Phased and flexible education

programmes should enable life-long learning and help professionals develop their potential, thereby increasing their career prospects. The key to this is competency-oriented education.

The system of continued education and refresher training should become less of an optional choice. It should become a powerful tool in helping the profession to adapt continuously to the needs of patients. Individual practitioners will acquire new knowledge and skills as a result and stay abreast of developments. Special focus is required for professions that fall outside the scope of the Individual Health Care Professions Act (*Wet BIG*), such as carers, and where there is a lack of continued education and refresher training.

More attention must be given to information provision and instructions for patients and carers to help them learn to acquire and carry out more care tasks themselves.

3. What measures are needed to help implement these changes in professions, and in education and training?

The Council believes that the following measures are required:

1. Promote the realignment of tasks and remove all barriers that would preclude this.

- Create clarity about responsibilities.
- Provide insight into the competencies of professional groups.
- Bridge cultural problems.
- Competence is sufficient for being qualified to perform 'reserved procedures'.
- Enable integral funding for COPD and heart disease.
- Promote the creation of care standards for obesity, asthma, depression, dementia and CVA.
- Implement the provision of 'first-line care' and provide a functional description of what this involves.
- Allow each head treatment officer to open and close a Diagnostic Treatment Combination (DTC).

2. Promote an innovative institutional culture.

- Appoint innovative and entrepreneurial people in key positions within the organisation.
- Provide directors and managers continued education in modern management skills.
- Organise ongoing continued education and refresher training for care managers, professional manpower and other staff.

3. Encourage patients to undertake self-management and self-care.

- Improve the supervision of self-management and self-care.
- Expand the integral funding of chronic disorders.
- Guarantee patients access to reliable and current information.
- Enable patient organisations to provide information and instructions to their members, focusing on self-management and self-care.

4. Ensure that health care education is consistently based on acquiring competencies.

- In education and training make a distinction between a fixed basic component and a subsequent variable component.
- Specify the Canmeds competencies and roles in profiles designed for working in various types of organisations.
- Ensure the learning outcomes of education, training and continued training are better aligned.

5. Make continued education and refresher training a powerful tool to help the profession adapt continuously to patient needs.

- Introduce periodic re-registration for all Section 3 professions.
- Implement a statutory obligation for these professions to undertake activities for developing expertise.
- Draw up a plan for these activities for continued education and refresher training.
- Assess the results of continued education and refresher training.

6. Strengthen mutual cooperation and alignment in health care education.

- Undertake collaborative efforts with other education and public institutions.
- Promote the function of an independent and authoritative organisation which identifies, drives, creates support for and monitors the alignment of professions and education and training with the future demand for health care.

The Council has based its advice on an analysis of the developments in the demand for health care, science and technology, professional practice and professional education. This analysis is based on three background studies, six discussion meetings, three meetings held by a sounding board group and the valued collaboration with the CBOG

(Council for Health Care Professions, Education and Training). The results of the above can be found in Chapters 2-5, each of which close with conclusions.

The Council considers its advice as a wake-up call. The time has come to think about the challenges facing care providers in the near future. Tomorrow's problems are not yesterday's problems. Different professionals and different forms of education and training are required. This advice states what needs to happen and who should carry it out.