

## Future of the BIG Act: what's next?

Summary to the advisory report 'The C of Competent - Towards a future-proof BIG Act'

### The future of the BIG Act: what's next?

The Individual Healthcare Professions Act (BIG Act) was created to protect patients against poor care. That is why only healthcare providers who are BIG registered, such as doctors and nurses, may perform restricted procedures. After all, as a society we don't want unskilled people injecting an IV or putting a patient under anaesthesia. Routine is also important in the BIG Act. Every 5 years, registered healthcare providers must provide proof of recent practical experience.

### The BIG Act protects patients

The BIG Act came into effect in 1993 and has proven successful. At the same time, much has changed in the last 25 years. Healthcare has become more complex. New technologies and treatments have been introduced. Healthcare providers have adapted and developed new expertise in practice. However, the BIG Act only registers the qualifications that are linked to vocational training.

The act now risks falling victim to its own success. Many new professions or specifications for professions wish to be included because this qualification allows them to demonstrate that they matter. This wish is understandable, because whoever falls under the law enjoys respect and authority.

### Healthcare practice is changing

This is a problem because healthcare practice is changing rapidly due to, for example, advancements in technology. The number of patients with complex problems is also increasing. This requires teamwork and a more flexible deployment of healthcare providers. The inclusion of a variety of new professions or specifications of existing professions in the BIG Act makes this impossible because it limits, as it were, the powers of healthcare providers. This is also problematic because we are already dealing with labour shortages in healthcare.

Another issue is that the BIG Act only regulates the powers and not the skills or competences of healthcare providers. As a result, patients are less well protected against incompetent actions. Moreover, the current set-up fails to recognise the fact that caregivers master skills not only during their training but also in practice.

### Our advice: put the patient first

According to the Minister of Medical Care and Sport, advice on the future of the BIG Act is in order for the reasons mentioned above. This is why he asked the Council for advice. What should a revised BIG Act look like, and which arguments should it be based on?

The Council is of the opinion that the original purpose of the BIG Act should continue to be the starting point in case of a revision: to protect patients against incompetent care and to provide guidance in choosing a healthcare provider.

The Council for Public Health and Society proposes to limit the BIG Act to the inclusion of basic professions (such as doctors and nurses).

### Back to basics: personal portfolio

We understand that this does not solve everything. Caregivers develop their skills in practice, follow courses and training courses and become proficient in new skills. However, the evolving personal growth of healthcare providers must be recorded and made transparent to patients and employers. That is why we propose to create a personal portfolio: an official document that records the individual growth of healthcare providers.

### Flexible deployment and recognition

A personal portfolio facilitates appropriate deployment of individual healthcare providers in practice. At the same time, it offers patients more protection because it shows what carers can do. Healthcare providers who continue to develop will thus receive the recognition they deserve. We advise Minister Bruins to develop this idea further, in consultation with employers, professional organisations and patient associations.