

volunteers.	care, organising suspension of care, informal care broker, voluntary courses, ‘buddy projects’ (buddies are voluntary workers who accompany the vulnerable and lonely).
Promoting participation of people with chronic psychological or psychosocial problems or a physical limitation in society, as well as their independency.	This consists mostly of general facilities and projects, such as: Social work, debt assistance, elderly provisions, accessibility of public space, buildings and public transport, adjustments to residences.
Providing facilities and services for people with a chronic psychological or psychosocial problems or with a physical limitation to promote their independency and societal participation.	This consists mostly of individually tailored facilities and projects, such as: Home help assistance, wheelchairs, scooters, transport provisions, provisions for residence, assistance in independent living, daytime activities, meal provisions. Aid can be provided in kind or with a personal budget.
Offering shelters and implementing policies to combat domestic violence.	Offering temporary sheltering, guidance, information, and advice for persons who have left their home situation and are not capable of supporting themselves.
Improving public mental health care.	Hotline for crises, reaching and helping socially vulnerable people.
Improving addiction policies.	<i>No example with regard to older people.</i>

Any forms of counseling that can be provided through the ZVW precede counseling through AWBZ. Some forms of individual counseling or daytime activities for psychiatric patients can be part of psychiatric treatment and under the responsibility of a medical specialist. In this case, counseling is funded through the ZVW. If the necessity of psychological counseling comes into existence in a time period after diagnosis or treatment, the counseling activities are no longer part of medical treatment and AWBZ-funding will be provided. Some insurers offer substitutive informal care-giving in their additional VHI packages.

### *3.5.5 Limits of the AWBZ: Treatment*

AWBZ treatment consists mostly of continuous, systematic, long-term and multidisciplinary care for complex care problems that requires specifically trained professionals. Care from the ZVW is usually not continuous, systematic, and long-term, but can be multidisciplinary. An example is care that is needed for a client with a multiple handicap, who might need behavioral therapy, and medical and paramedical assistance.

A main practitioner – in charge of the coordination of care – is appointed for the client in case of AWBZ treatment; this main practitioner may essentially be from any discipline. Treatment is aimed at preventing the worsening of consequences and/or complications of the ailment or the coming into existence of a disorder or limitation that is associated with the ailment, and at learning new skills and/or behavior.

### *3.5.6 Limits of the AWBZ: Long-term residence<sup>5</sup>*

As stated in paragraph 3.1, indication setting for long-term stay – four full days per week or more – is done in the form of care weight packages or ZZPs. [Text ZZPs removed!] Formally, any care or compensation from the voluntary health insurance, such as informal care suspension of care-givers, is not obligatory by the ZVW and therefore no precedence from other arrangement exists. Instead, when care-givers have this option, the CIZ can alter their indication on the basis of point 12 of the CIZ funnel. Also, the first 365 days of sequential residence in a psychiatric institution is compensated by the ZVW.

### *3.5.7 Limits of the AWBZ: Short-term residence*

No legal provisions precede short-term residence care from the AWBZ. Some general accessible facilities do precede this type of AWBZ care, such as alarms, volunteers, client support through MEE (organization offering support to people with functional limitations), voluntary health insurance or forms of informal care-giver support.

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<sup>5</sup> Information from <http://zorgzwaarte-pakket.nl>.

## Index of abbreviations

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- AFBZ = Exceptional Medical Expenses Fund (*Algemeen Fonds Bijzondere Ziektekosten*)
- AOW = State pension law (*Algemene Ouderdomswet*)
- AWBZ = Exceptional Medical Expenses Act (*Algemene Wet Bijzondere Ziektekosten*)
- BIKK = Contribution to Reduction Expenses (*Bijdrage in de Kosten Kortingen*)
- BKZ = Budget for Health Care (*Budgetair Kader Zorg*)
- BSN = Citizen Service Number (*Burgerservicenummer*)
- CAK = Central Administration Office (*Centraal Administratiekantoor*)
- CBS = Central Bureau for Statistics
- CIZ = Centre for Needs Assessment (*Centrum Indicatiestelling Zorg*)
- CVZ = Health Insurance Board (*College voor Zorgverzekeringen*)
- DBC = Diagnosis Treatment Combination (*Diagnose Behandeling Combinatie*)
- DOT = DBC on the way to Transparency (*DBC op weg naar Transparantie*)
- HBO = Higher Occupational Education (*Hoger Beroepsonderwijs*)
- HIF = Health Insurance Fund (*Zorgverzekeringsfonds*)
- IGZ = Health Care Inspectorate (*Inspectie voor de Gezondheidszorg*)
- GP = General Practitioner
- MBO = Secondary Occupational Education (*Middelbaar Beroepsonderwijs*)
- NZa = Dutch Health Care Authority (*Nederlandse Zorgautoriteit*)
- PGB = Personal Budget from the AWBZ (*Persoongebonden Budget*)
- SSP = SVB Service Center
- SVB = Social Insurance Bank (*Sociale Verzekeringsbank*)
- UZI = Unique Health Care Provider Identification (*Unieke Zorgverlener Identificatie*)
- VHI = Voluntary Health Insurance
- VWS = Ministry of Public Health, Welfare, and Sports (*Ministerie van Volksgezondheid, Welzijn en Sport*)

- WBSN-Z = *Law on the Use of the Citizen Service Number in Health Care (Wet Gebruik Burgerservicenummer in de Zorg)*
- WMCZ = *Law on Client Participation in Care Institutions (Wet Medezeggenschap Cliënten Zorginstellingen)*
- WMO = *Social Support Act (Wet Maatschappelijke Ondersteuning)*
- ZVW = *Health Insurance Act (Zorgverzekeringswet)*
- ZZP = *Care Weight Package (Zorgzwaartepakket)*

## References

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### Literature

- [1] Bartholomée Y, Spreuwenberg C, Maarse J. *Ervaringen van chronisch zieken met marktwerking* 2009. Maastricht: working paper.
- [2] Schäfer W, Kroneman M, Boerma W, van den Berg, M, Westert G, Devillé W, van Ginneken E. The Netherlands: Health system review. *Health Systems in Transition* 2010; 12(1).
- [3] Van de Ven W, Schut E. Is de Zorgverzekeringswet een success? *TPEdigitaal* 2010; 4(1).
- [4] Wong A, Kommer GJ, Polder JJ. *Levensloop en zorgkosten – Solidariteit en de zorgkosten van vergrijzing*. RIVM 2008.
- [5] Boer A. Letter from CVZ to Ministry of Public Health, Welfare and Sports. *CVZ* 2011, dated September 14<sup>th</sup>.
- [6] CIZ Indicatiewijzer (April 2011), versie 4.1.

### Consulted web sites

- <http://www.cbs.nl>
- <http://www.ciz.nl>
- <http://www.cvz.nl>
- <http://www.hetcak.nl>
- <http://www.pgb.nl>
- <http://www.rijksbegroting.nl>
- <http://www.rijksoverheid.nl/ministeries/vws>
- <http://www.rivm.nl>
- <http://wetten.overheid.nl/>
- <http://www.zorgkiezer.nl>
- <http://zorgzwaarte-pakket.nl>

## Supplementary material: Laws & Reports

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### 1. WMCZ: Law on client participation in care institutions

#### *Chapter I. General definitions*

##### **Article 1**

1. In this law the next definitions apply:
  - a. Our Minister: Our Minister of Public Health, Welfare, and Sports (VWS);
  - b. institution:
    1. an institution in the sense of the *Law on Healthcare Institutions Acceptance* (WTZi);
    2. every organizational association – operating as an independent unit in society – where societal care or public health is delivered and which is financed:
      - a. by the Health Insurance Board (CVZ) on the ground of the Health Insurance Act (ZVW) or Exceptional Medical Expenses Act (AWBZ);
      - b. by Our Minister on the ground of the framework Law VWS Subsidies or a municipality on the ground of the Social Support Act (WMO);
    3. every organizational association – operating as an independent unit in society – where care for the addicted is delivered and which is financed by Our Minister, a municipality or a province;
  - c. health care provider:
    1. a legal person or natural person, maintaining an institution;
    2. the legal persons or natural persons, maintaining an institution together;
  - d. client: a natural person for whom the institution functions.
2. Organizational associations – operating as an independent unit in society – where societal care or public health is delivered, and which are financed other than on the ground of a legal funding arrangement by Our Minister, can be classified as an institution in the sense of this law by ministerial regulation.
3. This law is not applicable to judicial institutions for treatment of the involuntary committed, as is specified in the penal code.

#### *Chapter II. Client councils*

##### **Article 2**

1. The healthcare provider establishes a client council for every institution maintained by him, that within the framework of the goals of the institution particularly promotes the common interests of the clients.
2. The healthcare provider provides in written form:
  - a. the number of members of the client council, the method of appointment, which persons can be elected as a member, and the legislative period of appointment;
  - b. the material means of the client council, which the client council can use for their activities.
3. The arrangement described in the second paragraph is such that the client council:
  - a. can reasonably be deemed representative for the clients, and
  - b. can reasonably be expected to be capable to promote their common interests.
4. The client council arranges its working method in written form, including representation inclusive and exclusive to the law.
5. The expenses of conducting legal suits by the client council, as meant in article 10, paragraph 2, are only charged to the healthcare provider in the case the healthcare provider was notified by the expenses in advance.
6. After providing the arrangement referred to in paragraph 2 the health care provider establishes the provisions that are necessary by this regulation for appointing the members of the client council. The healthcare provider establishes the provisions anew at any time when the client council has not functioned for two years due to a lack of members, of which the number is determined by the regulation.

### **Article 3**

1. The healthcare provider provides for the opportunity of the client council to give advice about every intended decision concerning the institution with regard to:
  - a. a change in the goal or the ground;
  - b. transfer of control, a merger, or the start or breakdown of a long-term collaboration with another institution;
  - c. the liquidation of the whole or a part of the institution, a migration or substantial rebuilding;
  - d. an important alteration within the organization;
  - e. an important reduction, expansion or other alteration of the activities;
  - f. the appointment of person who directly attain highest control with the management of labor in the institution;
  - g. the budget and annual account;

- h. general policy with regard to admission of clients and the termination of health care provision to clients;
  - i. feedings affairs of a general nature, general policy in the domains of the security, the health, the hygiene, the mental healthcare, societal assistance to and recreational activities for clients;
  - j. the systematic guarding, controlling or improving the quality of the care that is to be provided to the clients;
  - k. the determination or alteration of a arrangement with regard to the treatment of complaints of clients and the appointment of persons charged with the treatment of complaints of clients;
  - l. alteration of the arrangement, referred to in article 2, paragraph 2, and the determination or alteration of other arrangements applicable to clients;
  - m. charging persons with the management of a part of the institution where 24 hours care is provided to clients who stay in the institution for the long term.
2. The advice is requested at such a point in time that it can be of essential influence on the intended decision.
  3. The client council is authorized to give unrequested advice to the healthcare provider with regard to the subjects referred to in paragraph 1, or other subjects that can be of importance to the clients.

**Article 4**

1. The healthcare provider does not take a decision that is different than a written advice of the client council, if no deliberation, if reasonably possible, was done with the client council at least once.
2. With regard to the subjects referred to in article 3, paragraph 1 i-m, the healthcare provider does not take a decision, excluding any decision that has to be taken according to the law, that is different from the written advice of the client council, unless the committee referred to in article 10, has determined that the healthcare provider has reached the intended decision after reasonably consideration of all the interests involved.
3. The healthcare provider provides a written notification to the client council of a decision concerning a subject of which the client council has filed written advice, and provides arguments if the decision is different from the advice.
4. A decision from the healthcare provider taken in contradiction with paragraph 2 is void, in the case the client council has filed a written annulment with the healthcare provider. A client council can only file an annulment within a month after the healthcare provider has informed

the client council about the decision, or, in case of default of notification, the client council has noticed that the healthcare provider has implemented or executed the decision.

#### **Article 5**

1. The healthcare provider provides timely, and if requested written, all the information and data to the client council that the client council reasonably needs to fulfill its tasks and duties.
2. The healthcare provider provides the client council at least once a year with oral or written information concerning the policy that is executed in the passed time span, and that shall be executed in the coming year.

#### **Article 6**

1. The healthcare provider can assign the client additional competencies than the in this law states competencies. Such a decision is to be notified to the client council in written form.
2. The healthcare provider provides opportunity for the client council to give advice about an intention to take a decision as referred to in paragraph 1, and about an intention to alter such a decision. Article 4 is of similar appropriation.

### *Chapter III. Governance board of directors*

#### **Article 7**

1. If a healthcare provider is a legal person as is referred to in article 3 of book 2 of the Civil Code, the statutes provide for regulations, safekeeping that clients can influence the assembly of the board of directors. The regulation at least includes that one member of the board is appointed by a binding nomination of the client council or client councils, unless the client council or client councils did or does not make use of this possibility.
2. Paragraph 1 is not applicable when the board of directors includes one or more persons who execute or executes this function on the basis of an employment contract on which rests a monetary reward. In this case paragraph 1 is of similar application on the assembly of the institute that is charged with the supervision or approval of decisions made by the board of directors.

### *Chapter IV. Publicity*

#### **Article 8**

The healthcare provider assembles an annual written report in the way this law is applicable to the institution.

#### **Article 9**

1. The healthcare provider makes public 10 days after installation:

- a. the annual report;
  - b. written starting points for policy, including the general criteria that are employed by care provision;
  - c. the minutes and the decision list of the meetings of the board of directors, insofar these consist of general policy affairs;
  - d. a regulation of the handling of complaints of clients and other rules that apply to clients, as well as a regulation referred to in article 2, paragraph 2;
  - e. the report referred to in article 8.
2. The publication occurs by making the documents available for viewing, and by providing copies if so demanded by them.
  3. Notification of publication will occur by way that is common for notifying clients.
  4. A price can be placed on the dispensing of copies by request, no higher than the cost price, unless the Law on publicity of governance (WOB) is applicable to the institution.

#### *Chapter V. Compliance*

##### **Article 10**

1. The healthcare provider installs a three member committee of trustees in consensus with the client council or client councils, of which one can be appointed by the healthcare provider, one by the client council or client councils, and one by either parties, or appoints a committee of trustees installed by one or more client organizations and one or more healthcare provider organizations, that oversees the task of mediation and, if necessary, giving a binding verdict:
  - a. on the request of the client council, about disagreements with the healthcare provider concerning execution of article 3; 4 paragraph 1 and 3; 5 paragraph 1; and 9.
  - b. on the request of the healthcare provider, in the case the healthcare provider wishes to make a decision different from the written advice of the client council, relating to a subject referred to in article 3, paragraph 1i-m.
2. The client council and every client of the institution can file a written request with the cantonal judge of the court of the arrondissement in which the residential area of the healthcare provider lies, to command the healthcare provider to comply to article 2; 5 paragraph 2 7; 8; and paragraph 1 of this article. An applicant who did not request in advance from the healthcare provider to act in accordance with that which is requested in an appeal, and who did not give a reasonable term to comply to the appeal, is deemed non-admissible.

## **2. BIG: Law on the professions in individual healthcare**

### *Chapter I. Definitions*

#### **Article 1**

1. In this law and the on this law resting provisions the term individual healthcare refers to, besides the in paragraph 2 described actions, all other actions – including researching and giving of council – directly affecting a person, thereby covering the promotion and safekeeping of that person’s health.
2. In this law and the on this law resting provisions is considered under the name of acts in the domain of medicine:
  - a. all actions – including researching and giving of council – directly affecting a person and to cure the person from disease, to guard the person from the origination of disease, or to judge the person’s health condition, or to give obstetric assistance;
  - b. the taking of blood or tissue for other purposes referred to in a;
  - c. the taking of tissue from a deceased person and the performance of autopsy.

#### **Article 2**

1. In this law and the on this law resting provisions is considered under Our Minister the Minister of Health, Wellbeing, and Sports.
2. In the chapter VII and VIII and the on these chapters resting provisions is considered under Our Ministers the Minister of Health, Wellbeing, and Sports and the Minister of Justice.
3. In this law is considered under other deal-making states a state, not a member of the State of the European Economic Society, which is a party from the Deal regarding the European Economic Space or Switzerland.
4. In this law and the on this law resting provisions is considered under register a register installed according to article 3, paragraph 1.
5. In this law and the on this law resting provisions is considered under recognized specialist register a register of specialists on which article 14, paragraph 1 applies, or a specialist register that is installed in accordance with article 16.

### *Chapter II. Registration and protection of title*

#### **§ 1. General**

#### **Article 3**

1. Registers will be installed, in which those who comply to the therefore installed prerequisites by this law will be subscribed, distinguished as:

- physician,
  - dentist,
  - pharmacist,
  - healthcare psychologist,
  - psychotherapist,
  - fysiotherapist,
  - midwife,
  - nurse.
2. The last name, first name, gender, date of birth, nationality, address, and number and date of registration of the person subscribed will be mentioned in the register.
  3. Every register will be installed and controlled by Our Minister.
  4. The registers will be installed to comply to a request for information as referred to in article 12, and to facilitate supervision of implementation of articles 4 and 17.

#### **Article 4**

1. To those that are subscribed in the register is given the right to use the term in which they are subscribed as referred to in article 3, paragraph 1.
2. To those who do not receive the right to use a title as referred to in paragraph 1, forbidden to use this title, a similar denomination, or a signature that refers to this title, declared with application of article 93 or mainly similar to this.
3. As long as a subscription to the register is suspended, the person involved is equated to a non-subscribed.
4. In this law and the on this law resting provisions is considered under the titles as referred to in article 3, paragraph 1, insofar there is no contradictory argument, as those who are subscribed in the register as such.

#### **Article 5**

1. Our Minister is authorized to decide to subscription in the register by request.
2. By general decree of the board of directors rules will be installed about the amount to be paid for handling of request, as well as the way of submission of the request, and the thereby to provide information and documents that are needed to judge the request. The amount referred to in the first sentence is determined in such a way that the expenses of the handling of this request are paid for.
3. By general decree of governance an amount can be established that is charged in the period referred to in the decree to the professionals for being subscribed in the register. The amount

referred to in the first sentence is determined such that the expenses of being subscribed in the register are covered.

#### **Article 6**

Subscription is refused:

- a. if the requestor does not comply to the prerequisites of education referred to in chapter III;
- b. if the requestor is put under legal constraint by judicial verdict for a mental disorder;
- c. if the requestor is deprived of the right to perform a profession by judicial verdict;
- d. if this results from a decree taken on the basis on the grounds of this law for the requestor.

#### **Article 7**

Subscription is stricken out:

- a. in case of death of the requestor;
- b. on the request of the subscribed;
- c. if the subscribed is under the circumstance referred to in article 6, paragraph b or c;
- d. if this results from a decree taken on the basis on the grounds of this law for the requestor.

#### **Article 8**

1. By general decree by the board of director is decided that the subscription to a register referred to by the decree is stricken out if after the in the paragraph 2 referred to date has passed with a time period referred to in the decree.
2. The in paragraph 1 referred to date is the most recent of the next dates:
  - a. the date on which the subscribed has received a certificate referred to by chapter III or VI a statement referred to by article 41, paragraph 1, section b, or a recognition of professional qualifications referred to in the EU law governing recognition of professional qualifications.
  - b. in the register assigned date following from a request by the subscribed, preceded by successful education which is completed in the period referred to in paragraph 1 and consistent with the by Our Minister installed rules;
  - c. in the register assigned date following from a request by the subscribed, preceded by the professional practice by the subscribed in the involved domain which complies in duration and spread to the in paragraph 1 referred to period by the to be regulated general decree of the board of directors.

3. With deviation from paragraph 1, the subscription of a specialist, for which an arrangement applies as referred to article 15, paragraph 1, in the in paragraph 1 referred to register will not be stricken as long as the specialist is subscribed in an acknowledged specialist register.
4. To a request as referred to in paragraph 2, section b or c, is article 5 similarly applicable.
5. The striking out is omitted as long as a decision is not made on an already filed request for annotation of a date as is referred to in paragraph 2, under b or c.
6. [This paragraph is not applicable yet.]
7. Our Minister can:
  - a. set prerequisites by which the nature of the practices, referred to in paragraph 2, section c, has to comply for the application of this article.
  - b. appoint practices, either within or outside the domain of individual healthcare, that are equated to practices on the involved domain of professional practices for application of this article.

#### **Article 9**

1. In the register a note, when it follows from a decree or decision based on this law, shall be made:
  - a. the suspension of a subscription;
  - b. the restrictions that have been imposed the subscribed;
  - c. the partial denial of the authority to execute the in the register notified profession;
  - d. the ending of a suspension, other than a consequence of the expiring of a time period settled by a decree;
  - e. the loss of applicability of the restrictions referred to in section b, other than the result of the expiring of the trial period, and of the denial referred to in section c.
2. With a note as referred to paragraph 1 is mentioned:
  - a. the date of the notification of a suspension, together with the duration of the suspension if that is already known;
  - b. the date on which the restriction or denial referred to in paragraph 1 is applicable, together with, when the restrictions are limited to the trial period, the duration of it, or;
  - c. the data on which the suspension is ended or since when the restrictions or denial, as referred to in paragraph 1, is no longer applicable.

#### **Article 10**

1. Every subscription to, notation in, or striking from a register occurs on the grounds of a befitting, dated and signed ordinance.

2. Our Minister sends a transcription of an ordinance as referred to in paragraph 1 to the administrator of the register of health care providers, as referred to in article 14 of the *Law on use of citizen service number in healthcare*.

#### **Article 11**

1. Our Minister provides for public announcement of:
  - a. that which is noted and mentioned in the register on the ground of article 9, considering that the conditions imposed on the subscribed are only notified in the case it needs to be reported by general decree of the board of directors;
  - b. the striking from the register by implementation of a taken measure on the ground of this law, with notification of the ground on which the striking rests;
  - c. the subscription of a person in case the preceding subscription of that person is stricken out by implementation of a taken measure on the ground of this law.
2. The name and place of residence is mentioned in the public announcement. The public announcement occurs in a by general measure of governance arranged manner, which should at least occur in the *Staatscourant*.

#### **Article 12**

1. On the request of a person involved, all information applicable to him in the register should be notified to him.
2. For everybody who so desires is notified:
  - a. if a person is subscribed in a register;
  - b. if the subscription of a person is suspended in a register;
  - c. if, with regard to the subscribed, a measure is taken concerning a partial denial of authority to practice the involved profession, with, if this is the case, a description of the content of the measure;
  - d. in case this is to be reported by general measure of governance: if with regard to a subscribed person conditions are given, with, if this is the case, a description of these conditions and, if these are limited to a probationary period, a notification of the duration thereof.
3. The providing of notifications, referred to in paragraph 2, other than to governing bodies or governed services, occurs, insofar it takes place in writing, against payment according to a by general decree of governance applied tariff.

#### **Article 13**

The data from registers can also be used for implementation of the Law on physicians in emergency situations, the Law on market planning of health care, and the sending of information

from governing bodies concerning public health, appointed by State supervision on public health or by other by our Minister appointed governing bodies, to the in the register subscribed persons.

## **§ 2. Specialisms**

### **Article 14**

1. When an organization of practitioners of a profession as referred to in paragraph 3 has a specialist register for the subscription of professionals who have gained a special expertise with regard to the practicing of a domain in their profession, and a title is connected to that subscription, our Minister can decide that this title is recognized as a specialist title by law. An application for this is done by the governance of an organization; the governance can also pass this authority onto the organizational body referred to in paragraph 2d.
2. Such a decision will only be taken by our Minister if that is desirable to promote a good practice of individual health care, and if the next conditions are met:
  - a. the organization is, to the judgment of Our Minister, sufficiently representative for the practitioners of the involved profession;
  - b. the organization is an lawfully competent association;
  - c. the organization makes rules in which is recorded
    - the procedure for the decision-making context within the organization with regard to the installation of a specialist register,
    - the tasks and composition of the different bodies and
    - the tariff which, to cover expenses, applies to the handling for the request for subscription as a specialist and for the acknowledgement of educational institution, respectively trainer.
  - d. the organization has an organizational body that
    - is charged with the decision to install a specialist register, and
    - established rules with regard to the demands that are given for subscription as a specialist and for acknowledging educational institutions, respectively trainers for a specialism.
  - e. the organizations also has an organizational body that is charged with
    - the subscription of specialists,
    - the recognition of educational institutions, respectively the trainers, and
    - the supervision on the execution of the rules by the acknowledged educational institutions, respectively trainers.

3. A regulation established by an organizational body as referred to in paragraph 2d is in accordance with the rules established by or by virtue of *Trb. 2000, 16 and 86*.
4. The regulations referred to in paragraph 2c and 2d require the approval of Our Minister; the approval can be withheld when in conflict with the law or common interest.
5. Subscription in an acknowledged specialist register is not dependent on the membership with the organization.
6. Subscription in an acknowledged specialist register is solely possible for persons subscribed in the BIG register.
7. To everyone who so desires the administrator of an acknowledged specialist register notifies if that person is subscribed in the specialist register.
8. Our Minister can give directions of a general nature to an organizational body as referred to in paragraph 2d with regard to the in this article referred to tasks in connection with binding decisions of the European Community as well as for improvement of a good practice of the individual health care. Before initiating this, he hears the organizational body. A direction cannot mean that a specialist register is established for a specific domain.
9. Our Minister can revoke a decision that is based on paragraph 1 if that what is decided in this article is not fulfilled.
10. The organizational body as referred to in paragraph 2d will provide to Our Minister, if so desired, the information needed for the execution of his tasks. Our Minister can claim to inspect formal information and documents insofar that is reasonably needed to fulfill his tasks.
11. The Outline law on independent governing bodies is applicable to an organizational body as referred to in paragraph 2e, insofar this organizational body is exercising activities with regard to an acknowledged specialist register. In contrast to the first sentence, article 22 of the Outline law on independent governing bodies is not applicable, insofar this relates to matters of subscription.
12. In the *Staatscourant* is reported:
  - a. the decisions of Our Minister under paragraph 1, 4, 8, and 9;
  - b. establishment and amendment of a regulation as is referred to in paragraph 2c and 2d.

#### **Article 15**

1. A regulation as referred to in article 14, paragraph 2d, can also mean that a person who has completed the training as a specialist is subscribed as a specialist for a certain period, established by regulation, and that a sequential renewed subscription only takes place if the specialist has been practicing regularly on the involved domain of the profession in a, with

that regulation established, time period, or will practice the profession under the with renewed subscription indicated educational conditions.

2. If a regulation as referred to in paragraph 1 is applied, within that regulation:
  - a. requirements can be placed in which the activities, as referred to in paragraph 1, need to be fulfilled for the appropriation of that paragraph;
  - b. activities can be appointed, not necessarily in the domain of individual health care, that are alligned with activities within the involved domain of professional practice for application of paragraph 1;
  - c. requirements can also be made for participation in expertise improving activities during the in paragraph 1 referred to period of activity.
3. A regulation as referred to in paragraph 1 offers to a person for whom subscription is not renewed as a specialist for not meeting the requirements, the possibility to be subscribed again as a specialists as soon as the requirements are met by receiving training that is appropriate for the knowledge and skill level of the person involved.
4. In cases article 14 paragraph 1 is appropriate, the professional organization is deemed to notify Our Minister for every subscription to or striking from the register. For every subscription to and striking from the register, a dated notification is placed in the register. If a subscription is stricken from the register on the ground of a regulation as referred to in paragraph 1, the tasks as referred to in the first and second sentence, respectively note, solely take place if the involved person is not subscribed again as a specialist within four weeks.
5. Without prejudice to what applies to the subscribed, as referred to article 12, paragraph 2, to anyone who so desires is notified if the involved person is registered.
6. Striking from the register or suspension of a subscription in the register brings with it, by law, that the subscription of the involved as specialist is expired, respectively is suspended accordingly. Of every striking from the register or suspension of subscription in the register is given notification to the involved organization.

#### **Article 16**

If no acknowledged specialist register exists in a certain domain of profession as referred to in article 3, and such is necessary according to binding decisions of the European Community, or promotion of good practice of individual health care is desired, rules can be established by general decree of governance. Article 15 applies to a specialist register that is installed in such a manner.

#### **Article 17**

1. The right to claim a specialist title is reserved to those that are subscribed in the involved acknowledged specialist register.
2. It is forbidden for a person to claim a specialist title acknowledged by this law, when he has no right to claim the title on the ground of paragraph 1.

*Chapter III. Provisions with regard to the professions*

This will be described in the next year of this project, if requested.

## (付録) 研究会等の経緯

2011年

- 5.18 大森先生と打合せ
- 6.3 第1回研究会(御茶ノ水大学)大森先生の報告
- 8.1 Leyden Academy から研究協力に Yes の返事
- 9.19 Leyden Academy を訪問(府川)
- 11.10 第2回研究会(渋谷)河口洋行氏ヒアリング
- 12.1 オランダから First Draft
- 12.22 2年目の継続申請提出

2012年

- 1.9 第3回研究会(渋谷)オランダからの First Draft を討議
- 2.14-16 Leyden Academy を訪問(府川)
- 2.17 オランダから Final Report
- 3.9 オランダ Report の翻訳完了
- 3.29 2011年度報告書完成