

Task support – delegation - shifting



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Social Security System

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graph TD; A[Social Security System] --> B[Social Security Provisions  
Related to minimum income, paid by  
general taxes and based on needs]; A --> C[Social Insurances Schemes  
Causal relation between contribution and  
Benefit]; C --> D[Public Insurance Schemes  
For all legal citizens]; C --> E[Insurance Schemes for  
Employees  
Compulsory];
```

Social Security Provisions

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Social Insurances Schemes

Causal relation between contribution and
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Public Insurance Schemes

For all legal citizens

Insurance Schemes for

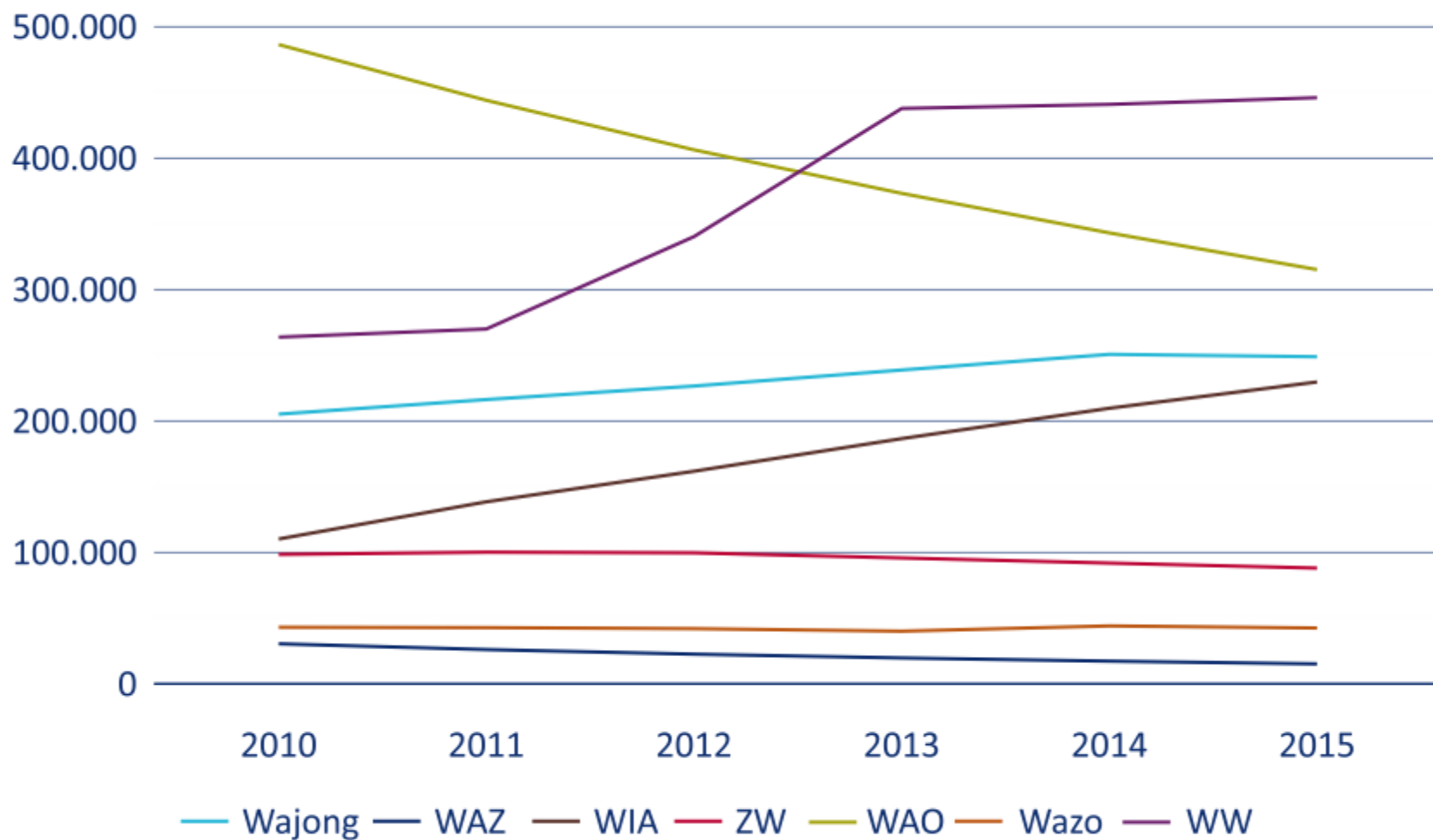
Employees

Compulsory

Insurance Schemes for Employees

- ZW - Sickness Benefits Act
- WIA - Work and Income according to Labour Capacity Act
- WW - Unemployment Benefits Act
- WAJONG - Disablement Assistance for Handicapped Young Persons Act

De ontwikkeling van het aantal arbeidsongeschiktheidsuitkeringen verschilt per type uitkering



Figuur 5 Aantal verstrekte uitkeringen per wet (2010–2015)

UWV: Social Security Agency



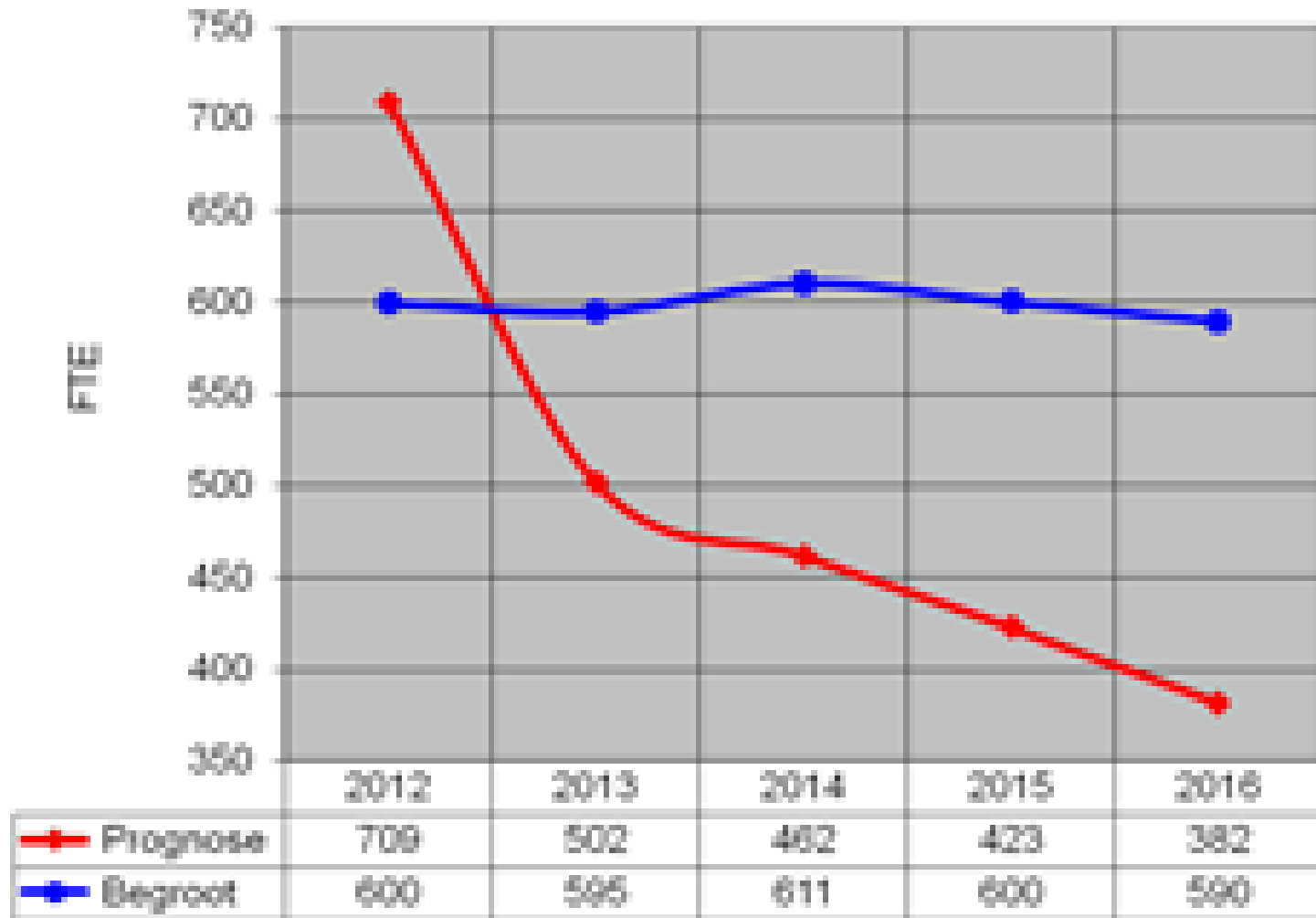
- Autonomous administrative authority
- Commissioned by the Min. of Social Affairs and Employment
- Core tasks in 4 areas:
 - employment
 - **social medical affairs**
 - benefits
 - data management

UWV

- 18169 employees (15763 fte)
- Head office + 28 regional offices
- Assessment teams:
 - Insurance Physicians: \pm 800 (qualified in insurance medicine)
 - Labour Experts: \pm 1200
 - Legal Experts
 - Administrative Personnel

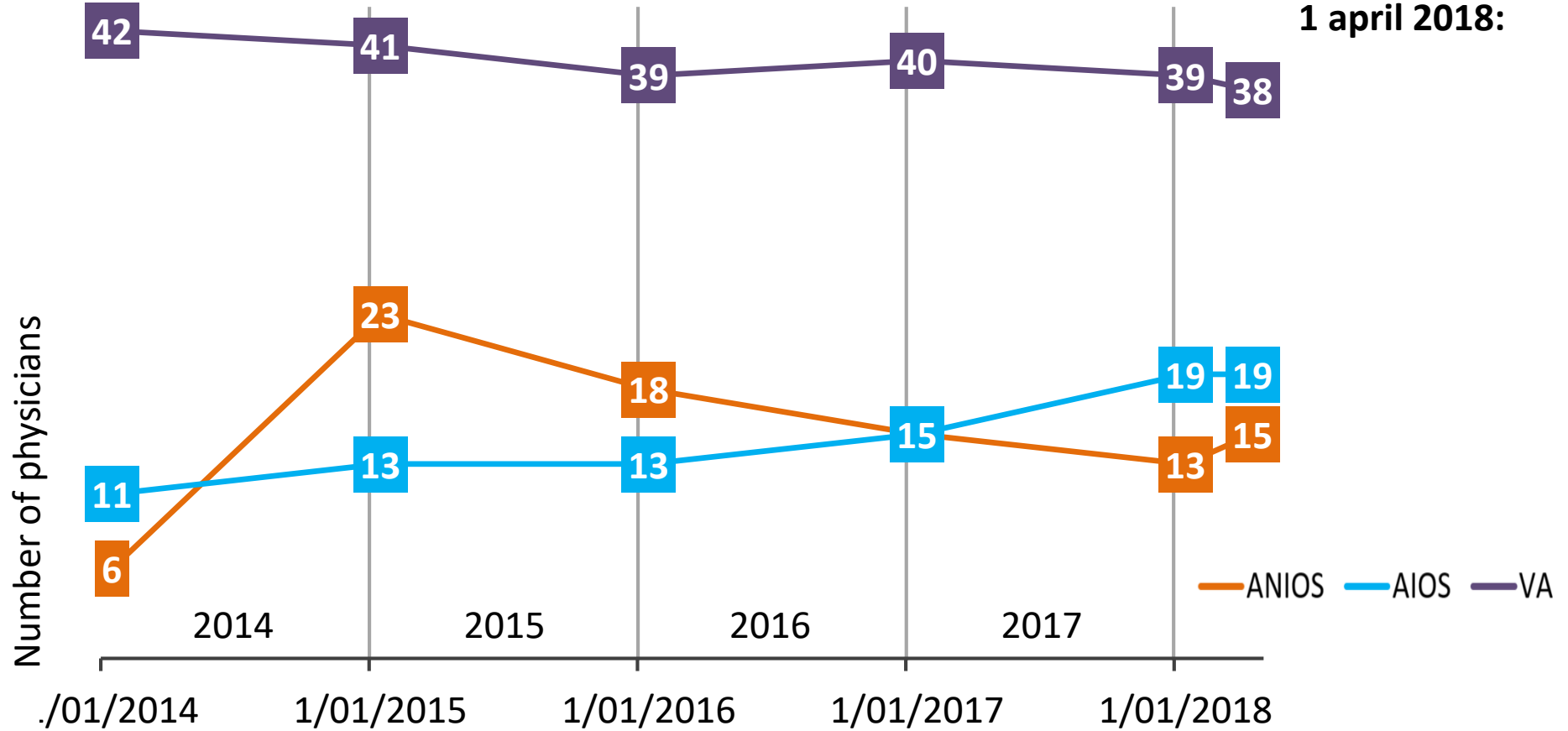


Grafiek 1: Prognose VA Capaciteit (FTE)



Turnover of physicians

1 april 2018:





Concepts

- **Task support:** involves administrative and logistical support tasks: Needs no further legal effects except for securing the secondary professional secrecy
- **Task delegation:** delegate tasks or parts thereof to a third party, depending on the situation, under the supervision and responsibility of the practitioner: Employment agreements must be recorded
- **Task shifting:** structural redistribution of tasks between professions: Has far-reaching consequences

Task Support and Task Delegation



- Terms and conditions:
 - disciplinary law
 - position of the Royal Dutch Medical Association (KNMG)
 - position of the Professional Insurance Medicine Association (NvVG)
- Terms are stated in a legal framework



Terms

- A function-oriented document must describe which tasks the delegate is authorized to perform and which not
- A document drawn up and signed by the delegating physician and the delegate

Terms

Effective Delegation



- The delegate must be adequately trained and competent to perform the task
- The delegating doctor must be convinced of the delegates ability and competence
- Structural consultations must be held between the delegate and the doctor who delegates
- Consultation, verifying and taking back of the assessment by the physician should always be possible
- The claimant must be informed about delegating a part of the assessment, the ultimate responsibility of the doctor and the ability to consult the (insurance) physician.

Education



- Delegating doctor ~ insurance physician:
 - Functional leadership
- The delegate:
 - Task-oriented
 - Training depending on:
 - the required competencies
 - the professional background

Education



- Medical secretary (MS):
 - Proactively recognize, collect, complete and record required data and elaboration of social medical reports (a 6 day training)
- Nurse practitioner (SMV):
 - Collect and analyze relevant social medical information, prepare and draft medical reports and problem analyses, advise on follow-up actions (workplace training with 11 contact days)

Education



- Insurance physician: Can provide functional leadership: (a 3 day training):
 - Delegate work to MS/SMV
 - Discuss and stimulate quality improvement of MS/SMV
 - Coach, stimulate and facilitate MS/SMV (ask and give feedback)
 - Thereby taking on his own professional responsibility
 - Confer with the MS/SME in the context of the HRM cycle

Thank you for your attention

