



Health and Youth Care Inspectorate
Ministry of Health, Welfare and Sport

Policy plan 2024-2027

Regulating the healthcare sector of today - and tomorrow



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Foreword

A year ago, these pages would still have been blank. That is when we undertook the challenge of defining – and documenting – our supervisory remit more clearly for the years to come. This includes setting out our direction of travel, establishing what needs to be done, identifying relevant developments in healthcare and society, and defining the (ideal) role of the regulator.

Our world is changing and that changes appears to be happening ever more rapidly. The supervision we exercise must continue to be appropriate for society and the changes in healthcare. In times of change in particular, the quality and safety of healthcare deserve extra attention from all parties, including, therefore, from us as the healthcare regulator.

An effective multi-year policy plan serves to provide direction and focus, setting out our key principles (values) and, perhaps more importantly, helping us make the necessary decisions in terms of supervision. It serves to identify what our current activities are, what we are doing less of or have abandoned, the balance between setting the agenda, facilitation and enforcement, as well as establish how we as an inspectorate tackle social challenges.

I enjoyed the journey leading up to this moment, which was littered with great conversations, depth, inspiration and coordination – both with colleagues and external stakeholders (healthcare professionals, healthcare providers, clients/patients, other supervisory authorities, policy makers, etc.), as these are the people who know what is going on. This document is the result of that endeavour.

The plan provides a compass for the next four years. This is to be a period during which we will continue to work on fostering the trust of society by being clear, fair and independent, as set out in our motto. We are committed to the values of compassion, collaboration, and sustainability, which are essential to high-quality healthcare and effective supervision.

The plan allows for ample flexibility to respond to any new developments that are undoubtedly around the corner and that we cannot yet foresee. Despite the fact that we have been inspired by someone willing and able to gaze into the future, that future is nevertheless unpredictable.

I am proud of the result we have achieved. I would like to thank everyone for all their contributions, and hope that you will continue to share your thoughts and contributions on how we can continue to do good. I also hope that you will find the content of this document inspiring.

We will be pursuing this new direction with determination and confidence.



Marina Eckenhausen,
Inspector General

Introduction

Everyone should be able to rely on high-quality and safe healthcare and youth care. Supervision is the principal remit of the Health and Youth Care Inspectorate (IGJ). This remit goes beyond simply monitoring compliance with laws, rules and standards. We put quality and safety on the agenda and encourage parties to improve the care they provide. Where necessary we take action. All of this takes place in a world that is rapidly changing.

The sustainability of healthcare is increasingly coming under pressure, which entails certain challenges for the healthcare sector itself and for the supervision of healthcare. The answer to this is: appropriate care. Public-sector parties, the healthcare sector and the social care sector are working hard together to make this a reality. In the coming years, we will be making a meaningful contribution to the comprehensive transition to appropriate care through our supervision. This multi-year policy plan 2024-2027 outlines how we intend to do that and how we will be shaping our supervision in the years to come. This is a general outline. We will be fleshing out the plan in our annual plans. This will leave room to respond to any developments that take place in the next few years:

This multi-year policy plan deals with:

- > the societal challenge and appropriate care as a response;
- > the values of compassion, collaboration and sustainability which inform our actions;
- > our profile as a regulator and how we are evolving.

Structure of the document

All decisions that steer the content of our work and the allocation of the capacity of the Health and Youth Care Inspectorate (IGJ) are set out at the end of each chapter.

In this document, the term 'healthcare' also extends to include 'youth care' and the term 'healthcare provider' also includes 'manufacturers of pharmaceutical products and medical devices'. When it comes to the 'quality and safety of care', this also means the 'quality, safety and availability of pharmaceutical products and medical devices'.

The challenge: Developments in healthcare and in society



A supply and demand imbalance

The demand for healthcare continues to grow. What's more, people are living far longer than before. As a result, more and more people need healthcare: care that is often complex and diverse. People who receive care or have care needs expect more and more from the care they receive. Meanwhile, developments in technology, medication and knowledge also mean that more can indeed be achieved and provided.

However, these developments are in stark contrast with the tight labour market, with staff shortages in almost all sectors. This is in spite of the fact that it is precisely complex care needs that require a great deal of (specialist) capacity and an increase in collaboration between healthcare providers in various sectors is required.

This has created an imbalance between the demand for and supply of healthcare, thereby putting the quality, safety and sustainability of care under pressure. There are already regions where residents no longer have a permanent GP. In addition, patients who are dependent on specific medication are increasingly being told that those medications cannot be provided.

A global issue

Public health is global issue. Healthy lifestyle choices can prevent health problems. However, these lifestyle choices are not a matter of course for everyone. In addition, climate change creates new, major health risks, such as the outbreak of infectious diseases with the potential to result in a pandemic. Everyone will have learned how profound the effects of a pandemic can be in recent years.

Our care does not end at the Dutch border, given that people are increasingly choosing to get treatment abroad. Healthcare providers and professionals come from abroad to work here in the Netherlands. Manufacturers of medical devices and pharmaceutical products frequently operate at an international level: their cross-border production chains partly determine the availability of medicines and devices in the Netherlands. As a result, we also have to contend with international legislation and agreements.

Relationship between social issues

Illness is often not an isolated occurrence: psychosocial factors or economic conditions likewise impact people's health. That is why it is vital, where relevant, to equally take stock of someone's work situation, debt problems and living situation. The relationship between various social issues means that solutions often cannot be provided by the healthcare industry alone. Due to all the different interests, responsibilities, streams of funding and perspectives involved, it is complicated to always provide appropriate care and assistance.

Crises, such as the childcare allowance scandal or the effects of gas extraction in Groningen, have resulted in a decline in confidence in the government, which, in turn, leads to inflexibility and polarisation. This is similarly reflected in healthcare, where healthcare professionals are increasingly faced with physical and verbal aggression. An unsafe working environment for healthcare professionals is a direct risk to high-quality and safe care, and could lead to an even greater shortage of healthcare staff.

Diversity in healthcare provision

The number of parties that fall under the supervision of the Health and Youth Care Inspectorate (IGJ) is growing. The field of healthcare, both on a national and international level, is becoming more complex and diverse. It features major organisations with professional quality systems, which are able to systematically monitor and guarantee the quality and safety of care. This is something we very much expect from them. In addition, there is a growing group of small healthcare providers, who have a harder time embedding quality assurance and taking lessons from mistakes in their work processes. This is one domain where there is a greater need for us as an inspectorate, in order to detect any potential risks to the quality and safety of care.

The free market

The free market is a key component of the current healthcare system. We can see that the free market does not always lead to the safe and high-quality care we all envisage, in fact, it also leaves room for healthcare providers with less good intentions, for example, in cases where commercial incentives lead to healthcare fraud or neglect of care duties. Or in cases where providers prioritise commercial interests more than the importance of proper and safe care. It is up to the inspectorate to monitor this closely and make changes or intervene where necessary.

Digital innovations

All the various sectors within the healthcare domain are increasingly dependent on digital technology. Digital technology provides opportunities in terms of improving the quality of care and registrations and time saving, but at the same time, it also entails certain risks. It is therefore crucial that healthcare professionals organise digital care and the digital exchange of information effectively.

Proper information security is critical in this regard and, naturally, digital support and digital care must match up with what individuals need and can handle – whether these are individuals receiving care or professionals providing care. Healthcare equally needs to remain accessible, as well as safe and of good quality, to people who are less adept at using digital technology.

The answer



Appropriate care

The developments described in the above have a direct impact on the quality and safety of healthcare. It can no longer be taken for granted that everyone will receive the best possible care. Furthermore, even care that meets the minimum requirements can sometimes no longer be guaranteed. This means that the minimum standard of proper and safe care is in jeopardy. Scarcity means making certain choices and appropriate care provides the solution. Appropriate care ('passende zorg') is described as follows in the Integrated Care Agreement (Integraal Zorgakkoord, IZA):

'Appropriate care:

- > is value driven. This means that healthcare must, first and foremost, be effective, meet and reflect the current level of knowledge and practice, and provide added value for patients, alongside efficient use of manpower, resources and materials;
- > is created alongside and in collaboration with patients, supported by information appropriate to the patient's skills;
- > is the right care at the right time;
- > deals with health instead of illness;
- > takes place in a comfortable and good working environment for healthcare professionals.'

Major changes needed

Appropriate care is a collective endeavour to make healthcare sustainable and future proof. Public sector parties, the healthcare industry and the social care domain have all set up agreements, such as the Integrated Care Agreement (Integraal Zorgakkoord), the Living, Support and Care for the Elderly programme (Programme Wonen, Ondersteuning en Zorg voor Ouderen), the Healthy and Active Living Agreement (Gezond en Actief Leven Akkoord), the Appropriate Care Framework (Kader Passende Zorg), Labour Market and Healthcare Forecast programme (programme Toekomstverkenning Arbeidsmarkt en Zorg), the Youth Reform Agenda (Hervormingsagenda Jeugd) and the Disability Care Future Agenda (Toekomstagenda gehandicaptenzorg) –

all of which are aimed at making healthcare and assistance future proof and are based on appropriate care as their point of departure. This requires sweeping changes in terms of mindset and action, both from society, politicians, the healthcare industry, the inspectorate and all other stakeholders.

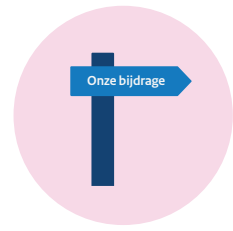
Supervision based on three key values

As the Health and Youth Care Inspectorate, we want to make a meaningful contribution to this comprehensive transformation in the coming years, by putting issues on the agenda, stimulating parties or intervening through enforcement. We choose the instruments we expect to have the most impact. The values of compassion, collaboration and sustainability inform our actions, precisely because those values are essential to high-quality care and effective supervision at this point in time. We will be fleshing out these values in the next chapter.

What choices do we make?

- > A transformation to appropriate care is needed across the board in order to make healthcare sustainable, affordable and future proof. As an inspectorate, we will make a meaningful contribution to this transformation in the years to come.

Core values: compassion, collaboration, sustainability



The core values in our multi-year policy plan are: compassion, collaboration and sustainability. These values are crucial from every perspective: to those individuals receiving care, to the healthcare sector itself, to people with care needs, to society – and to ourselves. To us, compassion, collaboration and sustainability are the guiding principles that inform our actions and form the common thread in our dialogue with others.

Everyone in the Netherlands should be able to rely on high-quality and safe care. What is high-quality care? Good-quality care helps people live a good life. This will have a different meaning to everyone, however, the principal element is that care is only qualitatively good if it encompasses personalised care as well as professional considerations. This means providing bespoke solutions and reviewing the context, as well as taking action in accordance with the applicable laws, guidelines and standards. Good-quality care is often the result of intensive collaboration – and is future-proof.

Like high-quality care, effective supervision is value driven. We encourage healthcare organisations and policymakers to set up healthcare in a way that is humane, collaborative and sustainable. For the Health and Youth Care Inspectorate (IGJ), these are the values that guide our supervision.

What choices do we make?

- > The values of compassion, collaboration and sustainability are the guiding principles that underpin our actions and form the common thread in our dialogue with others.

Compassion

The Integrated Care Agreement states that healthcare must be demonstrably effective and must provide added value for patients. This requires a transition from ‘caring for people’ to ‘caring with people’. This is because appropriate care can only be achieved by working with the patient or client. Appropriate care takes into account any informal care provided by relatives, informal carers and volunteers, who are also involved in any provision of care. By working together, healthcare professionals and providers, the social care domain and society can make healthcare future proof.



Compassion refers to seeing ‘the human being behind the patient or client’. Anyone who receives care or have care needs want healthcare professionals to see them as individuals. For them to consider their illness or disability but equally to consider other circumstances that equally determine their health, such as where they live or their financial position.

We also take into account the person behind the healthcare professional, who wants to do, and enjoy doing, the work with professionalism and in good health. Compassion stands for: a safe working environment, being sufficiently equipped to carrying out the work and a focus on workload. For patients and clients, healthcare professionals are the ones who put compassion, i.e. the human touch, into practice, making them critical actors both as professionals and as human beings.

In terms of our supervision, ‘compassion’ also means that we empathise and connect with the people and organisations under our supervision. It means that we take into account diversity and inclusivity, that we reduce inequality of opportunity by paying close attention to accessibility of care for everyone.

Similarly, it means that we also devote attention to people with limited health literacy and other people in a vulnerable position. It means that we communicate what we do and why in a way that is clear and easy to understand.

When assessing the quality and safety of care, we principally rely on the perspectives of the people receiving care: patients, clients and the relatives are our eyes and ears in society. They have an important signalling role for us as an organisation. We listen to them carefully and involve them in our supervisory role. Their input helps us do the right things.

We rely on the 'compassion' in our supervisory role in the following ways:

- > We consider whether the care provided focuses on people and whether the care truly focuses on health and performance. We also look at whether there is room for personalised care, for professionalism and expertise.
- > We ask healthcare professionals and healthcare organisations to engage in a dialogue with patients and clients in order to come to joint decisions on care, personal control and relevant dilemmas.
- > We take into account whether parties promote equality of opportunity and solidarity as well as whether they are mindful of diversity, people with limited health literacy and of other people in a vulnerable position.

What choices do we make?

- > People who receive care and their relatives are the benchmark for our actions. We are easily accessible, we listen, we consult them during inspection visits or engage in a dialogue with the client council.
- > We focus on the broader social perspective. We empathically devote attention to people in a vulnerable position and to vulnerable healthcare professionals if these are aspects not sufficiently taken into account by the system.

Collaboration

Consistency in the provision of care and assistance increase the quality of life of people who receive care. These people do not want to have to tell their story over and over again, which is why it is vital that healthcare providers work with fellow healthcare organisations effectively, as well as with informal carers and volunteers, who are taken on an increasing share of care and support duties. In addition, healthcare providers are having to collaborate more with parties in the social care domain and security domain.



Informal networks are playing an increasingly relevant role within healthcare collaboration. In addition, there is an increase in more blended forms or face-to-face and digital care. Effective collaboration prevents any unnecessary costs and bureaucracy and is a way to learn from one another. We are convinced that learning and working together leads to the greatest improvement in quality.

Through our supervision, we contribute to collaboration in various ways:

- > We ask parties to look beyond their own boundaries in the interest of continuity of care. We ask them to collaborate, contribute idea to solutions and keep in mind the broader social perspective.
- > We realise that collaborating can sometimes be difficult. Healthcare systems, forms of funding and interests may occasionally conflict with one another. We identify any such conflicts and bring them to the attention of the relevant organisations.

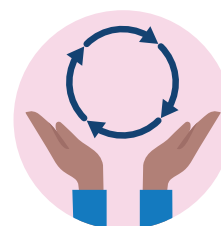
- > In addition to healthcare providers and professionals, we are also increasingly focusing on partnerships.
- > We share knowledge and exchange data, both within our own organisation and with other parties. The question we consistently ask ourselves is: what do we need from one another in order to collaborate more effectively.
- > Supervision on healthcare networks is shaped by way of a network approach, to which end we engage in a dialogue with the landscape and national parties. Alongside other supervisory authorities, we are developing our supervision of networks further and determining what we want to focus on. Where possible, our supervision is carried out in partnership with other supervisory authorities.
- > Within our own organisation we look and act beyond the boundaries of the departments and sectors. We assess risks in an integrated manner and make targeted decisions in our supervision on that basis.
- > With a view to the availability and safety of medicinal products and medical devices, we will collaborate with other regulators and with manufacturers at an international level even more.
- > We coordinate our work as much as possible with other supervisory authorities and knowledge institutes, both in the Netherlands and around the world. In addition, we collaborate with parties such as the Public Prosecution Service, client organisations, professional bodies and trade associations.

What choices do we make?

- > We assess whether healthcare providers are working together and are enabling one another to provide high-quality and safe care to a sufficient degree. We also look at the contribution that individual organisations make towards collaboration, for example within the region.
- > We are increasingly focusing on partnerships. We look beyond the boundaries of organisations, sectors and domains.
- > As a regulator, we encourage parties to actually conclude partnership agreements and join their consultations where necessary. We do not necessarily limit ourselves to organisations that fall under our supervision remit – where necessary, we will also involve parties from the social care and security domain.

Sustainable

High-quality care also means sustainable care. Sustainability is an integral part of high-quality care. Within this multi-year policy plan, the value 'sustainability' refers both to 'feasibility' and sustainability proper. 'Feasibility' relates to sufficient human resources and funding, continuity and accessibility. Sustainability relates to the impact on the climate, on the environment and on people's health and that of future generations.



People want to stay healthy for as long as possible and want to participate in society the fullest and in a meaningful way. Society requires a long-term vision on healthcare to ensure that healthcare remains accessible to future generations. The healthcare sector itself similarly wants a long-term vision aimed at maintaining the quality and feasibility of healthcare moving forward and, where possible, to prevent care needs or to intervene at the earliest possible stage. The most sustainable healthcare is care that does not have to be provided: prevention is a better than a cure.

National agreements stimulate the conversation on feasible and environmentally friendly care, focusing on effective care, collaboration, alternative allocation of personnel, use of technology, prevention, health and self-reliance. We must consistently consider whether individual interests, group interests and the broader interests of society are in balance.

Healthcare organisations are also increasingly examining their own contribution to climate change more critically. They are attempting to make the care and services they provide as green as possible. Society demands sustainable as well as green care. This requires that healthcare organisations set up healthcare in such a way that they can continue to provide high-quality and safe care in the future with the human resources and funds available.

The inspectorate is committed to stimulating feasible care and sustainability in the healthcare sector. This is how we are achieving that goal:

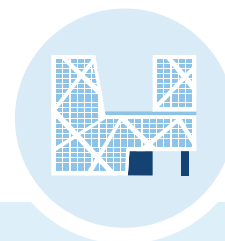
- > We are taking the lead in the dialogue at system level on sustainable healthcare and the shift towards prevention, including in our supervision on pharmaceutical products and medical devices. Within our supervision, we have chosen to place even greater emphasis on cross-domain focus on prevention.
- > We encourage collaboration with other sectors and domains as a way to future-proof healthcare.
- > At regional level, we encourage the dialogue on how parties can provide appropriate care with the available capacity. Scarcity sometimes necessitates painful choices.
- > We examine how we can include sustainability as part of high-quality and safe care within our supervision, e.g. within supervision of good governance.
- > We draw attention to green care with as little impact as possible on the climate and the (physical) environment in which we live. We emphasise the importance of taking into account the risks caused by climate change in healthcare and taking action where necessary. We facilitate the conversation on this issue and bring it to the attention of relevant parties.
- > We provide scope and space for green initiatives. We help examine what can be achieved within the standards and we address any obstacles.

‘Sustainability’ as a value within our supervisory remit also means that we try to find a new balance between monitoring the boundaries of quality and safety and providing scope for innovation, for example, through green initiatives or by allocating manpower in a different way. We sometimes encounter the legal constraints in this context, given that developments in society happen faster than changes in legislation and regulations.

What choices do we make?

- > Within our supervision, we choose to place even greater emphasis on cross-domain focus on prevention.
- > We take the lead in the debate on sustainable and green healthcare at system level.
- > We want to facilitate green healthcare – not hinder it. Where possible, we provide scope for green initiatives and address any barriers

Our role as regulator



The Health and Youth Care Inspectorate (IGJ)

Everyone in the Netherlands should be able to rely on high-quality and safe healthcare and youth care. The inspectorate's supervision focuses on the 1.4 million people who work in the healthcare sector, the tens of thousands of healthcare providers and domestic and foreign manufacturers:

- > Healthcare and youth care professionals and organisations in the Netherlands and the Caribbean Netherlands (Bonaire, Sint Eustatius and Saba). We also support the inspections on Curaçao, Aruba and Sint Maarten. The healthcare and youth care domains include hospitals, physiotherapists, district nursing, primary care, dental care, Municipal Public Health Services (GGD), youth care institutions, mental healthcare (ggz), healthcare for asylum seekers and people with disabilities.
- > The quality, safety and availability of medicinal products and medical technology in the field of devices, in vitro diagnostics and e-health. The (international) medicines supply chain, from preclinical and clinical research, through production and distribution to the application and monitoring of (proper use of) pharmaceuticals, as well as the tissue supply chain with supervision of institutions that use bodily materials (such as blood, cells, tissues, bone, corneas, organs), which are in turn used in humans.

Our supervision is based on more than thirty (inter)national laws and on thousands of field standards. Field standards are agreements on what constitutes high-quality and safe care that have been described and recorded parties in the field.

Supervision goes beyond simply 'monitoring for compliance based on laws, rules, and standards'. We put quality and safety on the agenda and encourage parties to improve the care they provide. Where necessary, the inspectorate takes action.

In cases where our supervisory activities clash or overlap with that of other regulators, we will either collaborate or coordinate with one another. Other regulators include municipalities, the Dutch Healthcare Authority, the Inspectorate of Justice and Security, Education Inspectorate and Dutch Labour Inspectorate as well as the Advertising Code Committee, the Netherlands Authority for Consumers and Markets and the Dutch Data Protection Authority. Furthermore, we work with other partners from the Ministry of Health, Welfare and Sport, such as the National Institute for Public Health and the Environment, the Medicines Evaluation Board, the Central Information Unit on Healthcare Professions (CIBG) and the National Healthcare Institute. Within the criminal justice domain, we work closely with the police, the Public Prosecution Service, Dutch Customs and the Fiscal Information and Investigation Service.

We are part of the Ministry of Health, Welfare and Sport. We are, however, independent in the assessments and decisions we make within our supervisory remit.

Our profile

A value-driven regulator

We operate based on the premise that everyone should be able to rely on high-quality and safe care. The values of compassion, collaboration and sustainability inform our supervisory remit. We are attentive to people in a vulnerable position, including vulnerable healthcare professionals, if systems do not take into account such aspects or do so insufficiently. We encourage collaboration between healthcare providers and focus on prevention, feasible and environmentally friendly healthcare. We are independent in the

assessments and decisions we make within our supervisory remit. We are transparent about how we arrive at an assessment or opinion and take into account the broader perspective when formulating such judgments. We substantiate our priorities within supervision and how we allocate our people and systems. Making decisions and choices also means we do not engage in certain activities or do so to a lesser extent. This is likewise an aspect we are clear about.

An authoritative regulator

We want to be an authoritative regulator. We are decisive and do not hesitate to use our powers when necessary – tailored to the situation and based on expertise. In doing so, we take into account any uncertainties and dilemmas. We know our position and respect the role of other parties in the healthcare system.

A visible and approachable regulator

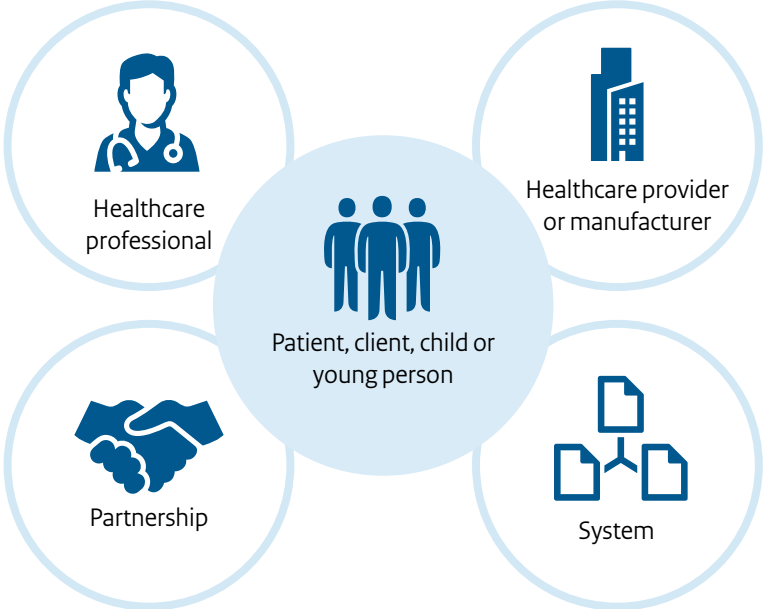
The inspectorate should be approachable and, indeed, is accessible to anyone who needs us, through the National Healthcare Report Centre and to healthcare providers regarding the implementation of our regulatory remit. We are likewise a visible regulator: we take a position whenever we identify a structural risk in the healthcare system and put items in the public discourse on the agenda. In the 2024-2027 period, we will be focusing on a single issue or target group within our supervision each year. The relevant issue or target group will be chosen based on current events and in consultation with our stakeholders.

What choices do we make?

- > We ensure that we are accessible and easy to find for everyone who needs us – including people who are unable to use digital channels.
- > We engage with parties whom we do not automatically encounter in our supervisory duties. These are parties who are involved in the same issues, such as scientists, health insurance companies or civic organisations.
- > Whenever we identify a structural risk in the system, we formulate an appropriate position. We are visible by how we set the agenda as well as within the public discourse, for example, in cases where there is an absence of framework conditions for high-quality and safe care, where a patient, client or professional is distressed or where public values are compromised.
- > Each year, our supervision will centre around a key issue or target group. We collect information and engage with stakeholders, which, in turn, results in information, insights and recommendations that we share with stakeholders and other organisations.

Supervision at five levels

We want people to be able to rely on high-quality and safe care. This is why we supervise the activities of healthcare professionals, healthcare providers and manufacturers. In addition, we monitor the people who receive or need care, the partnerships and the system.





Patients, clients, children and young people

Our actions centre around the people who need care. We listen to them and are easily accessible to them. We consult with patients, clients, children, young people and relatives during inspection visits and speak to client councils. Our family inspectors explain what exactly the inspectorate does and why.



Healthcare professionals

We assess the actions of healthcare professionals. We check whether they are doing everything they can to provide high-quality and safe care, as well as whether they are given the opportunity to provide high-quality and safe care. In addition, we assess whether healthcare professionals are involved in the way in which care is organised. We recognise the difficult conditions under which healthcare professionals sometimes are forced to work, such as under pressure from workload and staff shortages. Healthcare professionals are exactly that: professionals. They have the right to do their work like professionals.



Healthcare providers and manufacturers

We assess how healthcare is set up and organised and whether this leads to high-quality and safe care. We assess whether administrators and professionals are aware of and are controlling the relevant risks. We also monitor whether they are learning from mistakes to a sufficient degree and are subsequently making improvements. On top of that, we also review whether the various duties and responsibilities are clearly defined and whether the framework conditions for high-quality and safe care have been met. This is inextricably linked to good governance, which is another aspect we examine closely. We realise that administrators and executives have a great deal of responsibilities, both in respect of the people receiving care, employees, business continuity as well as in respect of social values such as collaboration and sustainability. We are cognisant of the dilemmas and necessary choices that are associated with that.



Partnerships

We review whether healthcare providers are collaborating with one another and are enabling each other to provide high-quality and safe care. We encourage parties to actually set up collaboration agreements and will join their consultations where necessary. We will also bring in parties from the social care domain or security domain should this prove to have added value.



The system

We take a position whenever we identify a structural risk in the healthcare system, for example, in cases where there is an absence of framework conditions for high-quality and safe care, where a patient, client or professional is distressed or where public values are compromised. We take action in cases where international agreements clash with national regulatory priorities. We actively contribute to international platforms in order to exercise an impact on key strategic issues relevant to the Netherlands in the regulation of medicinal products and medical devices.

What choices do we make?

- > The interests of people who need care and the public interest are not always prioritised. Healthcare systems, forms of funding and interests may occasionally conflict with one another. We identify any such clashes and bring them to the attention of various parties, including ministerial departments, other inspectorates, health insurers and care administration offices, professional bodies or trade associations.
- > Our supervision revolves around the safety and quality of care. Sometimes a situation requires a reasoned deviation from the rules, which is an issue we will always raise with the healthcare provider.

Our core task

Our core task is regulation and supervision, which is a duty that goes beyond monitoring compliance with laws, regulations and standards. We have the power to set the agenda, encourage activities or intervene through enforcement action. Ultimately, it's about the impact. We choose the instruments we expect to have the most impact, which allows us to deliver the most added value to society. This means that our inspectors must be able to switch between paying compliments, providing support and taking enforcement action. This goes towards visibly improving the care provided to patients and clients. We not only have to do things right, most of all, it's important for us to do the right things. This is how we work:

Setting the agenda

We take action on the basis of the information we collect and signals we receive. Whether from inspections, data and research, from intensive interaction with healthcare providers and manufacturers, administrative consultations with trade associations and other public sector parties, from the media and from the general public. All this keeps us abreast of developments in the field of healthcare. We use that knowledge to bring parties together and speak to one another. We carry out research and commission research. We are keen to share our knowledge and best practice examples with other organisations and will bring any issues to the attention of the right stakeholders, responsible parties or parties involved.

Encouragement

We encourage healthcare organisations and professionals to work together on improving the quality and safety of care and to reduce any risks. We engage with them, hold up a mirror, identify any areas for improvement and encourage them to learn from mistakes they have made and things that have gone wrong. Even if parties take responsibility, issues can sometimes still remain or less ideal decisions are required. If this does not conflict with our role as a regulator, we will provide assistance and contribute to any solutions to such issues, for example, by sharing our visions and insights.

Enforcement

Enforcement is an indispensable part of our regulatory role and means we can compel organisations and professionals that fall under our supervisory remit to comply with the rules and agreements. Enforcement takes place in cases where we have established that the quality and safety of care are inadequate and if the risk of preventable harm is too great. Depending on the severity, scope and circumstances, we will select the most appropriate type of intervention: a 'soft' intervention where circumstances allow and with more force, such as an order, instructions or fine, if necessary.

Evolving as a supervisory authority

The inspectorate expects parties within the healthcare domain to adopt a reflective attitude and be willing to learn. We want them to consistently reflect on their actions and use those insights to improve the care or services they provide. Conversely, parties can expect that reflective and learning attitude from us, too. We likewise examine our own actions closely and use the resulting insights to improve. This means that any developments in society and healthcare similarly have an impact on the inspectorate. As an organisation, we adapt and evolve by using a multi-year personnel plan and a revised vision on organisational structure and leadership. How exactly we intend to improve our work in the next few years is set out below.

Integrated risk assessment and analysis

There are limits to our capacity, which means we have to make choices. We want our supervisory role to have as much impact as possible. To make an impact where we are needed the most and the risks are the greatest. An integrated risk assessment and analysis, combined with an impact or opportunity assessment, helps us make these choices. In cases where we see enough improvement potential on the part of healthcare providers, we rely on 'trust'. The risks are assessed in relation to each other and across the various sectors. In 2024-2027, we will be fleshing out the integrated risk assessment and analysis approach and embedding it at a structural level.

A differentiated approach

There are significant differences between healthcare providers, which is something we take into account in our decisions in respect of our supervisory role and how to allocate our capacity. Many major providers have their quality systems in order and have proven that they monitor and safeguard quality and safety at a structural level. Our supervision is tailored to this and we engage with them about risk identification and control. Where small healthcare providers are concerned, we flag potential concerns about quality and safety of care. Where necessary, we will proceed with an appropriate type of intervention. We therefore take a differentiated approach, keeping a close eye on organisations where necessary and loosening the reins where possible. Given the high number of small healthcare providers, the inspectorate is developing a relevant future-proof supervision strategy.

Improved internal coordination

We do not want organisations to be subject to multiple unnecessary visits by the inspectorate in a short period of time. At present, there may be occasions where various inspectors will come in, each with their own survey regarding a specific issue. We would like to avoid that happening as much as possible. We will be improving internal coordination and optimising our processes. To this end, we will be drawing up plans in an integrated and cross-sector manner, keeping in mind the differences and similarities within the supervision domain. We aim to achieved harmonisation and coherence where possible and customised solutions where necessary. Combining supervisory frameworks allows us to carry out our supervisory role more efficiently. We create more cohesion by looking closely at the differences in supervision and interventions between sectors and examining our own processes.

Improving through data-driven supervision

Data is an important source of information we need to be able to make well-founded decisions. Within the 2024-2027 period, we will therefore be continuing to professionalise our data management system, identifying trends from reports and modernising information provision. The use of data will be permanently embedded in our supervisory processes, making data a key basis for our integrated risk assessment, for our intervention decisions and for our accountability and evaluations.

What choices do we make?

- > Our decisions are based on an integrated risk assessment and analysis combined with an impact or opportunity assessment.
- > We have chosen a differentiated approach and will be developing that approach further.
- > We will be focusing on customised solutions and cohesion in our regulatory role even more than at present. We will taking a comprehensive and cross-sector approach.
- > We will be professionalising our data management and modernising information provision. Data is a key source of information, including for our risk and impact assessments.

Conclusion

This multi-year policy plan sets out the broad strokes of how we intend to carry out our work as an inspectorate in the coming years. We intend to achieve these goals by working together internally and through our partnerships within and outside the healthcare sector. This will be visible to the outside world and we will be accountable for our success.

Clear. Fair. Independent.