Policy Establishment of Healthcare Services

Ministry of Public Health Social Development and Labour

Department of Public Health

Sint Maarten

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1. Introduction

The field of healthcare is a dynamic one. Medical and technological developments, the care demand of the population, and the available funds to maintain the healthcare system are key factors that are subject to change and that determine the state of the healthcare system of the country. The Ministry of Public Health, Social Development and Labour strives to set the conditions for the best possible health outcomes for the population, in light of those key factors.

To this end the quality and quantity of medical professionals and healthcare institutions are regulated by law. Competency requirements for specified categories of medical professionals are established in various laws, and the establishment of medical professionals as well as healthcare institutions is controlled by means of a permit system. The objective is for the available healthcare funds to be spent in an effective and sustainable manner, and to ensure that the available healthcare is of adequate quality.

This policy provides guidelines for this permit system. Prior to this policy, the 'Beleidsnota Zorgvoorzieningen Sint Maarten of 2005' provided those guidelines. The present policy is the successor to the 'Beleidsnota Zorgvoorzieningen Sint Maarten of 2005'.

Vision

A healthy Sint Maarten society where the people are empowered to make healthy choices and have access to the care they need, which is of the highest attainable quality, adequate and affordable.

Mission

To develop the framework and enable informed decisions, which will promote health and secure access to adequate, affordable and sustainable quality care, in an equitable and transparent manner.

Objectives

This policy aims to:

- Provide an overview of the procedures that apply to applications to the Minister for permits to establish and practice on Sint Maarten as a medical professional, as well as for healthcare institution permits;
- Establish the manpower planning for medical professionals, including updated guidelines on the need for medical professionals and the way in which those needs are met, considering the current care capacity, care demand, financial room and anticipated developments in the healthcare sector;
- Establish updated guidelines on the need for healthcare institutions and the way in which those needs are met, including the framework used for the assessment of healthcare institution permit applications.

Reader's Guide

The "Policy Establishment of Healthcare Services" is directed at the need for care, the planning of healthcare professionals and the establishment and distribution of medical professionals and healthcare institutions on Sint Maarten. The policy should lead towards an optimal connection of medical professionals and healthcare institutions, which as a result leads to a healthcare system which is more transparent, comprehensive, effective and efficient meeting the needs of the population.

The healthcare system on Sint Maarten is based on the following principles:

1. Access to care for all
2. Solidarity (through medical insurance)
3. Ensuring high quality of care
4. Restriction on the freedom of establishment of medical professionals and healthcare institutions due to the scale and vulnerability of the population.

This document is divided into three main (3) parts, which are:

- Part I which provides a description of the healthcare system on Sint Maarten and the main legislation and policies that govern the practice of medicine.
- Part II which provides and overview of the professional standards and requirements to establish as a medical professional on Sint Maarten.
- Part III which provides an overview of the standards and requirements to establish a healthcare institution on Sint Maarten.

Relevant Legislation and Policies

The following provides an overview of the most important legislation applicable to healthcare institutions and medical professionals. All legislation, including other laws that might be relevant for applicants, can be accessed via http://www.sintmaartengov.org/, "Laws and National Gazette". When applying for a permit the applicant is responsible for checking all relevant laws and regulations and submit applications in accordance with the applicable laws.

- **National ordinance on healthcare institutions (Landsverordening zorginstellingen)**
  This ordinance contains all regulations regarding healthcare institutions. It stipulates which activities require a permit from the Minister of Public Health, Social Development and Labour, and the procedure to obtain such permit. The ordinance also contains quality requirements applicable to all healthcare institutions, regulations on the mandatory complaints' procedure, as well as specific stipulations regarding hospital facilities and laboratories.

- **Temporary national decree healthcare institutions (Tijdelijk uitvoeringsbesluit zorginstellingen)**
  This decree contains regulations on how to submit an application for a permit, as well as the fee that is due.

- **Regulation threshold for medical devices (Regeling grensbedrag medische apparaten)**
  This regulation sets the threshold for the value of medical devices that require a permit from the Minister at NAf 50.000.

- **National decree designation hospital facilities (Landsbesluit aanwijzing ziekenhuisvoorzieningen)**
  This decree designates the Sint Maarten Medical Center as hospital facility.

- **Civil Code Book 7, Section 5, The medical treatment agreement (De overeenkomst inzake geneeskundige behandeling)**
  This section of the Civil Code contains obligations and rights in the relationship between a

medical professional and the client or patient, including informed consent and medical file keeping.

- **National ordinance on public health (Landsverordening publieke gezondheid)**
  This ordinance and its delegated legislation regulates infectious disease control and related matters.
  Delegated legislation:
  - National Decree public health (Landsbesluit publieke gezondheid)
  - Regulation public health (Regeling publieke gezondheid)

- **National decree designating a laboratory for public health and justice (Landsbesluit aanwijzing laboratorium volksgezondheid en justitie)**
  By means of this decree, Sint Maarten Laboratory Services N.V., is designated as laboratory with the task of carrying out laboratory research for the benefit of public health and justice.

- **Temporary national ordinance limiting the establishment of medical professionals (Tijdelijke landsverordening beperking vestiging medische beroepsbeoefenaren)**
  This ordinance contains a prohibition for medical professionals to practice on Sint Maarten without a permit from the Minister of Public Health, Social Development and Labour, and the procedure to obtain such permit. Based on this ordinance a manpower planning is in effect, which establishes the local need for medical professionals.

- **National ordinance on the practice of medicine (Landsverordening uitoefening geneeskunde)**
  This ordinance sets requirements on the competence of physicians and regulates the oath taking.

- **National ordinance on the practice of dentistry (Landsverordening uitoefening tandheelkunst)**
  This ordinance sets requirements on the competence of dentists and regulates the oath taking.

- **National ordinance on the competence of pharmacists and pharmacy assistants (Landsverordening bevoegdheid apothekers en apothekers-assistenten)**

This ordinance sets requirements on the competence of pharmacists and pharmacy assistants and regulates the oath taking.

- **National ordinance on the supply of pharmaceuticals (Landsverordening op de geneesmiddelenvoorziening)**

  This ordinance regulates the preparation of pharmaceuticals and the pharmaceutical profession.
  - Regulations for the admission of pharmacies (Regeling regels toelating apotheken)

- **National ordinance on the practice as midwife (Landsverordening regelende de praktijk als vroedvrouw)**

  This ordinance sets requirements on the competence of midwives and regulates the oath taking.

- **National ordinance regulating involuntary psychiatric care (Landsverordening van 21 oktober 1921, tot regeling van het toezicht op krankzinnigen (AB 2013, GT no. 519, laatstelijk gewijzigd bij AB 2015, no. 9)**

  This ordinance governs clinical psychiatric care, including admittance and supervision of individuals with severe psychiatric problems.

- **Uniform National Ordinance regulating disciplinary proceedings over physicians and pharmacists (Eenvormige landsverordening van 4 maart 1957, houdende regeling van de tuchtrechtspraak over personen, die de geneeskunst uitoefenen, zomede over apothekers (A.B. 2010, GT no. 1 en no. 30, laatstelijk gewijzigd bij AB 2015, no. 9))**

- **National ordinance on the Council for Public Health (Landsverordening Raad voor de Volksgezondheid)**

  The Council for Public Health comprises of a minimum of five expert members with a maximum amount of nine members, representing medical professionals (including healthcare Institutions), healthcare Insurers and platforms of patient organizations. The Council is led by an independent chairperson and supported by a secretary and advises the Minister on all matters relating to Public Health in the manner stipulated in the ordinance.

- **National Ordinance regulating the Public Health Inspectorate (Landsverordening houdende regels inzake de Inpectie voor de Volksgezondheid)**

- **National ordinance on admittance and expulsion (Landsverordening toelating en uitzetting)**

- **National ordinance on administrative appeal proceedings (Landsverordening administratieve rechtspraak)**

- **National ordinance on the protection of personal data (Landsverordening bescherming persoonsgegevens)**

- **Medical laboratory and public health laboratory policy of May 1st, 2015, National Gazette 2015, no. 25**

Definitions

This chapter provides relevant legal definitions as used in this policy. The definitions are based on the applicable legislation.

Minister: Minister of Public Health, Social Development and Labour, referred to in Article 1, a. of the National Ordinance containing rules restricting the establishment of medical professionals.

Council for Public Health: The Council for Public Health, referred to in Article 2 of the National Ordinance Council for Public Health.

Head of the Department of Public Health: The Head of the Department of Public Health, referred to in Article 4 in conjunction with Article 6 of the Organizational Decree on Public Health, Social Development and Labour.

Inspector for Public Health: The Public Health Inspectorate, as referred to in Article 2, paragraph 1, of the National Ordinance of the Public Health Inspectorate.

Medical professionals: Physicians, dentists, pharmacists, midwives, speech therapists, physical therapists, occupational therapists, kinetics therapists, podiatric therapist, psychotherapists, dietitians, and psychologists. This is referenced from Article 1, medical professionals, of the National Ordinance containing rules restricting the establishment of medical professionals.

Healthcare institution: An organizational relationship that extends to the provision of care, with the exception of an organizational relationship where care is provided as part of the care provided in another organizational context. This is referenced from Article 1, k, of the National Ordinance containing rules with regard to healthcare institutions.

Note: The National ordinance on healthcare institution defines what is considered a healthcare institution. That definition is deliberately as broad as possible. This includes both legal entities

that operate a care institution and persons who jointly form an institution and provide care as such.

The collaboration of those healthcare professionals in the provision of care has to be on a basis of equality. A hierarchical collaboration, such as a general practitioner (GP) and an assistant, is therefore not considered a healthcare institution. This situation would on the other hand be considered a healthcare institution if the GP were to recruit another doctor to jointly provide care to their patients.

If the collaboration solely consists of the use of a joint administrative facility, it is not considered a healthcare institution. The collaboration has to be in the provision of care. The collaboration can take place in any type of organizational structure. Medical professionals who does not work in an healthcare institution, but practice medicine on their own are called medical practices.

Medical Device: A device intended for diagnostics or therapy and all associated devices that is used or is intended to be used in a healthcare institution. This is referenced from Article 1 under e, of the National Ordinance containing rules with regard to healthcare institutions.

Hospital facility: A healthcare institution designated by National Decree designating hospital facilities. This is referenced from Article 1, l of the National Ordinance containing rules with regard to healthcare institutions.

Mental Health Institution: A private insane asylum is considered to be any institution in which a person cares for more than three insane persons who do not belong to his family. This is referenced from Article 2 paragraph 2 of the National Ordinance regulating the supervision of the mentally challenged.

Healthcare institution permit:

Permit required for the range of activities mentioned in Article 3, paragraph 1, of the National ordinance on healthcare institutions:

a. to build, rebuild or add to a healthcare institution;

b. to take an existing structure into use as a care institution;
c. to operate a healthcare facility;
d. to change the destination of a healthcare institution or a part thereof;
e. to perform or have performed medical examination or treatment, nursing or care or related services in a care institution;
f. to purchase medical devices for a healthcare institution or to use or have them used in a healthcare institution that exceed an amount to be determined by ministerial regulation.

Healthcare System on Sint Maarten

This chapter provides an overview of the healthcare system on Sint Maarten and describes the principal tasks of the Government of Sint Maarten in healthcare.

Levels of Care

Health care can be divided into the following levels of care: zero-line care, primary care, secondary care and tertiary care.

Zero-line Care

Zero-line health care consists of all preventive measures that collectively serve to promote health and a healthy lifestyle. The following care areas fall under zero-line health care: the early detection of developmental disorders, carrying out population screening (epidemiology), the promotion of healthy behavior through health education and education, the combating of infectious and sexually transmitted diseases, including HIV, the preventive care for young people, adolescents and other risk groups, the preventive mental health, environmental medical science, and disaster relief. The recognized authority on the prevention of diseases and the promotion of health and the well-being of the population of Sint Maarten is the Ministry of Public Health, Social Development and Labour. The mission of the health sector is to improve public health by initiating preventive activities and advice in the field of public health policy. Furthermore, there are various medical professionals and non-government organizations that make efforts in the field of preventive health care.

Primary Care

Primary health care is a system of care in which the professional healthcare workers ensure continuous, integral and personal care in the home environment of the persons to whom this care is provided.

This includes:

- General practitioner care: the preventive and curative care of patients by general practitioners;

- District nursing care: the necessary nursing and care of patients or clients in the home situation by a district nurse and/or nurse based on a treatment plan;
- Obstetric care: prenatal care, childbirth assistance and postnatal care provided by a midwife or a general practitioner;
- Paramedical care: all physical, mental and social care that is not provided by a general practitioner or specialist is given and usually on the basis of a referral. These include physiotherapy, exercise therapy, occupational therapy, speech therapy, podiatry and dietetics;
- Psychological assistance: psychological help in the form of counselling provided by an independent psychologist;
- Dental care: preventive and curative dental care;
- Home care: the necessary help in the household for families and the elderly;

Secondary Care

Secondary health care includes the outpatient and inpatient care that is provided by medical specialists in a healthcare institution. This form of health care is provided in hospitals, nursing homes, psychiatric hospitals, mental institutions, rehabilitation centers, physical establishments for the mentally handicapped and clinics for alcohol and drug addicts.
The following healthcare providers currently represent this level of care:

- Medical specialists
- Sint Maarten Medical Center
- White and Yellow Cross Care Foundation
- Turning Point Foundation
- Mental Health Foundation

Healthcare providers who cannot be directly classified in one of these levels of care but which must be included in the policy are pharmacists and laboratories.

Tertiary health care

Patients being treated requiring a higher level of care in a hospital may be considered to be in tertiary care. Physicians and equipment at this level are highly specialized. Tertiary care services include such areas as cardiac surgery, cancer treatment and management, burn treatment, plastic

surgery, neurosurgery and other complicated treatments or procedures. Because of scale and health care costs concerned, not all tertiary health care can be offered on Sint Maarten, mainly if it concerns specialized and super specialized care. In those cases patients are referred to hospitals outside Sint Maarten.

Medical Professionals

Requirements for medical professionals

This chapter includes general requirements that apply to all medical professionals, and in addition to those requirements, specific requirements for specified types of medical professionals. The main topics of this chapter include but are not limited to the professional requirements, practice standards, quality of care, continuity of care, and ethical norms. These general topics apply to all medical professionals in all cases. In addition to these standards, specific requirements per type of medical professional apply. These are also requirements which are applicable to healthcare institutions. If a medical practice is to be considered a healthcare institution as described in Requirements for healthcare institutions, a license is required in accordance with Procedure for Permit application of a healthcare institution.

All Medical Professionals

Professional requirements

- Medical professionals that apply to establish themselves and practice on Sint Maarten have to have completed formally recognized training and should be authorized to practice in their profession, as elaborated in the section on Assessment of qualifications and competencies.
- Given the limited number of medical professionals on Sint Maarten, it is preferred that medical professionals be generalist with knowledge of a wider area within their profession.
- Applicants with a foreign diploma that is not recognized by law must adhere to the guidelines as outlined in the section on Recognition of Qualifications.
- If the applicant is not a “child of the soil”, the work and residence permit must be in order and the applicant must apply for a permit to be exempted from the restriction to establish and practice on Sint Maarten.
- The diplomas must be verified by the Inspector General for Public Health for authenticity.

Establishment of professional practices

- Medical professionals who want to establish a practice in collaboration with one or more colleagues, will need to apply for a healthcare institution permit, in addition to the permit exempting them as medical professional from the restriction to establish.

Care requirements

- Medical professionals must provide adequate care.
- The medical professional must provide each client with comprehensive qualitative care. This care must correspond to the actual needs of the client. The care can be divided into various elements: examination, diagnosis and evaluation, treatment and supervision, aftercare, referral and declaration and medical file formation.
- The medical professional provides care in accordance with the relevant care and treatment standards.
- The medical professional cooperates with the implementation and use of the applicable health information system.
- Medical records: Every medical professional is obliged to keep a medical file for the patient, in line with the Civil Code Book 7, Section 5, The medical treatment agreement.

Practice standards

- The medical professional is responsible for the proper organization of their practice. The patients are provided with sufficient opportunity to consult the medical professional in the practice room, or in appropriate cases elsewhere, as a rule within the medical professional's field of practice.
- The practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible for the clients, as well as an optimal visiting, examination and assistant's room.
- Every practice must have a clearly organized patient registration containing minimally the health, medical condition and treatment of the patient.

Quality of care

- The medical professional must offer responsible and adequate care. Responsible and adequate care is care that is provided at least on the basis of expertise, is of a good level, effective, efficient and client-oriented and attuned to the client's real needs. The medical professional ensures that they continue to have the knowledge and skills necessary for responsible and adequate care, through continuous relevant education.

Continuity of care

- Medical professionals in private practice are responsible for securing adequate, qualified substitutions for themselves. Details can be found in the section on Substitution.

Labour and admittance

- Foreign medical professionals are required to have legal residency on the island in accordance with the National ordinance on admittance and expulsion. The Immigration and Border Protection Service of the Ministry of Justice is assigned to process the applications for residence permits. Medical professionals who fall in the category substitution or the sub-categories of short-term establishment or rotation are not required to apply for legal residency on the island, if they are Dutch nationals.
- Foreign medical professionals are also required to comply with the applicable labour regulations. Based on the National ordinance on foreign labourers, an employer is required to be in possession of an employment permit before allowing a foreign medical professional to practice (tewerkstellingsvergunning). Applications for such permits are processed at the Department of Labour Affairs.
- All medical professionals are required to do their own research and contact the relevant departments for further information regarding labour and admittance.

General Practitioners

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to General Practitioners.

Professional requirements

- General practitioners that apply to establish themselves and practice on Sint Maarten have to have completed the recognized specialization as general practitioner in addition to the education as physician (basisarts) and should be authorized to provide general practitioner care.
- The general practitioner is responsible for the proper organization of his practice. They give patients sufficient opportunity to consult them in their practice room, or in appropriate cases elsewhere.

Sale and takeover of a GP practice

- When a general practice is taken over and sold, the entire file of patients can be transferred into the name of the new general practitioner, after the new general practitioner has obtained an establishment permit. Three months before taking over the practice, the patients of the practice must be informed that the practice will be taken over by the named new general practitioner, either by means of publication in the local newspapers or by means of a written notice to the patients. Patients registered by name have the right to transfer to another general practice in accordance with the rules of the relevant healthcare insurer. They must make this known to their insurer (i.e. SZV).

General practitioner care requirements

- A general practitioner must provide a patient with comprehensive, high-quality basic care. This care must correspond to the actual needs of the patient. The basic care can be divided into various elements: examination, diagnosis and evaluation, treatment and supervision, aftercare, referral and statement and medical file formation.
- The general practitioner must provide care that is responsible. Responsible care is care that is at least provided on the basis of expertise, is of a good level, effective, efficient and patient-oriented geared to the patient's real needs. The general practitioner ensures that he continues to have the knowledge and skills necessary for responsible care provision, partly through participation in professional development.
- Laboratory services: It is prohibited for a general practitioner to set up a laboratory in their practice. Laboratory testing by the general practitioner should be limited to simple procedures for

direct diagnostic purposes such as a pregnancy test or blood glucose test. All tests to be performed with advanced equipment should be performed by laboratories under professional supervision. General practitioner are permitted however to act as a phlebotomy station. This means that the general practitioner takes blood in his practice and forwards it to an accredited laboratory under the rules of correct shipment.

- Referral: Within the healthcare system, the general practitioner has a gatekeeper function. This means that the general practitioner is responsible for referring patients to second,- and third,- line health care or other care providers within primary health care. General practitioners are facilitated by the Ministry to link to the General Practitioner Information system and Health Information system.
- Medical dossier: Every general practitioner is obliged to keep a medical file. Notes must be made in the medical record about the treatment and the patient's state of health. The file must be kept by the general practitioner for at least 10 years or as long as reasonably follows from the care of a good care provider.
- Infectious diseases: A general practitioner is required to notify the Collective Prevention Services of the suspicion of infectious diseases or of any confirmed cases, as detailed in the National ordinance on public health.

Accessibility and availability

- A general practitioner or their substitute must always be available by telephone for (non-life threatening) emergencies. The availability by telephone could be arranged in collaboration with other general practitioners e.g., through the established organizations for general practitioners.
- Every general practitioner must arrange for weekend services and services outside office hours (evening and night). This could be arranged according to a duty roster system. The timetable must be clearly communicated to the patient via a notice on the practice and a telephone answering machine.
- A general practitioner must ensure adequate substitution in the event of absence for whichever reason. The substitute physician must be authorized to practice general

practice on Sint Maarten. The requirements for substitution as further detailed in this policy fully apply.

- To promote adequate availability of general practitioner care and adequate substitution, general practitioners are encouraged to establish a practice in collaboration with colleagues (as opposed to a solo practice).
- The practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible to patients, as well as an optimal visiting, examination and assistant room.

Midwives

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to Midwives.

Midwife care requirements

- A midwife must provide a client with comprehensive, high-quality obstetric care. This care must correspond to the actual needs of the client. The care can be divided into various elements: examination, diagnosis and evaluation, treatment and supervision, aftercare, referral and statement and medical file formation.
- The midwife must offer responsible care. Responsible care is care that is at least provided on the basis of expertise, is of a good standard, effective, efficient and client-oriented and geared to the actual needs of the client. The obstetrician ensures that he continues to have the knowledge and skills necessary for responsible care provision, partly through participation in professional development.

Practice norms

- Medical record keeping: Every obstetrician is obliged to keep a medical record. Notes must be made in the medical file about the treatment and the health of the client. The file must be kept by the obstetrician for at least 10 years, or such longer period as reasonably results from the care of a good care provider.
- The obstetrician is responsible for the proper organization of their practice. They give patients sufficient opportunity to consult him in his practice room, or in appropriate cases elsewhere, as a rule within the practice area of the obstetrician.

Establishment of midwifery practices

- One of the conditions for the issuance of a healthcare institution permit is the conclusion of a working agreement between the midwifery practice and the designated hospital facility.
- The obstetric practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible to the clients, as well as an optimal visiting, examination and assistant room. Every practice must have a clearly organized patient registration.

Accessibility and availability

- A midwife or her substitute must always be available by telephone for emergencies. This also applies to specific services such as weekend services and on-call duty. Operation outside office hours preferably takes place according to a duty roster system. The timetable must be clearly communicated to the client by means of a notice at his practice and a telephone answering machine.

Paramedical professionals

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to paramedical professionals.

The following types of medical professionals are considered to be paramedic to whom the Temporary national ordinance limiting the establishment of medical professionals applies:

1. speech therapists,
2. physical therapists,
3. occupational therapists,
4. kinetics therapists,
5. podiatric therapist,
6. psychotherapists,
7. dietitians; and,
8. psychologists.

Accessibility and availability

- A paramedical professional must be available by telephone during office hours.

In his absence, a paramedical professional must ensure adequate substitution if two or more of his paramedical profession are present on Sint Maarten. The substitute paramedical professional must be admitted to practice the relevant paramedical profession on Sint Maarten.

Standards of Practice

- The paramedical practitioner is responsible for the proper organization of his practice. He gives patients sufficient opportunity to consult him in his practice room, or in appropriate cases elsewhere, as a rule within the practice area of the paramedical practitioner.
- The practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible to patients, as well as an optimal visiting, examination and assistant room.
- Medical file creation: Every paramedical practitioner is obliged to keep a medical file. In the medical file, notes must be made about the treatment and the patient's state of health. The file must be kept for at least 10 years by the paramedical practitioner or such longer period as reasonably results from the care of a good care provider.

Dentists

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to dentists.

Accessibility and availability

- A dentist must be available by telephone during office hours.
- Every dentist is obliged to keep a medical file. In the medical file, notes must be made about the treatment and the patient's state of health. The file must be kept by the dental practitioner for at least 10 years or so much longer that reasonably results from the care of a good care provider.

Standards of Practice

- The dentist is responsible for the proper organization of their practice. They give patients sufficient opportunity to consult him in his practice room, or in appropriate cases elsewhere, as a rule within the practice area of the dentist.

- The dental practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible to patients, as well as an optimal visiting, examination and assistant's room.

Medical Specialists

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to medical specialists.

Professional requirements

- Medical specialists must be and remain registered with a Specialist Registration board (e.g. KNMG in the Netherlands).

Establishment of medical specialist practices

- One of the conditions for the issuance of a healthcare institution permit is the conclusion of a working agreement between the medical specialist practice and the relevant established healthcare institution in that area of medicine, such as the designated hospital facility.
- The establishment of an independent medical specialist practice is only permitted in extraordinary circumstances in line with the requirements as outlined in the section on Need for healthcare institutions .
- A medical specialist must provide a patient with comprehensive quality specialist care. This care should correspond to the actual needs of the patient. The care can be divided into various elements: research, diagnosis and evaluation, treatment and guidance, aftercare, referral and declaration and medical file formation.

Practice in a healthcare institution

- Specialists working in a hospital or specialist practice must be associated with the hospital or clinic concerned on the basis of an agreement in which the rights and obligations of the specialist are laid down.

Practice standards

- Laboratory services: It is prohibited for a medical specialist who is not established as practicing in a medical laboratory to set up a laboratory in his practice. Laboratory testing by the specialist should be limited to simple procedures for direct diagnostic purposes. All tests to be performed with advanced equipment should be performed by laboratories under professional supervision.
- Pharmaceutical services: it is prohibited for a medical specialist to function as pharmacist or partake in the running of a pharmacy or pharmaceutical wholesaler.
- Referral: Within the healthcare system, the medical specialist has a referral function of patients who cannot be treated on Sint Maarten, to tertiary hospitals.
- Treatment and supervision: The specialists who see patients outside the legally designated hospital facility are only authorized to perform consultations and minor non-invasive procedures in their clinic. The medical specialist is responsible for the proper organization of his practice. He gives patients sufficient opportunity to consult him in his practice room, or in appropriate cases elsewhere, as a rule within the practice area of the medical specialist. The specialist practice should at least have a spacious waiting room and adequate sanitary facilities that are easily accessible to patients, as well as an optimal visiting, examination and assistant room. Every clinic must have a clearly organized patient registration system. Major operations must be performed in the designated hospital facility.
- Infectious diseases: A medical specialist is required to notify the Collective Prevention Services of the suspicion of infectious diseases or of any confirmed cases, as detailed in the National ordinance on public health, and must take the necessary measures to prevent further spread of the disease.

Accessibility and availability

- A specialist or their deputy should always be available by telephone for emergencies. A medical specialist must arrange for weekend services and services outside office hours. This could be arranged according to a duty roster system. The timetable must be clearly communicated to the patient via a notice on his practice and a telephone answering machine.

Pharmacists

In addition to the above criteria outlines in the section of All Medical Professionals the following standards apply to pharmacists.

Registration

Every pharmacist who wishes to practice on Sint Maarten must be registered by the Inspector General for Public Health in the register of pharmacists.

Professional requirements

- The pharmacy for which the pharmacist registers must comply with the requirements imposed on pharmacies pursuant to the National Ordinance on the supply of pharmaceuticals.
- The pharmacist may only practice in one pharmacy.

Practice standards

- A pharmacy may only be made known to the public as such if it is used by a pharmacist and complies with the regulations for pharmacies laid down by law.
- Every pharmacy must have a clearly organized patient registration system.

Accessibility and availability

- During office hours, a pharmacist is expected to be present in the pharmacy for the equivalent of 1FTE. Should the office hours of the pharmacy exceed 40 hours a week, for example for weekend shifts and on-call services, compliance is mandatory for the following requirements:
    - The pharmacist must ensure that pharmacy assistants and/or pharmacists, are present during all hours of service. In case pharmaceutical services are required on-site, the pharmacist must be available by phone for back-up.

- A pharmacist must ensure adequate replacement in their absence. The substitute pharmacist must comply with the Inspector General for Public health to have obtained permission to practice pharmacy as a substitute. During the substitution, the deputy pharmacist has all the authorizations and obligations that the pharmacist has under the National Ordinance on the supply of pharmaceuticals. The pharmacist ensures that he or she continues to have the knowledge and skills necessary for responsible pharmaceutical preparation, partly through participation in professional development.

Guidelines on the need for medical professionals

Article 1 of the Temporary National Ordinance limiting the establishment of medical professionals indicates which medical professionals are in need of exemption in order to practice. Based on Article 6 of this ordinance, the Minister is required to base the decisions on permit applications on guidelines regarding the need for medical professionals and the way in which this need can be met. Those guidelines are represented by means of a manpower planning for medical professionals. Every permit application for a medical professional to establish on Sint Maarten is assessed based on the planning, in addition to the assessment of the qualifications and competency of the medical professional.

The Manpower planning for medical professionals on Sint Maarten serves as a tool for the Minister to regulate the amount and type of medical professionals practicing on Sint Maarten in order to manage the (increase of) healthcare expenditures and ensure quality of care.
In 2005, the first Manpower planning assessment was conducted and incorporated in the policy document “Beleidsnota Zorgvoorzieningen Sint Maarten”. In 2008, 2013 and 2018 assessments of the manpower planning policy were conducted. The assessments focus on care capacity and care demand, taking into account established benchmarks and other relevant data concerning the healthcare sector.

The manpower planning (Annex III) includes the findings of the abovementioned assessment and input of the following key stakeholders:

- The executing agency Social and Health Insurances (SZV);
- The Council for Public Health;

- The Pharmacy Association St. Maarten (PAS);
- The Paramedic Association St. Maarten (PASM);
- Associations for Psychologists and Counselors;
- General Practitioners Associations (WIMA and SMA);
- Healthcare Institutions;
- Laboratories;
- Patient organizations;
- The Sint Maarten Dental Association;
- The Inspector General for Public Health; and,
- Medical Specialists.

The current manpower planning is included as Annex III – Manpower planning. The manpower planning model is included as Manpower planning model, the manpower planning method as Manpower planning method, and the elucidation of the manpower planning results as Elucidation on results of Manpower planning norms 2018-2021 for medical professionals.

Assessment Framework for applications of medical professionals

General policy regulations for establishment

All applications for establishment will be assessed. Part of the assessment process is that applications are submitted to the Council for Public Health and the Head of the department for Public Health for advice.

The following assessments take place, based on the applicable legislation:

a. Assessment of qualifications and competency;
b. Assessment of medical standing, and;
c. Assessment of need (not required for “children of the soil”).

If all assessments have a positive outcome, an establishment permit is granted for the duration of the labour agreement that is submitted with the application (if applicable), with a maximum of 5 (five) years. The maximum duration of the establishment permit does not apply to “children of the soil” as defined in the National Ordinance on Admission and Expulsion.

Assessment of qualifications and competencies

The qualification and competency of medical professionals is assessed to ensure that the medical professionals offering their services have a specific level of professional education and training and have maintained such.

The law regulates the qualifications of the following groups of medical professionals:

a. Physicians (Ordinance regulating the practice of medicine – Landsverordening regelende de uitoefening van de geneeskunde);
b. Pharmacists and pharmacist assistants (Ordinance regulating the qualification of pharmacists and pharmacist assistants - Landsverordening bevoegdheid apothekers en apothekersassistenten);
c. Midwifes (Ordinance regulating midwifery – Landsverordening regelende de praktijk als vroedvrouw); and,
d. Dentists (Ordinance regulating the practice of dentistry – Landsverordening regende de uitoefening van de tandheelkunst).

The medical professional is obliged to provide a diploma or diplomas that meet the standards regulated in the above-mentioned regulations. In the event the qualifications do not meet the regulated standards, the diploma needs to be evaluated as further outlined in section on Recognition of Qualifications.

Unforeseen circumstances

Only in case of shortages of medical care based on the Manpower planning and additionally the occurrence of unforeseen circumstances, can the Minister allow a physician who does not meet the above qualification requirements to establish for a specific period not exceeding three months. The unforeseen nature of the circumstances must be motivated. The physician must have obtained and maintained the right to practice their specialty to its full extent in another country. The Minister hears the Inspector General for Public Health on this matter prior to the decision. The Minister can attach conditions and can restrict the practice area of this professional. The permit to practice under unforeseen circumstances is limited to practice under those circumstances only. Any practice of medicine beyond the scope of the permit is not allowed. In order to practice or continue to practice medicine under ‘normal’ circumstances, an

application needs to be submitted in order to receive a license to practice under regular circumstances. See Submitting an Application section for the details of a regular application.

Assessment of medical standing

The applicant has to provide proof that he/she has not been convicted in any medical case, is not the subject of an ongoing investigation and has not been restricted in practicing medicine. Proof is provided through the registration in the relevant professional register and through a certificate of current professional standing, which is to be provided by the applicant.

Assessment of need

The assessment of need serves as an instrument for the Minister to regulate the amount and type of medical professionals practicing on Sint Maarten in order to contain the (increase of) healthcare expenditures and ensure quality of care. The legal basis is Article 6 of the Temporary Ordinance restricting the Establishment of medical professionals (Tijdelijke landsverordening beperking vestiging medische beroepsbeoefenaren).

The ordinance restricting temporary establishment applies to the following categories of medical professionals:

a. physicians;
b. dentists;
c. pharmacists;
d. midwifes;
e. speech therapists;
f. physical therapists;
g. occupational therapist;
h. kineticstherapists;
i. podiatrists;
j. psychotherapists;
k. dieticians; and,
l. psychologists.

A full assessment of the need for the applied for type of medical professional takes place, based on the Manpower planning in Manpower planning 2021-2023.

Children of the soil

An assessment of the need for the applied for type of medical professional does not take place for so called children of the soil, as follows from the Articles 2 and 15, paragraph 2, of the Temporary national ordinance restricting the establishment of medical professionals.
A "child of the soil" is therefore added to the Manpower planning head count; however the needs assessment does not apply to them, and consequently they are not affected by the moratorium on the establishment of medical professionals.

The establishment of "children of the soil" is not restricted in time. They do not receive an establishment permit with a maximum duration.

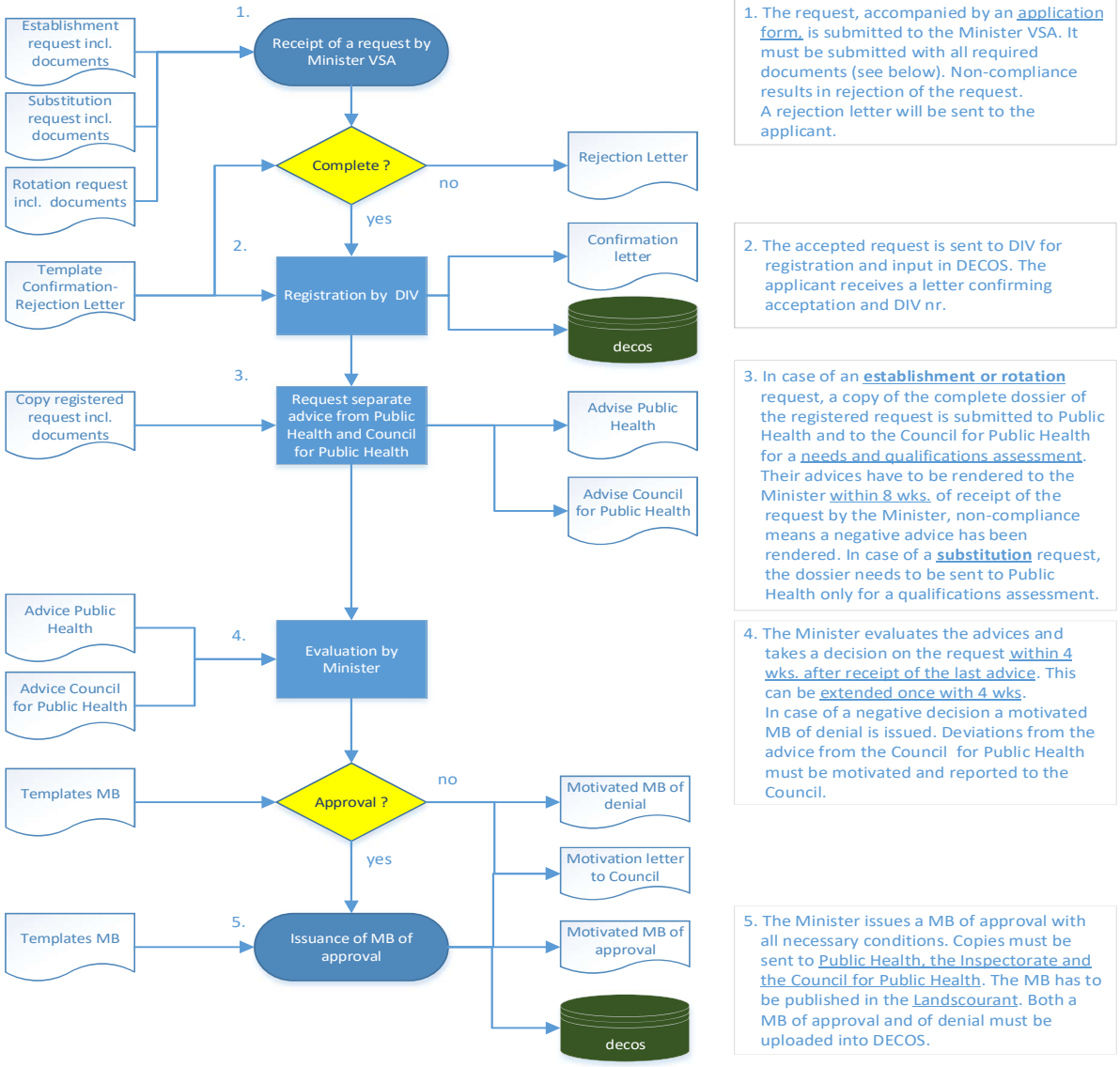
In accordance with the National Ordinance regulating admittance to and expulsion from Sint Maarten "children of the soil" are defined as being:

a. Dutch residents born in Curacao, Sint Maarten, Bonaire, Saint Eustatius or Saba;
b. Dutch residents born before January 1st, 1986 in Aruba, having legal residence at that date in Curacao, Sint Maarten, Bonaire, Saint Eustatius or Saba; or,
c. The children of the above mentioned.

Permits for Medical Professionals

Medical professionals are only permitted to establish themselves and practice on Sint Maarten when they have received a permit from the Minister and taken the oath in front of the Governor (if applicable) which exempts them from the prohibition to practice, as detailed in the Articles 2 and 3 of the Temporary national ordinance limiting the establishment of medical professionals and in the relevant legislations pertaining to the medical professional. Medical professionals are required to adhere to all conditions placed in the permit.

An overview of the permit procedure is shown in the following diagram and further elucidated in the chapters following.



Permit Applications

Types of Applications

Applications for medical professionals to practice on Sint Maarten fall in one of the following categories, applications for establishment or substitution. For reasons of practicality, the applications for establishment are subdivided into multiple subcategories.

Establishment

All medical professionals that submit an application for establishment are required to provide evidence that they comply with the qualification and competency requirements relevant to their profession, as described in the National Ordinance on the practice of medicine or other relevant ordinance.

Applications for establishment are for practical purposes subdivided as follows:

i. Long term establishment

Medical professionals who request authorization to establish themselves on Sint Maarten for a period exceeding 12 weeks.

ii. Short term establishment

A medical professional may request to establish for a short, defined period, not exceeding 12 weeks. This option is applicable for non-residents who do not formally reside on Sint Maarten and are not required to hold a residency or employment permit as is required for long term establishment.

In order to secure continuity of care and with a view of the relationship between the medical professional and the patient, a permit for short term establishment is only granted in specific circumstances. This type of permit is reserved for visiting medical specialists who can provide their services for a short period in urgent situations or dire need or who are entering a trial period at an established healthcare institution, with the intent to continue as a long term establishment.

iii. Rotating medical specialists

Medical professionals can request to temporarily establish themselves for a specified period, thereby filling together a specific amount of FTE vacancy, while not residing on Sint Maarten. Foreigners must hold a residence and employment permit, as is required for long term establishment.

In order to secure continuity of care and with a view of the relationship between the medical professional and the patient, this type of permit is only granted to medical specialists where there

is an urgent or dire need for the type of care they provide. The rotating specialist will receive a Unicode, may enter a contractual agreement with the SZV, and is required to take the oath.

Substitution

A medical professional may request to substitute in the absence of an already established colleague. The prohibition to practice on Sint Maarten, contained in article 1, paragraph 1, of the Temporary national ordinance restricting the establishment of medical professionals, does not apply in the event of substitution due to illness, vacation or absence for other reasons.

However, the substituting medical professional requesting permission to practice must:

1. Provide evidence that they have met the qualification and competency requirements for their profession (such as described in the National ordinance on the practice of medicine or other ordinance relevant to their profession), are registered in a specialist registry and actively practicing in the professional field of the medical professional being replaced;
2. Show that they will be practicing as a substitute during a defined period, in the absence of an already established medical professional. Consequently, they will not be entering into a contractual agreement with the executing agency Social and Health Insurances (SZV).

The assessment of need does not take place in case of an application for temporary substitution of an already established medical professional. However, all other assessments do take place go to section Assessment Framework for applications of medical professionals for more details.

Renewal

A medical professional who has received a temporary establishment permit from the Minister, may request an extension. The medical professional must provide evidence that they continue to meet the qualification and competency requirements for their profession (such as described in the National ordinance on the practice of medicine or other ordinance relevant to their profession), are registered in a specialist registry and actively practicing in the professional field. The applicant has to submit an application as outlined in the section Submitting an application which includes certificate of current professional status from the Inspector General for Public Health. Furthermore, the applicant must provide evidence of continued registration in

a board or specialist registrar of medical professionals where the medical professional is registered, where applicable, and evidence of continuing medical education (CME) relevant to the profession of the applicant. Based on the outcome of the assessment a decision on the renewal request is made by the Minister.

An assessment takes place of the competency and the medical standing of the medical professional, based on the following evidence:

- certificate of current professional status from the Inspector General for Public Health;
- evidence of continued registration at a foreign professional body, where applicable, and evidence of continuing medical education (CME) relevant to the profession of the applicant, where applicable.

Submitting an Application

A permit application for establishment or substitution must meet the following requirements:

- Written in the English or Dutch language.
- Addressed to the Minister of Public Health, Social Development and Labour.
- Submitted in person to department of Records and Information Management at the receptionist at the Public Service Center or a copy can be sent to the Department of Public Health by e-mail.
- All questions in this application form must be completed and ensure all pages and attachments are included and submitted in one (1) pdf file.
- This application form may be submitted typed or handwritten clearly in block letters using black or blue ink.
- That all non-English and Dutch documentation must be accompanied with an attached translation into English or Dutch by a sworn interpreter/translator is also required.
- Relevant documentation must be accompanied with a letter or certification from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba).

- A complete application contains both a cover letter and the completed application form (see Annex I – Application form for medical professionals).
- The cover letter includes:
  i. a motivation
  ii. the date of submission
  iii. the signature of the applicant

For medical professionals who **meet** the requirements as stipulated in the relevant legislations, you are required to submit the following:

i. Copy of valid passport;
ii. An up-to-date curriculum vitae;
iii. An original certified copy of all relevant diplomas, extract BIG- register (Beroepen in de Individuele Gezondheidszorg) in the Netherlands. In the case of Midwives extract from the Health Registry of Suriname must be included;
iv. Proof of registration in a board of medical professionals where the medical professional is registered (e.g., KNMG) if applicable;
v. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
vi. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
vii. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution.

For medical professionals who **do not** meet the requirements as stipulated in the relevant legislations, you are required to provide the following:

i. Copy of valid passport;
ii. An up-to-date curriculum vitae;
iii. Supporting documents showing any professional experience;

iv. An original certified copy of all relevant diplomas, issued by the institution where the diploma was obtained. This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;

v. Authenticated certified copy of all relevant certificate(s) and diploma(s), physicians must submit a certified copy of the relevant degree/ certificate to the Inspector General of Public Health, Sint Maarten. This must be stamped and validated by Inspector General of Public Health;

vi. Transcripts, grade lists and assessments of study results, practice periods and/or internships This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;

vii. Proof of registration in the register of the profession, not older than six months;

viii. CCPS (Certificate of current professional status) from the health authorities of the country of current practice, not older than three months, showing whether a decision or measure, based on a judicial, disciplinary or administrative decision given or is in force on the basis of which the applicant has temporarily or permanently lost all of their rights to exercise the profession concerned in the country where the decision was given, issued by the competent authorities;

ix. The official curriculum followed in the university for all relevant degrees, issued by the competent authority in the country where the training was taken. Program listing the courses of your professional degree(s), divided into theoretical and practical

subjects. Indicate how much time was spent on the education in these subjects. This document must be issued by the institution from which you received your degree;

x. The document must demonstrate that the training curriculum took place at the specified period. An overview of the training followed must be in chronological order and contain information about the duration and content of the parts of the training;

xi. A list of operations performed during the training (for cutting specialisms) in chronological order;

xii. Proof of continuous medical education followed after completing the medical training;

xiii. Statement(s) about the completion of the training as a specialist for activities performed with substantive information about the nature of the activities (for cutting specialisms, supplemented with an overview of performed activities);

xiv. Proof of sufficient command of the English language;

   a. *No proof of English proficiency is required if English is the native language of the country of birth of the medical professional;*
   b. Evidence that English was the language of instruction of the medical professional's relevant educational career;
   c. English language with minimum test scores equivalent to a C1 level[4] from either:
      i. TOEFL (100 score);
      ii. IELTS (International English Language System) (7 score);
      iii. Cambridge Assessment English (190 score);

xv. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry).

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University of Amsterdam. (n.d.). English language requirements (for Dutch-taught Bachelor's). Retrieved from https://www.uva.nl/en/education/admissions/bachelors/dutch-taught-programmes/prior-education-non-dutch/english-language-requirements/english-language-requirements.html

For medical professionals requesting an **extension/renewal** of their establishment, you are required to provide the following:

i. Copy of valid passport;
ii. An up-to-date curriculum vitae;
iii. Copy of current Ministerial Decree, expired no longer than 3 months;
iv. Proof of registration in the register of the profession, not older than six months;
v. Proof of registration in a board of medical professionals where the medical professional is registered if applicable;
vi. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
vii. Copy of valid relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
viii. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution;

Only complete applications are processed. Incomplete applications are not accepted and returned to the applicant with reasoning. Deviation from these requirements is not permitted. The application is considered complete on the date all required documents are submitted.

All applications must be submitted at least 8 weeks prior to the intended start date of the establishment, taking into account the legal processing times (see under Processing of the application).

Applications for medical providers to practice in a healthcare institution are to be submitted by that institution. An application for substitution is submitted by the medical professional who is in need of substitution. Healthcare providers are requested to provide a yearly planning for vacations and continuing medical education. In unforeseen circumstances healthcare providers are requested to submit the application as soon as the circumstance arises, and a suitable candidate is identified.

Recognition of Qualifications

The following diplomas not acquired in accordance with the relevant legislation are required by law to be evaluated:

- Physicians (National ordinance on the practice of medicine);
- Dentists (National ordinance on the practice of dentistry);
- Midwives (National ordinance on the practice as midwife);
- Pharmacists and pharmacist assistants (National ordinance on the competence of pharmacists and pharmacy assistants).

In case an applicant does not possess a legally recognized diploma, it is required to have the diploma evaluated by the hereto-assigned Committee, who will assess if the level of education and competency is equivalent to the legal standards and requirements. The Department of Public Health provides the applicant with the relevant application form, which details all required documentation. The applicant may be required to pay a fee for the administrative procedure..
In case the equivalence of the diploma compared to the standards of the Netherlands remains unclear or the hereto-assigned Committee has not been established, based on the conditions within the Memorandum of Understanding between the Ministry of Public Health, Social Development and Labour (VSA) on Sint Maarten and the Ministry of Health, Welfare and Sport (VWS) in the Netherlands, the Ministry of VSA can request an additional evaluation by the relevant competent authorities in the Netherlands. This process is facilitated by the Department of Public Health after a needs assessment based on the Manpower planning has taken place. No rights can be derived on the advice submitted to the Minister based on the additional evaluation by the relevant competent authorities in the Netherlands and is not intended to be shared with the applicant. The evaluation provided by the relevant competent authority in the Netherlands cannot be used for registration in the BIG- register (Beroepen in de Individuele Gezondheidszorg) in the Netherlands.

Processing of the Application

Based on the Temporary national ordinance limiting the establishment of medical professionals, the following procedure applies:

i. The Minister requests the mandatory advice on the application from the Department of Public Health as well as the Council for Public Health.
ii. The Department Public Health and the Council for Public Health advise the Minister within a timeframe of two (2) months. If the interest of public health is at stake, the Minister can shorten this period.
iii. If the advice of the Department of Public Health and the Council are not received within this timeframe, the advices are assumed to be negative.
iv. The Minister decides on the application within four (4) weeks after the last received advice. This period can be extended with another four (4) weeks, of which the applicant is notified.

Ministerial Decree

Based on the relevant assessment of an application (see Assessment Framework for applications of medical professionals) and in accordance with the applicable laws and policies, the Minister decides to grant or to deny the permit. This decision is a ministerial decree. If those affected by the decision wish to object against the decision, the National ordinance on administrative appeal proceedings applies. In accordance with the Articles 54 and 55 of that ordinance, those affected by the decision may object to the decision at the Minister, or appeal the decision at the Court of First Instance of Sint Maarten, within 6 (six) weeks after the day of issuance of the ministerial decree. The objection or appeal letter must contain a description of the decision against which it is aimed (incl. reference number), as well as the reason for the objection/appeal, the date, name, address and signature. Each applicant may be subject to additional conditions by the Minister of Public Health. Social Development and Labour. As such, conditions in the ministerial decree are specific to the applicant.

Ministerial decree templates are included in Annex II – Permit templates for medical professionals of this policy.

Validation of Permit

The applicant is notified by the department of Records and Information Management that the permit can be picked up. Once the permit has been received by the applicant, it has to be validated at the department of Public Health.

The Department of Public Health validates the Ministerial Decree by means of a stamp and signature dated by the Head of the Department of Public Health.

Required documents:

- Original approved Ministerial Decree
- Stamps in accordance with the Stamp Ordinance, with the value of NAf 10, - for the first page of the MB and NAf 5, - per additional page.

Oath Taking

The applicant is required to take the oath, prior to practicing as a medical professional. Once all conditions stipulated in the Ministerial Decree are met, the oath taking will be planned via the Department of Public Health.

Legal Basis:

Article 5 of the National Ordinance regulating the practice of medicine, article 6 of the National ordinance on the practice as midwife, the articles 8 and 14 of the National ordinance on the competence of pharmacists and pharmacy assistants and article 6 of the National ordinance on the practice of dentistry.

According to the above mentioned legislations, medical professionals are required to take the oath before practicing on Sint Maarten. This is done either before the Governor (in case of physicians, pharmacists and dentists) or before the Minister (in case of midwifes, and pharmacist assistants). All other medical professionals regulated by means of the National ordinance limiting the establishment of medical professionals are not required to take the oath. The Department of Public Health facilitates the oath procedures with either the cabinet of the Governor or the Minister to schedule an oath taking ceremony.

The following documents are required for processing of the oath:

1. a copy of a valid passport;
2. a copy of the diploma(s) including stamp ‘copy conform’ certified by the IVSA or BIG Registration;
3. Validated Ministerial Decree;

After the oath is taken, a ‘proces verbaal ‘(hereinafter; PV) is drafted by the Cabinet of the Governor. Any additional information or documentation required by the Governor must be substantiated. A copy is forwarded by the applicant to the Department of Public Health and is placed in the file of the medical professional.

Registration

Once the medical professional has taken the oath, the Department of Public Health will assign a Unicode, which is an administrative requirement for reimbursement by the SZV. The unicode is a unique code issued to medical professionals and healthcare institutions in possession of a relevant permit from the Minister. A Unicode is assigned once and may not be reused.

The healthcare number consist of:

a. Hoofdgroepnummer (Main group number);
b. Subgroepnummer (Subgroup number);
c. Zorgverlenernummer (Serial number).

The Unicode number consists of:

1. a healthcare number;
2. the care type;
3. the main group number.

The signature and initials of medical professional as well as signature of the Head of the Department of Public Health, is also registered on the Unicode document, which is duplicated. The original is provided to the medical professional, who needs to come personally to sign the document, and one is filed.

A copy is sent to the Inspectorate of Public Health, Council for Public Health, SZV, ‘Pharmacy Association Saint Maarten’ (PAS), and possibly other associated associations or organizations (PASM, SMA, WIMA etc).

Pharmacists and pharm assistants do not receive a unico-code.

Process

The following documents are required:

1. Original Ministerial Decree 'Ministeriele Beschikking' (MB) + NAF 15,- Stamp (Receivers office);
2. Proces-verbaal of oath taking;
3. Valid identification document.

After a Unicode number has been issued, the medical professional will be registered at the Ministry of Public Health, Social Development and Labour.

In the professional's file the Unicode is registered along with the name, address, place of residence, gender, date of birth, nationality, specialty, specialist title, office address, phone number, fax number, e-mail address, date of establishment, profession group, registration number at relevant professional body, conditions, status.

The registered medical professional can request a Declaration of Registration at the department of Public Health.

Declaration of Registration

A medical professional can request a Declaration of Registration at the department of Public Health.

For a medical professional to request a Declaration of Registration the following is required:

1. Valid identification document;
2. Validated MB or letter from the Minister;
3. Process verbal (if applicable);
4. Unico-code number.
5. Job letter (no older than 3 months)
6. Certificate of Current Professional Status from the Inspectorate of Health (no older than 3 months)

Healthcare Institutions

Based on Article 7 of the National ordinance on healthcare institutions, guidelines are established regarding the need for healthcare institutions and the way in which this need can be met. On the basis of Article 4, fifth paragraph of that National ordinance, a permit may only be granted insofar as this fits within the guidelines referred to in Article 7.

Those guidelines are to be established by law (national decree, containing general measures). The Temporary national decree healthcare institutions currently functions as that law. This decree refers to the Beleidsnota zorgvoorzieningen SInt Maarten, of 2005, of which the current policy is the successor.

One of the aims of the National ordinance on healthcare institutions is to control the expansion of the provision of healthcare by controlling the establishment of new healthcare institutions and the purchase of new medical devices. The objective is for the available healthcare funds to be spent in an effective and sustainable manner. To this end the ordinance establishes a permit system. According to the explanatory memorandum to the ordinance, the criterion for granting a license is a demonstrable shortage of a certain category of care institution or medical device (exceeding Naf. 50,000).

It follows from the aforementioned national ordinance and the explanatory memorandum to the ordinance that the policy to permit healthcare institutions to establish or expand, is to be restrictive. This means that permits will not be granted, unless there is a clear need for the institution or if continuity of care is in danger. Applications will further be denied if the cost effectiveness of the healthcare institution is not proven or if the healthcare institution will be likely to negatively impact currently operational healthcare institutions, or the affordability and sustainability of the system.

By means of the permit system for healthcare institutions and through its restrictive nature, the legislator made the choice to focus on the goals of increasing efficiency and quality of health care, while improving health outcomes, through the means of government regulation, as opposed to reliance on competition in a free market, below the factors for this decision will be further explained.

Research[5] shows that for competition to function properly and achieve those goals, the necessary conditions and probable effects would need to be analyzed, conditions need to be established (additional quality control and supervision as well as essential mechanisms to monitor and ensure fair competition and prevent adverse effects) and the outcomes need to be constantly and carefully monitored. The impact of competition on a healthcare system, on the demand and supply of healthcare and ultimately on the health of the population, is highly dependent on its environment. Likeliness of information asymmetries can for instance create supplier-induced demand. Competition in an environment with a population severely limited in size, such as on geographically isolated Sint Maarten with its small-scale economy, can have adverse consequences and lead to the opposite outcomes than the goals that were set out to be achieved.

In conclusion, because of a variety of factors[6], it is considered the most feasible for Sint Maarten to achieve the goals of accessible and affordable healthcare of the highest attainable quality, and ultimately a healthy population, through other means than through stimulating competition among healthcare providers. In the following paragraphs the procedure to apply for a permit, based on the National ordinance on healthcare institutions, is included, as well details guidelines on the need for healthcare institutions and the way in which this need is met, resulting in an assessment framework for permit applications.

Requirements for healthcare institutions

The National Ordinance on healthcare institutions establishes a framework of quality requirements for healthcare institutions. Additional requirements are established by means of other ordinances.

[5] Barros, P.P. et al, Competition among healthcare providers: harmful or helpful?, Eur J Health Econ (2016) 17:229–233; Gaynor, M., What do we know about competition and quality in health care markets?, NBER Working Paper No. 12301, June 2006, JEL No. I1, L1, L3.

[6] . These factors include the geographic limitations of Sint Maarten, the relatively small population and small-scale economy, the thereto related relatively low volume of hospital care and treatment, the presumed information asymmetry between providers and clients, the circumstance that the financing of healthcare predominantly takes place through social insurances, the limited available resources to analyze, establish and continuously monitor the conditions for the market to function properly, the lack of competition laws and the limited transparency on quality of healthcare.

The requirements for medical professionals (see Requirements for medical professionals) also apply to medical professionals working in a healthcare institution.

Part of the policy directive is to stimulate local health care institutions to expand in case of a growing demand. Therefore, the following exceptions are made:

a. applications of locally established medical professionals to establish a healthcare institution as a joint practice in the field of their own medical profession;
b. applications of current holders of a valid healthcare institution permit, in so far as the application seeks to improve the quality or accessibility of their services.

Healthcare institutions that are operational based on Article 29 of the National Ordinance on Healthcare Institutions are in this respect regarded as current holders of a valid healthcare institution permit. In case an existing healthcare institution wants to expand their services or procure medical equipment over 50.000 Naf. or employs additional medical professionals, they are obliged to require a permit from the minister.

General Requirements

The healthcare institution is responsible that its healthcare professionals in the institute provide adequate and responsible care in accordance with the National ordinance on healthcare institutions. The ordinance details the organization of care provision, staffing and material, responsibilities, quality control, administration, reporting, complaint procedure, etc.

Hospital Requirements

The National Ordinance on healthcare institutions establishes specific requirements for hospital facilities, in addition to the general requirements.

Mental Health Institution Requirements

The National Ordinance regulating involuntary psychiatric care establishes the requirements for mental health facilities, in addition to the general requirements.

Laboratory Requirements

Specific requirements apply to medical laboratories as established in the Medical laboratory policy.

Pharmacy requirements

The establishment of pharmacies follows the stipulations of Articles 26a and 26b of the National ordinance on the supply of pharmaceuticals, as well as the Regulations for the admission of pharmacies.

Guidelines on the need for Healthcare Institutions

The following factors are taken into account to determine the need for healthcare institutions on Sint Maarten and the way in which to meet that need:

- Care demand of the population and visitors:
    - Use of local healthcare services (including waiting times);
    - Population size;
    - Demographic developments;
    - Social economic developments;
    - Number and type of medical referrals; and,
    - Benchmarking against similar countries in the region with a similar population.
- Local provision of healthcare:
    - Established healthcare practices and institutions ;
    - Geographic distribution of the various types of healthcare on Sint Maarten.
- State of the healthcare funds.
- National Strategic Framework for Health in Sint Maarten.
- (Expected) technological and other advances in healthcare.

All these factors have an effect on the accessibility, affordability, availability, quality and sustainability of healthcare on Sint Maarten. When determining the need for a healthcare institution and the way in which to meet that need, those key indicators are therefore leading.

Where this policy refers to the need for healthcare institutions, it is considered to also pertain to the need for expansion of an established healthcare institution, or other activities that require a healthcare institution permit.

Availability of healthcare

There is not considered to be a need for a healthcare institution that duplicates already existing services, unless the care demand is higher than can be provided for by the already established healthcare institutions, or because of the geographic distribution of healthcare in relation to the accessibility of healthcare services.

If a permit application reflects a duplication of existing services or an expansion of services, the established healthcare institutions that provide similar services will be requested to provide their feedback to the anonymized application.

A healthcare institution must guarantee continuity of care. In this respect is important the amount of qualified medical professionals who will be offering the services of the healthcare institution; how many days a week and how many hours a day the services will be available for the population, and the provisions for substitution in case of vacation, illness, or for other reasons.

With the aim to improve the availability of services based on the needs of the population, locally established medical professionals that practice independently (solo practice), are encouraged to organize themselves with their colleagues in a healthcare institution setting (duo practice or more).

Accessibility of healthcare

Duplication of healthcare services (see: availability) can only be permitted when the (near) identical services are distributed proportionally across the island. A healthcare institution must be accessible to the intended patient population (e.g. a ramp for wheel chair access) and serve the needs of the population of Sint Maarten.

The following elements will be taken into consideration:

- Location where activities are planned to take place;

- Physical accessibility of the location for the intended patient population;
- Distribution of healthcare services with the addition of the services of the applicant;
- Proportional distribution of (near) identical services over the island; and,
- Accessibility of intended healthcare institution to the entire population of Sint Maarten.

Quality of healthcare

All healthcare institutions must provide for adequately qualified and competent staff to meet the needs of the population in relation to the provided type of services.
In order to safeguard the quality of healthcare services, a permit will not be granted for activities that can be categorized as experimental medical practice. Only activities that can be categorized as common medical practice will be permitted. Experimental medical practices (within the scope of the practice of medicine) are not considered alternative therapies or traditional medicine. Alternative therapies or traditional medicine, not practiced by legally recognized medical professionals, do not fall under the scope of the National Ordinance on healthcare institutions and therefore this policy.

In order to maintain the quality as well as the affordability of healthcare, a permit will not be granted for an institution offering independent medical specialist services. All medical specialist services have to be provided by or in affiliation with the local general hospital or other relevant healthcare established institution.

The following elements will be taken into consideration:

- Guaranteed continuity of care;
- Number of medical professionals offering the services of the healthcare institution; how many days a week and how many hours a day will the services be accessible for the population; plans for substitution in case of vacation, illness, or for other reasons; and,
- Qualifications medical professionals int he institution. (no establishment if an institution has no qualified staff from the onset).

Affordability of healthcare and financial room

The public healthcare funds[7] are limited and healthcare expenditures need to be controlled in order to keep healthcare affordable for the local population. In this light the expansion of healthcare services through the establishment of new healthcare institutions or the expansion of established institutions needs to be cost effective. There needs to be sufficient financial room to finance the healthcare services. The short as well as the long-term effects of the expansion of healthcare services need to be taken into consideration. Initial higher costs might result in more affordable and sustainable healthcare when the medium-long or long-term effects are taken into consideration. The executing agency Social and Health Insurances will be requested to provide feedback on applications for healthcare institution permits from the perspective of the state of the healthcare funds.

Duplication of services that is not warranted, including medical equipment with a value of NAf 50.000,- or more, must be avoided. Disproportionate overhead costs, also in the light of duplication of services, must be avoided.

In case of duplication of services, the anticipated effects of the activities of the new institution on the financial position of already established institutions need to be taken into consideration. An unnecessary increase in healthcare costs because of e.g. a reduction in the amount of clients per institution must be avoided unless substantiated.

Any healthcare institution that plans to accept SZV clients must refer to the established SZV tariffs. Increase of those tariffs cannot be part of the business plan of a prospective healthcare institution. Prospective healthcare providers that desire to provide their services to SZV clients, must contact SZV directly regarding the possibility to conclude a care contract.

Sustainability of healthcare

Long term sustainability of the healthcare system is important to ensure that the needs of the population continue to be met and continuity of care is guaranteed as much as possible.

[7] Sickness Fund, Accidents Fund, Fonds ziektekosten overheidsgepensioneerden, Algemeen fonds bijzondere ziektekosten as well as the Government budget to cover the healthcare costs of civil servants and of the persons entitled to medical aid.

In this respect it is relevant how a healthcare institution is operated. The business plan needs to be sustainable and a multi-annual plan needs to be included. It needs to be clear for how long the services will be providedand the sources of income.
The effects of the applied for activities on already established healthcare organizations need to be taken into consideration. It is not desirable for a new institution to directly weaken the position of already established institutions that provide services to the population, to not threaten the continuity of care.

The provision of a full range of services in one area of healthcare has preference over the provision of a limited range of services, based on the needs of the population and the geographical limitations of Sint Maarten. Selection of a limited range of services in one area of healthcare is discouraged. This applies when there is no other local provider of the full range of those services, as well as when there is an already established local provider of the full range of those services. Relevant in this respect is whether an applicant concludes an agreement with another institution regarding the related services that the applicant will not provide, or that are duplicated by the applicant.

The need for a hospital facility

A hospital facility is considered a specific type of healthcare institution. The National ordinance on healthcare institutions imposes additional obligations on a hospital facility. There is currently one hospital facility designated as such by means of the National decree designation hospital facilities, namely the Stichting Sint Maarten Medical Center. Sint Maarten needs a local general or basic hospital, based on the care demand of the population and visitors, but also to guarantee the affordability of healthcare in general and hospital care in particular.

A general hospital is expected to provide emergency care and at least provide adequate low complex care within the medical specialties that are essential based on the needs of the population and visitors.

Maintaining more than one general hospital is not realistic in view of the affordability of care. This would lead to cost-increasing duplication of healthcare and other services. The commissioning and operation of a new hospital facility that might not offer all the services of a general hospital could also entail significant risks. Some services offered by a general hospital

are related to the availability function, such as emergency care. Such services hardly generate any income for a hospital, which in a financially healthy hospital is offset by other more profitable services. If a new healthcare institution were to offer a selection of profitable hospital services, the provision of care in the general hospital would eventually be endangered. Competition for profitable services, within the small market of Sint Maarten, could have a considerable financial impact on the general hospital, with the potential result that the hospital care needed for the population and visitors is no longer locally present. This would have disastrous consequences for the accessibility of healthcare on Sint Maarten and the affordability of healthcare. In this respect reference is also made to paragraph 10, where various reasons are clarified to choose government regulation to obtain the goals, over stimulating competition between healthcare providers.

For these reasons, other healthcare institutions will not be permitted to duplicate the services of the general hospital. The services of the general hospital are reflected in the multi-annual plan of the Sint Maarten Medical Center. A permit could only be granted for the provision of services in addition to the services provided by the general hospital.

A healthcare institution that intends to provide hospital care in addition to the services of the general hospital, has to submit a collaboration agreement with the general hospital when applying for a healthcare institution permit. Such an agreement at least covers the access to the general hospital, such as transfer of patients and exchange of patient data, retention of staff and collaboration in quality improvement processes.

The need for a Mental Health institution

A Mental Health facility is considered a specific type of healthcare institution. The National ordinance regulating the supervision of the insane imposes additional obligations on a mental health facility.

There is currently one mental health institution designated as such by means of the National ordinance regulating the supervision of the insane, namely the Mental Health Foundation. Sint Maarten needs a mental health facility, based on the care demand of the

population and visitors, but also to guarantee the affordability of healthcare in general and mental health care in particular.

A mental health institution is expected to provide emergency care and at least provide adequate low complex care within the medical specialties that are essential based on the needs of the population and visitors.

Cooperation agreements

Healthcare institutions providing intramural and non-intramural care require a cooperation agreement with established care healthcare institutions providing the same service.

Assessment framework on applications for healthcare institutions

Required documentation

Firstly, it is assessed whether all required documentation has been received as outlined in the section on Procedure for Permit application of a healthcare institution. Incomplete applications will not be processed. The required fee has to be paid and proof of payment has to be submitted with the application.

Need for healthcare institutions

Each application is assessed based on the guidelines on the need for healthcare institutions and the way in which to meet that need, as described in the chapter on Guidelines on the need for Healthcare Institutions.

If there is no need for the applied for activities, based on those guidelines, or if the application does not meet the need in accordance with the guidelines, the application will be denied.

Established Healthcare Institutions

Healthcare institutions that are operational based on Article 29 of the National ordinance on healthcare Institutions are in this respect regarded as current holders of a valid healthcare institution permit. Those healthcare institutions will be requested to provide the scope of their

services and an overview of their equipment. This description can be used to determine which quality guidelines apply to the organization, in assessments by the Inspectorate for Public Health, and as baseline for potential future applications for expansion of services, replacement or purchase of equipment or the establishment of new healthcare institutions.

Reporting framework for healthcare institutions

In accordance with articles 8-14 of the ordinance regulating healthcare institutions (Landsverordening Zorginstellingen), the healthcare institution shall submit before the first (1st) of June each year, the annual report of the preceding calendar year, to the Minister of Public Health. In the report the healthcare institution reports minimally on all aspects in articles 8-14.

The reporting framework should minimally include the following elements:

1. Introduction
    a. Provide an overview of the healthcare institution (to be referred to as institution in the document) and its history, including any major milestones or achievements.
    b. Define the mission, vision, and values, and how they guide the institution's work/achievements.
    c. Highlight the institution's unique contributions to the field of healthcare.
2. Governance and Leadership
    a. Provide an overview of the governance structure, including its board of directors or other governing body (including names).
    b. Highlight any changes to the leadership or governance structure during the year.
    c. Describe any strategic planning or visioning processes undertaken during the year.
3. Program and Service Overview
    a. Provide an in-depth overview of the programs and services offered, outlined in their goals, objectives, and target populations.
    b. Describe the evidence base for each program or service, and any research or evaluation studies conducted during the year.
    c. Provide statistics on the number of clients served, their demographic characteristics, and the outcomes of their treatment.

d. An overview of information and data including but not limited to the following topics: consultations, diagnostics, admissions, types of procedures performed, treatments, outpatient care, waiting list (including waiting time), number of returning and/or admitted clients.

5. Quality of Care
    a. Describe the institution's commitment to providing high-quality care, including any quality improvement initiatives implemented during the year.
    b. Describe and provide an overview of the patient safety mechanisms utilized.
    c. Provide statistics on compliance with relevant accreditation and certification standards.
    d. Describe patient or client satisfaction surveys conducted during the year and their results.
    e. Description of how patients are involved in the quality policy.
    f. The frequency and manner in which quality assessment took place within the healthcare institution and the result thereof.
    g. Number of complaints, timelines of procedures, outcome and follow-up has been given to complaints and reports about the quality of the care provided.
6. Staff and Volunteer Overview
    a. Describe the institution's staffing levels and organizational structure, including any changes made during the year.
    b. Provide an overview of staff training and development initiatives, including any new training programs or certifications offered.
7. Community Engagement and Partnerships
    a. Describe the institution's efforts to engage with the community and other stakeholders to promote health awareness during the year.
        1. Highlight any partnerships or collaborations established during the year, including their goals and outcomes.
        2. Describe any community outreach events or activities organized during the year.
8. Advocacy and Public Policy
    a. Describe the institution's efforts to advocate for health issues within the country.
    b. Highlight any policy changes or legislative victories that the institution contributed to during the year.
9. Research and Innovation
    a. Describe any research studies and/or innovative programs developed during the year, and their expected impact.

b. Highlight any partnerships with academic institutions or other research organizations.

10. Technology and Digital Health
    a. Describe any technological innovations or digital health initiatives implemented by the institution during the year, and their potential impact on healthcare services and care delivery.
11. Financial Overview
    a. Provide an overview of the institution's financial performance during the year, including revenue and expenses, and financial challenges or opportunities.
        1. Describe fundraising and development initiatives, including any new partnerships or initiatives launched during the year.
        2. Provide an overview of investments and reserves, and how they are managed.
        3. Provide an independent audit report.
12. Future Outlook
    a. Describe the institution's goals and objectives for the coming year, including any new programs or services to be launched.
        1. Provide an overview of significant changes to organizational structure, staffing, or programs planned for the coming year.
        2. Describe any challenges or opportunities expected in in the near future, and plans to address them.

Procedure for Permit application of a healthcare institution

The following activities require a permit from the Minister, based on Article 3, paragraph 1, of the National Ordinance on healthcare institutions:

a. to build, rebuild or add to a healthcare institution;
b. to take an existing structure into use as a care institution;
c. to operate a healthcare facility;
d. to change the destination of a healthcare institution or a part thereof;
e. to perform or have performed medical examination or treatment, nursing or care or related services in a care institution;
f. to purchase medical devices for a healthcare institution or to use or have them used in a healthcare institution that exceed an amount to be determined by ministerial regulation.

The National ordinance on healthcare institutions defines what is considered a healthcare institution. That definition is deliberately as broad as possible. This includes both legal entities that operate a care institution and persons who jointly form an institution and provide care as such.

The collaboration of those healthcare professionals in the provision of care has to be on a basis of equality. A hierarchical collaboration, such as a general practitioner (GP) and an assistant, is therefore not considered a healthcare institution. This situation would on the other hand be considered a healthcare institution if the GP were to recruit another doctor to jointly provide care to their patients.

If the collaboration solely consists of the use of a joint administrative facility, it is not considered a healthcare institution. The collaboration has to be in the provision of care.

The collaboration can take place in any type of organizational structure.

In the following paragraphs the procedure to apply for a permit is described, as well as the guidelines on the need for healthcare institutions and the way in which to meet that need, which serve as assessment framework for permit applications as applied by the Ministry of Public Health, Social Development and Labour.

Submitting an application

A permit application meets the requirements of the Temporary national decree healthcare institutions:

- Written in the English or Dutch language;
- Addressed to the Minister of Public Health, Social Development and Labour;
- Submitted in person to department of Records and Information Management at the receptionist at the Public Service Center or a copy can be sent to the Department of Public Health by e-mail;
- All questions in this application form must be completed and ensure all pages and attachments are included and submitted in one (1) pdf file;
- This application form may be submitted typed or handwritten clearly in block letters using black or blue ink;

- That all documentation must be accompanied with an attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
- Relevant documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba);
- A complete application contains both a cover letter and the completed application form (see Annex IV – Application form for healthcare institutions);
- The cover letter includes:
  i. a motivation
  ii. the date of submission
  iii. the signature of the applicant
- The healthcare institution application consists of:
  - A completed application form, see Annex IV – Application form for healthcare institutions ;
  - A copy of Sint Maarten ID or passport of the director or owner;
  - A copy of business or director's license;
  - An up-to-date curriculum vitae of the director or owner;
  - Business plan which includes but is not limited to:
    - Executive Summary;
    - Company Overview/Description:
      - Vision/mission/goals/objectives
    - Operational Plan;
    - Location;
    - Target populationl;
    - Services provided;
    - Formation;
    - Staffing/ qualifications;
    - Inventory/Equipment needed/used;

- Marketing Plan
  - Research done to justify the need for your HCI
- Operational budget (including expected revenue and costs);

- Detailed floor plan of location(s), further describing the location of:
  - all equipment and cost;
  - environmental, health and safety measures (such as storage location(s) of any hazardous materials, ventilation and electricity/gas/fire safety measures);
  - water sources;
  - office and public spaces;
  - measures taken to ensure accessibility and;
  - waste management plan;
- Excerpt from Chamber of Commerce;
- Articles of association/incorporation of the proposed healthcare institution;
- Annual accounts accompanied by an approving declaration from a certified public accountant or a registered accountant in the case of an existing institution, if applicable;
- Healthcare institutions providing intramural care require a cooperation agreement with established care healthcare institutions providing the same service;
- Proof of payment of the processing fee of NA*f* 325,00 at the Receiver's Office.

- The application for requesting medical equipment consists of:
  - Healthcare institution license, if applicable;
  - Copy of Sint Maarten ID or passport;
  - A copy of business or director's license;
  - Excerpt Chamber of Commerce;
  - Description of the use for the equipment, what the equipment is, the costs and impact on current medical tariff, maintenance schedule and required technician, required (medical) operator of equipment and qualifications;

- Proof of payment of the processing fee of NAƒ 325,00 at the Receiver's Office.

Processing of the application

Applications which include all the required attachments are considered complete and will be processed.
Based on the National ordinance on healthcare institutions, the following procedure applies:

- The Minister requests the mandatory advice of the Council for Public Health on the application;
- The Council for Public Health advises the Minister within a timeframe of eight (8) weeks. If the application solely pertains to medical equipment, the timeframe is instead four (4) weeks;
- If the advice of the Council for Public Health is not received within this timeframe, it is assumed to be a negative advice;
- The Minister decides on the application within four (4) weeks after the Council for Public Health issued their advice. This period can be extended with another four (4) weeks, of which the applicant is notified.

Ministerial Decree

Based on the relevant assessment of an application (see Assessment framework on applications for healthcare institutions) and in accordance with the applicable laws and policies, the Minister decides to grant or to deny the permit. This decision is a ministerial decree. Standard conditions are applied to a granted permit. Specific conditions will be applicable depending on the type of health care institution. Permit templates are included as Annex to this policy.
If those affected by the decision wish to object to the decision, the National ordinance on administrative appeal proceedings applies. In accordance with the Articles 54 and 55 of that ordinance, those affected by the decision may object to the decision at the Minister, or appeal the decision at the Court of First Instance of Sint Maarten, within 6 (six) weeks after the day of issuance of the ministerial decree. The objection or appeal letter must contain a description of the

decision against which it is aimed (incl. reference number), as well as the reason for the objection/appeal, the date, name, address and signature.

All permits that are granted for healthcare institutions will be subject to the following conditions:

1. The Ministerial Decree has to be validated with stamps in accordance with the Stamp Ordinance, with the value of NAf 10,- for the first page and NAf 5,- per additional page;
2. The healthcare institution shall adhere to all applicable laws and regulations concerning healthcare, healthcare institutions, medical professionals and tariffs on St. Maarten;
3. In accordance with article 12 of the ordinance regulating healthcare institutions (Landsverordening Zorginstellingen), the healthcare institution shall submit before the first (1st) of June each year, the annual report of the preceding calendar year, to the Minister of Public Health;
4. The healthcare institution shall provide adequate and responsible care;
5. Medical procedures can only be performed by medical professionals who are in possession of a permit by the Minister;
6. The healthcare institution shall contribute in a positive manner and collaborate with developments aimed at improving healthcare services;
7. The healthcare institution shall implement a grievance redress mechanism and a complaint procedure and submit these procedures to the Inspectorate for Public Health;
8. The healthcare institution shall abide by privacy regulations;
9. The healthcare institution shall ensure that the relevant continuous medical education and training is provided to their employees;
10. The healthcare institution shall secure a business and professional liability insurance;
11. The provided care is accessible for all in Sint Maarten;
12. That clients are accepted regardless of their medical situation;
13. That employer's' files are stored and destroyed in accordance with applicable legislations;
14. The healthcare institution shall cooperate in immediately reporting any incident of medical negligence and/or casualties related to their services, to the Inspector-General for Public Health;

15. The healthcare institution will submit an application to the Minister of Public Health, Social Development and Labour, in the event it intends to:
    a. expand its services;
    b. procure medical equipment above 50.000, - guilders;
    c. employ additional healthcare professionals.

All granted permits can be revoked if any of the conditions stipulated in the decree are violated. Specific conditions may be added based on the discretion of the Minister with regard to the function and size of a healthcare institution or a medical device.

The minister can obtain information in addition to the submitted information in order to assess the application. Information not provided can lead to a negative decision. In complex cases the decision time can be suspended for a reasonable period. Applicants will be informed about a suspension.

Annex I – Application form for medical professionals

For registrar only

Registration number:

Date and time:

Registration fee paid: Y N N/A

APPLICATION FORM EXEMPTION TO ORDINANCE RESTRICTING THE ESTABLISHMENT OF MEDICAL PROFESSIONALS

(AB 2013, GT no. 444)

PERSONAL DETAILS

a. Surname name:

_____

b. Given name(s):

_____

c. Profession (requesting to establish and practice as):

_____

d. Employer/ Institution of practice:

_____

e. Duration of employment (DD/MM/YYYY):

_____until _____

f. Date of birth:

_____

g. Place of birth:

_____

h. Nationality:

_____

i. Address:

_____

_____

j. Mailing Address:

_____

_____

k. Telephone number:

_____

l. E-mail:

_____

Admission requested for (select answer):

Establishment ☐ Renewal ☐ Substitution ☐

EDUCATIONAL BACKGROUND / QUALIFICATIONS

Please provide an overview of all relevant education

a. Name of institution:

_____

Title of Diploma:

_____

Country:

_____

Completion date:

_____

b. Name of institution:

_____

Title of Diploma:

_____

Country:

_____

Completion date:

_____

c. Name of institution:

_____

Title of Diploma:

_____

Country:

_____

Completion date:

_____

d. Name of institution:

_____

Title of Diploma:

_____

Country:

_____

Completion date:

_____

(Attach a separate page if your relevant qualifications and examinations did not fit in the space provided.)

COVER LETTER

Please attach a signed and dated cover letter that motivates your request.

PROFESSIONAL EXPERIENCE

Please attach a signed and dated current curriculum vitae that describes your full practice history.

CONTINUOUS MEDICAL EDUCATION

Please attach:

a. An overview of all relevant continuous medical education (CME) successfully completed over the past 2 years;
b. Include copies of all obtained certificates and/or proofs of participation (All documents must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document);

MEDICAL REGISTRATION HISTORY

Please attach an extract from all professional registries and/or specialist board(s) (e.g., BIG-registry in the Netherlands, KNMG registration in the Netherlands) from the country where registered.

STATEMENTS, CONSENT AND DECLARATION

Statements:

a. Have you been suspected, charged and/or convicted of committing any criminal activities?

Yes ☐ No ☐

If yes, please provide an elucidation on the exact nature of the suspicion/charge/conviction on a separate sheet and include a copy of any document that may be relevant to support your elucidation.

b. Have you had any registration in a professional registry or specialist board cancelled, refused, suspended or subject to any restrictions, undertakings or limitations?

Yes ☐ No ☐

If yes, please provide an elucidation on the exact nature of the cancellation/refusal/suspension/restriction/undertakings/limitations on a separate sheet and include a copy of any document that may be relevant to support your elucidation.

Consent and Declaration:

i. I consent to the Inspectorate of Public Health making enquiries of and exchanging information with the health authorities of any state or country regarding my practice as a health practitioner or otherwise regarding matters relevant to this application.

ii. I understand that information can be extracted from this form and used for the purpose of criminal history checking.

iii. I declare that all documentation has been submitted in compliance with the requirements and required documents attached to this application form.

iv. I consent to my information being shared with the relevant assessment agencies for further evaluation if deemed necessary by the Minister of Public Health, Social Development and Labour.

v. I understand that additional information may be requested during the assessment which requires my compliance.

vi. I understand that an incomplete application will not be processed.

vii. I declare that the above statements and the documents provided in support of this application are true and correct. I make this declaration in the knowledge that a false statement will lead to refusal or revocation of the application.

Date: (DD/MM/YYYY)

_____

Signature of the medical professional

_____

REQUIREMENTS

- All questions in this application form must be completed and ensure all pages and attachments are included and submitted in one (1) pdf file.
- This application form may be submitted typed or handwritten clearly in block letters using black or blue ink.
- That the applicant must submit all the of the information listed below including the information required within the application form.
- That all documentation must be accompanied with an attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
    - Relevant documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba).

REQUIRED DOCUMENTS

This application will be considered incomplete and will not be processed if all of the below mentioned supporting documents (insofar as applicable) have not been provided.

For medical professionals who meet the requirements as stipulated in the relevant legislations:

1. Copy of valid passport;
2. An up-to-date curriculum vitae;
3. An original certified copy of all relevant diplomas, extract BIG- register (Beroepen in de Individuele Gezondheidszorg) in the Netherlands. In the case of Midwives extract from the Health Registry of Suriname must be included;
4. Proof of registration in a board of medical professionals where the medical professional is registered (e.g., KNMG) if applicable;
5. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
6. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
7. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution;

For medical professionals who do **not** meet the requirements as stipulated in the relevant legislations, you are required to provide the following:

1. Copy of valid passport;
2. An up-to-date curriculum vitae
3. Supporting documents showing any professional experience;
4. An original certified copy of all relevant diplomas, issued by the institution where the diploma was obtained. This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
5. Authenticated certified copy of all relevant certificate(s) and diploma(s), physicians must submit a certified copy of the relevant degree/ certificate to the Inspector General of Public Health, Sint Maarten;
6. Transcripts, grade lists and assessments of study results, practice periods and/or internships This documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba). An attached translation into Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
7. Proof of registration in the register of the profession, not older than six months;
8. CCPS (Certificate of current professional status) from the health authorities of the country of current practice, not older than three months, showing whether a decision or measure, based on a judicial, disciplinary or administrative decision given or is in force on the basis of which the applicant has temporarily or permanently lost all of their rights to exercise the profession concerned in the country where the decision was given, issued by the competent authorities;
9. The official curriculum followed in the university for all relevant degrees, issued by the competent authority in the country where the training was taken. Program listing the courses of your professional degree(s), divided into theoretical and practical subjects. Indicate how

much time was spent on the education in these subjects. This document must be issued by the institution from which you received your degree;

10. The document must demonstrate that the training curriculum took place at the specified period. An overview of the training followed must be in chronological order and contain information about the duration and content of the parts of the training;
11. A list of operations performed during the training (for cutting specialisms) in chronological order;
12. Proof of continuous medical education followed after completing the medical training;
13. Statement(s) about the completion of the training as a specialist for activities performed with substantive information about the nature of the activities (for cutting specialisms, supplemented with an overview of performed activities);
14. Proof of sufficient command of the English language;
    a. *No proof of English proficiency is required if English is the native language of the medical professional.*
    b. Evidence that English was the language of instruction of the medical professional's relevant educational career
    c. English language test scores from either;
        i. TOEFL
        ii. IELTS (International English Language System
        iii. Cambridge Assessment English
15. Copy of relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry).

For medical professionals requesting an extension of their establishment, you are required to provide the following:

1. Copy of valid passport;
2. An up-to-date curriculum vitae;
3. Copy of current Ministerial Decree, expired no longer than 3 months;
4. Proof of registration in the register of the profession, not older than six months;
5. Proof of registration in a board of medical professionals where the medical professional is registered if applicable;

6. Certificate of Current Professional Status (CCPS) from the country in which you last worked, no older than 3 months, if applicable;
7. Copy of valid relevant labour agreement or, if applicable, proof of application for economic license and relevant corporate documents (articles of association, registration Chamber of Commerce and Industry);
8. For medical specialists: Copy of admittance/ labour agreement with an established Healthcare Institution;

Annex II – Permit templates for medical professionals

of , no.

The Minister of Public Health, Social Development and Labour,

Considering:

- the request for *(extension of the)* exemption on the restriction of the establishment of medical professionals which was submitted on *[date]*, by *[name person / institution]* on behalf of *[name medical practitioner]*, to practice as a *[profession]* on St. Maarten;
- the advice received from the Council for Public Health;
- the advice received from the Head of the Department of Public Health;
- that the Inspectorate of Public Health, Social Development and Labour was informed about this request;
- that the requested exemption fits within the 'Policy on Establishment of Healthcare Services' of 2023, which includes the Manpower Planning as adjusted in 2018, in which guidelines are established on the need for medical professionals and the way in which that need can be met;
- that this request referred to an extension of ministerial decree no. XXXX dated XXXX;
- that these considerations warrant grounds to permit *[medical practitioner]* to practice as a *[profession]* on Sint Maarten;

Given:

Articles 1, 2 and 5 of The National Ordinance regulating the practice of medicine (Landsverordening regelende de uitoefening van de geneeskunde)

and,

Articles 2, and 3 The Temporary Ordinance Restricting the Establishment of Medical professionals (Tijdelijke Landsverordening beperking vestiging medische beroepsbeoefenaren);

HAS DECIDED:

Article 1

That [*name*], born on [*date*] in [*place*], [*country*] is qualified to practice as a [*profession*] and is exempted from the prohibition on the establishment of medical professionals, under the conditions outlined in article 2.

Article 2

The following conditions apply (Additional conditions may be added):

1. This Ministerial Decree is validated with stamps in accordance with the Stamp Ordinance, with the value of NA*f* 10, - for the first page and NA*f* 5, - per additional page;
2. The prescribed oath or promise has been taken in front of the Governor;
3. *[name]* is required to provide adequate responsible care ("verantwoorde zorg");
4. *[name]* adheres to the policy of the Inspectorate for Public Health regarding the notification of (potential) calamities ("Richtlijn melden van (potentiele) calamiteiten" as published in the National Gazette no. 19 of 2018);
5. *[name]* is required to contribute in a positive manner to and collaborate with developments aimed at improving the quality of healthcare on Sint Maarten;
6. *[name]*'s services must be accessible to the population of Sint Maarten;
7. *[name]* maintains the registration as *[profession]* in *[register]*
8. *[name]* is exclusively employed at *[institution]*;
9. In case substitution is necessary because of vacation, sickness or because of other reasons, the Ministry of Public Health, Social Development and Labor is notified and an application is sent in line with the Temporary Ordinance Restricting the Establishment of Medical professionals prior to the intended period of substitution;

10. *[name]* complies with all applicable laws and regulations regarding the provision of healthcare services;

Article 3

1. This Ministerial Decree can be revoked upon detection that the conditions stipulated in Article 2 of this Decree have not been upheld.
2. This Ministerial decree goes into effect as of *[date]* and is valid until *[date]*.

Article 4

This ministerial decree will be published in the National Gazette.

Minister of Public Health,
Social Development and Labour

NOTICE:

1. In accordance with the Articles 54 and 55 of the National Ordinance on Administrative Appeal Proceedings (Landsverordening Administratieve Rechtspraak), those affected by this decision may object to the decision at the Minister of Public Health, Social Development and Labour or appeal this decision at the Court of First Instance of Sint Maarten, within 6 weeks after the day of issuance of this letter. This notice is to contain a description of the decision against which the objection is aimed (incl. reference number), as well as the reason for the objection, date, your name and address.

Copies of this Ministerial Decree shall be sent to:

- the department of Public Health;
- the Inspectorate for Public Health;
- the Council for Public Health;
- the executive agency Social and Health Insurances SZV;

Annex III – Manpower planning

Manpower planning 2021-2023

Overview of Headcount of medical professionals

The overview of the Headcount of medical professionals on the Dutch side of St. Maarten, found in column 2 of the below diagram, were based on the Manpower planning update of July 2020. These numbers were calculated based on figures provided by the professionals themselves, the healthcare institutions and data found at the Public Health Department.

Overview of required capacity

The overview of required capacity norms in FTEs (Full Time Equivalent), found in column 3 of the below diagram, are the results of the assessment and represents the set norms. the motivation for the changes can be found in chapter 5.

Overall overview total required and available capacity

Discipline	Current Headcount July 2020	Required FTE capacity 2021-2023
General practitioner[1]	**23.0**	**22.42**
Physical therapy[2]	**21.0**	**21.5**
Occupational therapy	**4.0**	**4.5**
Kinetics (Exercise) therapy	**1.0**	**2.0**
Speech therapist	**3.0**	**6.0**
Dieticians	**3.75**	**7.0**
Podiaric therapist	**0**	**1.23**
Psychologist	**13.0**	**13.0**
Psychiatrist	**5.0**	**8.0**

Discipline	Current Headcount July 2020	Required FTE capacity 2021-2023
Pharmacist [3]	**14.0**	**13.5**
Dentist (including a youth/public dentist, a periodontist and an orthodontist)	**9.0**	**11.25**
Dental hygienist (including youth/public)	**0**	**5.0**
Pulmonologist	**0**	**1.1**
Anesthesiologist	**3.0**	**4.0**
Cardiologist	**1.5**	**3.0**
Dermatologist	**1.0**	**2.0**
ER physicians	**5.0**	**9.0**
Gastroenterologist	**0**	**1.3**
Gynecologist	**4.0**	**5.0**
Internal medicine	**3.0**	**6.3**
Dental Surgeon (including a visiting Maxillofacial Surgeon)	**0**	**1.0**
Microbiologist	**0.1**	**1.0**
Neurosurgeon	**0**	**1.4**
Neurologist	**1.0**	**2.2**
Ophthalmologist	**1.0**	**2.5**
Remedial teacher (orthopedagogue)	**0**	**1.0**
Orthopedic surgeon	**1.0**	**1.5**

Discipline	Current Headcount July 2020	Required FTE capacity 2021-2023
ENT (Otolaryngology) doctor	1.0	2.2
Pediatrician	1.0	4.5
Pathologist	0	1.0
Plastic Surgeon	0	1.2
Radiologist	1.0	3.2
Radiotherapist	-	-
Revalidation Physician	0	1.5
Surgeon (general)	2.0	4.0
Urologist	2.0	2.2
Geriatric Physician	0	1.2
Midwife	2.7	3.3
Occupational Health doctors	1	4.6
Verzekeringsartsen	2	3.4
Clinical Chemist	2	1.0
House officers	1.0	6.0

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[8] ***Quarterly updates of the Manpower planning will be provided to the various stakeholders by the Department of Public Health.***

Reference:

1. ***ACSION/Advanced Care Solutions and Insights for Optimization conducted an independent study namely; The Manpower planning Sint Maarten 2018-2020, which was provided to the Ministry VSA, to be use as a tool to establish its Policy document. Recommendations that conflicted with existing regulations could not be utilized.***
2. ***NIVEL: https://www.nivel.nl/nl/jaarcijfers-beroepsgroepen-de-zorg***

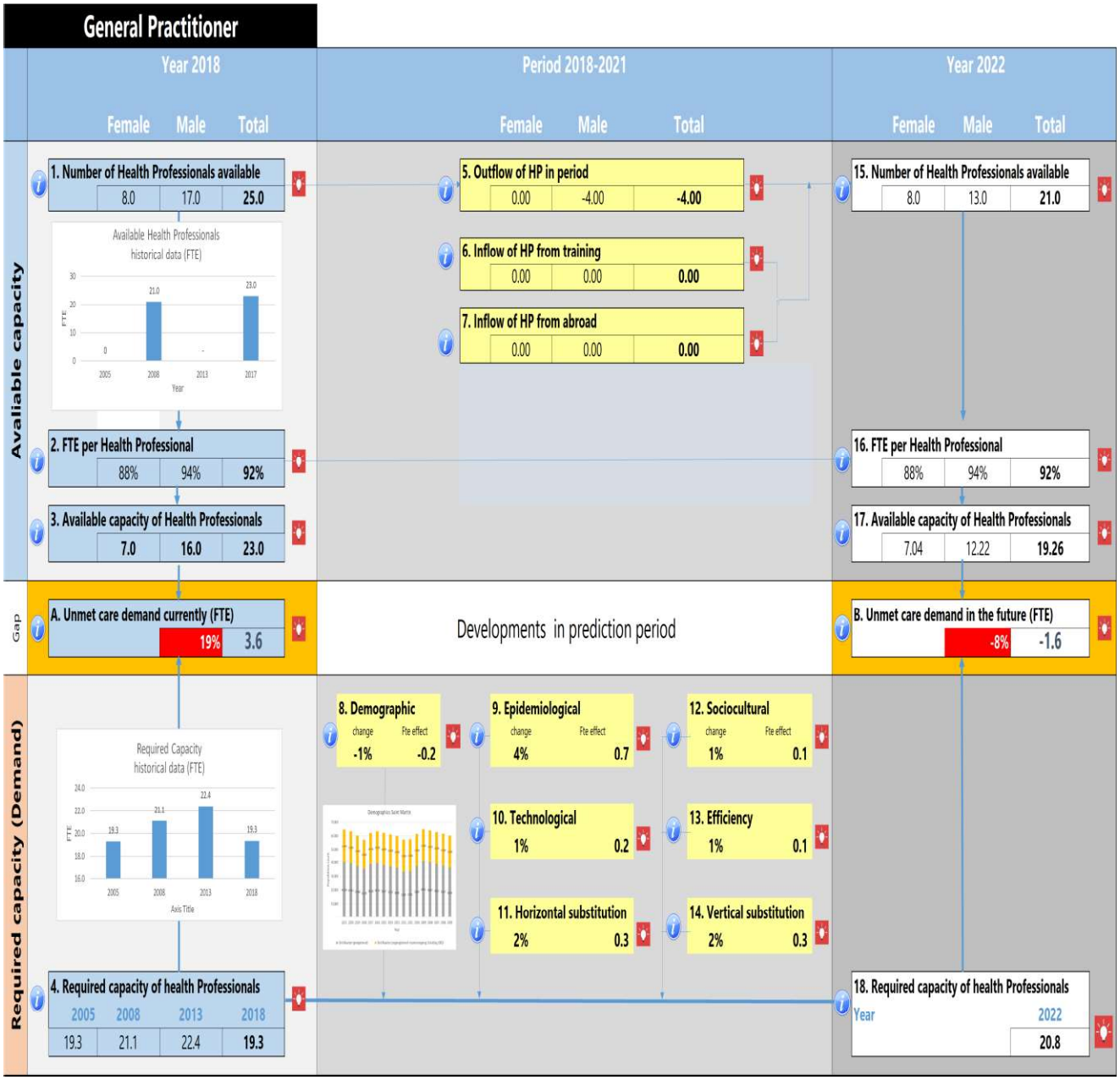
Manpower planning model

To update the previous Manpower planning in order to determine more current norms for medical professionals based on the care demand, both the Manpower planning of 2008 and 2013 were reviewed by the key stakeholders. Based on their reaction, the following points were integrated in the current Manpower planning:

a. Ensure that there are clear starting points and uniform definitions;
b. Take the actual available capacity based on reliable data into account;
c. Transparency on the norm standards used for establishing the required capacity;
d. Appropriate calculation of the norms for occupations with 24hrs,7 days requirements;
e. Open dialogue with and involvement of all relevant professions/professionals and other relevant key stakeholders in the process;
f. Transparency about the methodology used;
g. Agree on model to validate calculations and define the service area;
h. Organize one-on-one sessions with disciplines; validate results and document recommendations for improvements for future Manpower planning updates.

A model was developed and validated with the stakeholders, taking the aforementioned into account. This model is to be applied every 3 years when assessing the necessary capacity for each discipline separately.

The model developed is based on the experience of the Netherlands institute for health services research (hereafter: NIVEL) and the lessons learned from previous Manpower planning assessments. The model consists of an upper panel (care capacity) and lower panel (care demand) in three columns.



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[9] **HP=Health professional**
Inflow= expected entry into the workforce within the policy period.
Outflow= expected exit out of the workforce within the policy period.
The percentages are calculated by dividing the targeted demographic by the entire population, and then multiply the result by 100 to convert it into percentages. To do so you must know for example, how many people belong to the particular group or profession you are measuring, and how many people belong to the entire population.

Column 1- current situation

- The first column captures the current situation regarding the available and required capacity.
- Number 1-3: captures the number of medical professionals (in FTE) available currently in the assessed group of professionals.
- Number 4: is the required number of medical professionals (in FTE) currently based on the care demand and or norms for the availability of these professionals.
- Letter A: Unmet demand of care currently: The shortage or surplus of medical professionals (in FTE) in 2018.

Column 2 – developments in prediction period

- The second column focuses on the drivers of changes in capacity and demand in the coming years.
- Number 5-7: Changes in the number of medical professionals (headcount) in the assessed professional group based on the known in- and outflow during the policy period.
- Number 8-14: Different drivers that influence the care demand on Sint Maarten.

Driver	**Description**
8. Demographic	Developments in the size and composition of the population depending on healthcare in Sint Maarten during the policy period.
9. Epidemiological	A non-demographic parameter in the estimation model which indicates in what percentage the need for a certain professional group will increase or decrease during the policy period, as a result of changes in the prevalence and spread of diseases among the population, in relation to age, sex, sources of infection, nutrition, et cetera. (source NIVEL)
10. Technological	A non-demographic parameter in the estimation model which indicates in what percentage the need for a certain professional

	group will increase or decrease during the policy period, because of developments that are specific to the technological and scientific content and development of the discipline. (Source NIVEL)
11. Horizontal substitution	A non-demographic parameter in the estimation model, which indicates in what percentage the need for a certain professional group, will increase or decrease during the policy period, because of a shift of work between two similarly trained professional groups. Examples are shifts from the primary to secondary care, or within the secondary care from a main- to a sub specialism. (Source NIVEL)
12. Sociocultural	A non-demographic parameter in the estimation model which indicates in what percentage the need for a certain professional group will increase or decrease during the policy period, as a result of social and cultural developments, such as the increasing empowerment of patients or differences between social groups in relation to health care use. (Source NIVEL)
13. Efficiency	A non-demographic parameter in the estimation model which indicates in what percentage the need for a certain professional group will increase or decrease during the policy period, as a result of economies of scale, cooperation, commercialization, and changes in process design, administration or ICT in the work process. (Source NIVEL)
14. Vertical substitution	A non-demographic parameter in the estimation model, which indicates in what percentage the need for a certain professional group will increase, or decrease during the policy period, because of shifting tasks to higher or lower-skilled professional groups. Examples are shifts of tasks from doctors to POH or specialized nurses. (Source NIVEL)

Column 3 – Estimated/required manpower – future

- The third column would be the outcome: the required Manpower at the end of the policy period when all the influencing factors are taken into account.
- Number 15-17: Number of medical professionals (in FTE) in the assessed group of professionals at the end of the policy period.
- Number 18: Required number of medical professionals (in FTE) that is available at the end of the policy period.
- Letter B: Unmet demand of care present: Required number of medical professionals (in FTE) at the end of the policy period.

Manpower planning method

Demographic profile of the population

Population figures on Sint Maarten are to be compiled from both the Population Censuses as well as from the population registry of the Civil Registry Department.
The most recent Population Census conducted on Sint Maarten was in April 2011 by the Department of Statistics (hereafter: STAT), revealing a population of 33,609 residents and prior to that in 2001 by the Central Bureau of Statistics (former Netherlands Antilles). Yearly, an estimate is given of the population numbers based on annual mutation files.

STAT reported that Sint Maarten has a population of 40.535 persons (STAT 2017). The reported number of STAT also includes an estimate for unregistered persons.

Service Area

When establishing the Manpower planning, other regions besides the population of Sint Maarten must be taken into account. Some medical professionals and healthcare institutions fulfill a regional function. This means that the population of Saba and/or Sint Eustatius should be included for the disciplines that also cater to their needs. The Centraal Bureau voor de Statistiek (hereafter: CBS) reported that Saba has a population of 1.947 persons and Sint Eustatius a population of 3.193 persons (CBS 2016).
Some medical professionals also cater to the population of French Sint Maarten and Anguilla however; these populations are not part of the service area of Sint Maarten.

Tourism is the leading export service and main source of income for Sint Maarten. The industry is identified by three different types of tourists namely: cruise, stay-over (overnight) and marine tourist (STAT 2017).

When visiting the island tourists also use the healthcare system of Sint Maarten. The influence of tourist differs per discipline. The average number of tourists per day, prior to hurricane Irma in September of 2017, was about 16.000 persons. This data is to be updated every three (3) years and included for the calculations of the required capacity. For each discipline, the medical professionals and healthcare institutions concerned are to include the updated population of Saba, Sint Eustatius and tourists to their service area when calculating their required capacity.

Data sources

Based on available data, an estimate is made using multiple data sources and experiences of key stakeholders. Data is retrieved from the various medical professionals, healthcare institutions, health insurances, various departments in Government, the NIVEL capacity and healthcare demands studies, regional as well as reliable international capacity and healthcare demand studies. Stakeholders are encouraged to improve on data collection during policy periods.

Capacity medical professionals

In determining the availability and required capacity, the accessibility to healthcare services was taken into account. A distinction has to be made between medical professionals, who cater to the entire population and medical professionals, who cater to targeted groups of the population.

A headcount amount per discipline is performed and compared to the actual norm (FTE), taking into account that one FTE is not necessarily equal to one care provider. This can be due to part-time workers or accessibility to healthcare services.

Healthcare Institutions and medical professionals are responsible for providing adequate care. Healthcare Institutions are responsible for arranging timely and equally qualified care during the absence of medical professionals employed by them(substitutions). Medical professionals in private practice are also responsible for arranging timely and equally qualified care during their absence.

Generalist versus Specialist

Given the limited number of medical professionals on Sint Maarten, it is preferred that medical professionals be generalist with knowledge of a wider area within their specialty. Currently sub-specialist are classified under the general specialization norm in the manpower planning. The manpower planning will not determine which areas need to be present per discipline on Sint Maarten. The majority of professional groups agreed that this should not be part of the manpower planning, as it is considered something that should be regulated by the professional group itself.

Absence of certain disciplines

Various disciplines are currently not present on Sint Maarten namely: podiatric therapist, remedial teachers, periodontist, dental hygienist and a youth and public dentist. In the absence of disciplines, the professional groups cannot be consulted to assess the required capacity based on the care needs (care demands). Therefore, a survey among medical professionals to identify capacity is conducted during the assessment.

Elucidation on results of Manpower planning norms 2018-2021 for medical professionals

The following results are based on the guidelines provided in the Manpower planning policy document 2020, that is to be used when developing the Manpower planning norms for individual medical professionals every three (3) years. Annex 1&2 of this document will be updated every policy period.

1) GENERAL PRACTITIONER

The General Practitioners (GP) of Sint Maarten deliver primary care and as such fulfill a gatekeeper function in the healthcare system. Patients have to present their complaints first to the GP (unless it is urgent), who then decides on the next steps: reassure, instruct and watchful waiting, additional diagnostics, pharmacotherapy and/or referral to medical specialist or paramedical disciplines. The gatekeeper function implies a 24 x 7 availability of the GP.
Besides the gatekeeper function, GPs are also responsible for the coordination of chronic care and prevention in the population registered in their practice. One GP in the past has voluntarily coordinated HIV and Aids care for the majority patients on Sint Maarten. Some GP's have organized their diabetes care. It is however the responsibility of GP's to orgainize themselves to deliver structural chronic care to their patients.
The population is not equally divided between the practices. Some practices have too many patients and others have insufficient patients. Several factors are responsible for this:

a. Almost all insured persons are registered with one GP. However, only those insured in the ZV fund have the obligation to only visit that GP. The rest of the population is free to choose which GP they visit. In general, they solely visit the GP they are registered with. However, medical shopping is also practiced by a significant part of patients.
b. The establishment of practices is not directly related to the size of the local population nor the local demand for care.
c. The majority of tourists are taken care of by two practices, which are located in the touristic areas of the island.

[10]Current situation

Available capacity

The number of GPs currently registered at the Ministry of VSA is 23. Twenty one (21) GPs are practicing fulltime. Two are practicing partime and are available upon appointment.

Required capacity

The service area of GPs can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons:

a. St. Eustatius and Saba should be excluded as on both islands there are permanent GPs, whoprovide for theprimary care. The GPs indicated that they mainly provide care to registered persons.
b. Part of the unregistered population are insured, since they are employed. However, unregistered (including privately insured) persons visit the practice relatively less. The reason for this could be that they have to pay cash/out of pocket, which for some is a barrier.
c. When calculating the norm, tourists should not be taken into account. Most of the tourists visit the hospital instead of the GPs. As mentioned before, the tourists visiting GPs are mainly seen by 2 GP practices.

The manpower planning of 2008 indicated a norm of 21.1 FTE GPs, based on 2,500 persons per FTE for a service area of 57.874 (including tourist). In the Netherlands the norm for a practice is 2,095 persons per FTE (2018). When the norm in the Netherlands (NIVEL) is used as a reference, the necessary capacity would be 19.3 FTE (excluding 'substituting' GPs) for a service area of 40.535 persons. During the one-on-one sessions GPs indicated the following about the current situation:

a. Most of the practices still have sufficient capacity to provide care to patients. Moreover, there are practices that are still in the start-up phase.

[10] ***Data of the Manpowerplanning update of July 2020 was applied to determine the current situation.***

b. The health care system on Sint Maarten is different from that of the Netherlands. In the Netherlands there is a horizontal substitution from secondary to primary care. This trend has not yet started on Sint Maarten.
c. Selfcare and community support is more common in the culture of Sint Maarten. As a result, most persons take more often and longer care of themselves. However, sometimes they wait too long to visit a GP and as a consequence secondary care is needed instead of primary care.
d. Many residents on the Dutch side of Sint Maarten use care facilities elsewhere, especially on the French side of the island.
e. As indicated earlier, GPs mainly provide care to registered people. Unregistered (including privately insured) visit the practice less.

Based on aforementioned arguments and the assessment conducted, the 2013 norm of **22.42 FTE** is maintained .

2) PHYSICAL THERAPY

Current situation

Available capacity

The number of psychical therapists currenly registered at the Ministry of VSA is 21 FTE.

Required capacity

The service area of physical therapists can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons:

1. St. Eustatius and Saba can be excluded because on both islands there are permanent physical therapists, who provide for the health care needs.
2. When the tourists are included in the service area there will be an overestimation of the required capacity for physical therapists. Their demand for physical therapy is seasonal bound.

The Manpower planning of 2008 indicated a norm according to NIVEL calculation of 19 FTE for a service area of 51.874 persons. In the Manpower planning of 2008, the norm for physical therapy capacity was based on the NIVEL norm of 2450 persons per FTE. When this norm (NIVEL) is used again as a reference, the necessary capacity would be 16.5 FTE for a service area of 40.535 persons. According to the physical therapists the norm of 16.5 FTE is too low and in addition there is no substantiation provided in 2008 of this NIVEL norm. The physical therapists indicated that the norm should be set at 21.5 FTE for physical therapy because of the following reasons:

a. Patients on Sint Maarten tend to have more multiple problems than in the Netherlands.
b. People on Sint Maarten do more physical labor. Lack of labor laws and preventive measures augment the physical problems arising from working conditions.
c. Relatively more people are overweight on Sint Maarten than in the Netherlands, leading to more physical problems.
d. The physical therapists experience a shortage in capacity to cover the total care demand. They estimate an extra FTE for each large practice.
e. Considering the hospital care on St. Maarten, various developments are underway. The White Yellow Cross Care Foundation (WYCCF) has indicated that it will double the number of rehabilitation beds from the current four to eight beds. The SMMC is going to build a new hospital and will most likely set up a paramedical department. These are all developments in which the number of physiotherapists can increase. Because the current professional planning does not distinguish between physiotherapists who work intra and extramural, it is wise to include this in the estimate.
f. Most physiotherapists on St. Maarten are generalists, the Paramedics Association St. Maarten (PASM)applauds physiotherapists with specializations (specialization) such as pediatric physiotherapists,

oncological physiotherapists, geriatric physiotherapists, manual therapists, etc.

The difference between the NIVEL norm used in 2008 and the desired norm can partly be substantiated by qualitative indicators for the increased demand for physical therapy. However, an accurate care demand analysis with actual data is necessary in the next policy period to determine the exact norm.

Based on the above-mentioned including the assesment, the norm for Physical Therapist is set at **21.5 FTE** until data becomes available regarding the actual care demands for the expansion of the hospital services.

3) OCCUPATIONAL THERAPY

Current situation

Available capacity

The number of occupational therapists currently registered at the Ministry of VSA is 2. One occupational therapist is self-employed, and one works for White Yellow Care Cross Foundation.

Required capacity

The service area of occupational therapists can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons. The occupational therapist working for White Yellow Cross Care Foundation only provides care to eligible patients.

The Manpower planning of 2008 indicated a norm of 2.9 FTE occupational therapists, required for 17.600 persons per FTE for a service area of 51.874 persons. In the Netherlands, the norm for occupational therapist is 9,000 persons per FTE. When the norm of the Netherlands (NIVEL) is used as a reference, the necessary capacity would be 4.5 FTE for a service area of 40.535 persons.

According to the occupational therapist the norm of **4.5 FTE** would be sufficient to provide the care demands, with the note that GPs have to refer patients to the occupational therapist.

4) EXERCISE THERAPY/KINETICS THERAPY

In the previous Manpower plannings (2008/2013) no norm was advised for Exercise Therapist. The NIVEL advised a norm of 9,345 persons per FTE in 2016. Based on the norm of the Netherlands (NIVEL), the necessary capacity would be 4.33 FTE.

There is currenly one exercise therapist established on Sint Maarten who specializes in Cesar Kinetics Therapy.

Based on the advice recieved by this expert, it was said that St. Maarten needs more Excercise therapists in the future however, it is not clear what the current care demand is amongst the SZV insured population.

The manpower planning report documented that exercise therapy is presumably being provided by physical and occupational therapists however, it it not clear how many FTE capacity is actually being filled by these disciplines. Based on the advice received from the expert and considering that within the region approximately 1 FTE Exercise Therapist per 20.000 persons is customary, a policy decision was taken to set the capacity of Exercise therapist at **2 FTE** until more data becomes available..

5) SPEECH THERAPIST

Current situation

Available capacity

The number of speech therapists currently registered at the Ministry of VSA is 3.4 FTE. One speech therapist is self-employed, and two are currently practicing at the White Yellow Cross Care Foundation.

Required capacity

The service area of speech therapists can be marked as the registered and unregistered population of Sint Maarten and the population of Saba and Sint Eustatius, which in total comprises approximately of 45.000 persons.

The Manpower planning of 2008 indicaed a norm of 3.4 FTE speech therapists for Sint Maarten, Saba and Sint Eustatius together. The speech therapists on Sint Maarten indicated that the current norm is too low and should be set at 6 FTE. NIVEL has not set a norm for speech therapists in

the Netherlands. According to the speech therapist, the recommended norm used in the past was 5,000 persons per FTE.

When this norm is used as a reference, the necessary capacity would be 9.1 FTE for a service area of 45.000 persons. According to the speech therapist this norm could be a little bit too high. In consultation with the speech therapist it has been decided to set the norm at **6 FTE** for Sint Maarten, Saba and Sint Eustatius.

6) PHARMACIST

Current situation

Available capacity

The number of pharmacists currenlty registered at the Ministry of VSA is 15.

Of the 15 registered pharmacists one (1) pharmacists works at the Inspectorate for Pharmaceutics.

Required capacity

The service area of pharmacies can be marked as the registered and unregistered population of Sint Maarten and tourists, which in total comprises approximately 57.000 persons.

The number of unregistered persons living in the different districts is unknown. Furthermore, patients often visit other pharmacies than the one closest to home (f.e. close to their GP or work location).The pharmacists indicated that the current number of operating pharmacies (11) is sufficient to fulfill the pharmaceutical distribution.

The Manpower planning of 2008 indicated a norm of 10 FTE Pharmacists. In the Netherlands, there is no norm set for pharmacists/pharmacies. Pharmacies can settle freely; the only condition is that there must be a qualified pharmacist in the pharmacy.

Eurostat presents an overview of European Union (EU) statistics on healthcare personnel among which pharmacists. In their research the reported number of pharmacist is 21 per 100.000 habitants in the Netherlands (Eurostat 2017). When the aforementioned norm is used as a reference, the necessary capacity would be 12 FTE for a service area of 57.000 persons(4750 persons per 1 FTE Pharmacist). The pharmacists indicated that this norm is too low. Pharmacists are of the opinion that (2) FTE pharmacist per pharmacy are needed because of the following reasons:

a. In the Netherlands, the number of prescription rules is used to determine the required capacity. The amount of prescription rules which can be processed in a pharmacy in the Netherlands is not feasible on Sint Maarten. The pharmacies are dealing with inefficiencies in the pharmaceutical value chain. In addition, there is often a language barrier between the pharmacist and the patient when the medication is delivered, which takes extra time.
b. According to the pharmacists the norm in the manpower planning shouldn't be based on the number of pharmacists, but on the number of pharmacies. The number of pharmacists working per pharmacy is actually a business decision that government has nothing to do with.
c. A second pharmacist per pharmacy is needed in the context of quality assurance. The managing pharmacist is responsible for both the pharmaceutical care given to the patient and operations of the pharmacy. The second pharmacist in the pharmacy can (could) focus fully on the pharmaceutical care given to the patient.
   In addition, a second pharmacist is also necessary in the context of substitution during vacation and business hours. Most pharmacies are open six to seven days a week.
d. The pharmacy in the SMMC has both a public as well as a hospital pharmacy function. The pharmacist indicates that they need a (hospital) pharmacist to cover the latter function.
e. The pharmacists indicate that a second pharmacist should not have the right to start their own pharmacy. This to prevent that there will be too many pharmacies.

Based on the above substantiation, the norm would be 24 FTE according to the pharmacists.
Note: There is no external validation for the second pharmacist in the pharmacy as the question is whether management and administrative tasks have to be performed by a pharmacist or whether they can be delegated to other personnel or professionals. Currently the new Pharmacy Information System is implemented to resolve most of the current inefficiencies in the

pharmaceutical value chain. A pharmacist can decide on the amount of Pharmacists and assistants working per Pharmacy however, data shows that One (1) FTE Pharmacist capacity is required per Pharmacy to execute the actual pharmaceutical care given to patients. No evidence was provided to conclude otherwise. The operational functions of a Pharmacy should not be included in the core function of a Pharmacist, as this can be done by an adminstrator. A substituting Pharmacist cannot be counted as an additional FTE capacity, as they are filling in for an already established FTE position.

In conclusion:

Eurostat presents an overview of European Union (EU) statistics on healthcare personnel including pharmacists. In their research the reported number of pharmacist is 21 per 100.000 habitants in the Netherlands (Eurostat 2017). Based on this reference, the local necessary capacity would be 12 FTE for a service area of 57.000 persons.

In order to comply with specialized hospital pharmacy care and the disbursement of ARV medication, the norm is set to **13.5 FTE**. Pharmacies requesting a second (2nd) pharmacist will have to share 1 FTE capacity together with the already established pharmacist.

7) DIETICIANS

Current situation

Available capacity

The number of dieticians currently registered at the Ministry of VSA is 4. Three (3) dieticians are self-employed of which one (1) is not permanently on Sint Maarten but visiting. One dietician is employed at the White and Yellow Cross Foundation.

Required capacity

The service area of dietician can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons.

In the Manpower planning of 2008 the norm for dietician was set at 4.6 FTE, based on 12.000 persons per FTE for a service area of 51.874. The International Confederation of Dietetic Associations (ICDA), of which the Caribbean and the Netherlands are also member, reported the number of dieticians-nutritionists in a country relative to the population of that country. The

numbers showed considerable variation. In the Caribbean the number of dietitians is one (1) per 100.000 residents and in the Netherlands 16 dietitians per 100.000 residents (2016).
NIVEL has not set a norm for dieticians in the Netherlands but based on the figures of ICDA, it can be deduced that in the Netherlands the norm for dieticians is 6,250 persons per FTE (2016). When the same norm is used as a reference, the necessary capacity would be 6.5 FTE for a service area of 40.535 persons. The dieticians indicate that currently there is a shortage of dieticians. According to the dieticians at least four (4) to five (5) dieticians should be providing care to the population (excluding care provide by healthcare institutions). It was indicated that dieticians have an important role in the prevention of certain illnesses, and should be more prevelant at the primary care setting. The norm is therefore set at **7 FTE** to include intramural care.

8) PODIATRIC THERAPIST

A podiatrist is a medical professional devoted to the study and medical treatment of disorders of the foot, ankle and lower extremity. In the Manpower planning of 2013 the norm for podiatrists was set on **1.09 FTE**.
Currently, there is no podiatrist working on Sint Maarten. The survey conducted among health care providers has shown that there is serious lack of capacity in this field. Because there is no podiatrist present, the professional group cannot be consulted to assess the required capacity based on the care needs. Therefore, the 2013 projected norm is used of **1.23 FTE** capacity for a Podiatric Therapist until more data becomes available.

9) PSYCHOLOGY AND REMEDIAL EDUCATORS

Current situation

Available capacity

The number of psychologists currenly registered at the Ministry is 13. Of the current registered psychologists a few are employed in healthcare institutions, around four are self-employed and the main group are related to education (for example work at/in the Ministry of Education, Culture, Youth & Sport within the Division Student Support Services (SSSD) or within the school via Stichting Voorgezet Onderwijs Bovenwindse Eilanden (SVOBE).

The Division within the Ministry of Education, Culture, Youth & Sport, SVOBE and some healthcare institutions are not accessible for the whole community but only on indication (for example via schools or AVBZ (Algemene Voorziening Bijzondere Ziektekosten). In addition to the psychologists registered at the Ministry of VSA, there are at least 12 additional professionals working as psychologist, remedial teachers or counselor on Sint Maarten.

The psychologists indicated the differences in educational background and specializations among the psychologists, remedial teachers and counselors.

Psychologists and remedial teachers (can) do similar activities when providing care to children. These should also be taken into account with the assessment of the needs versus the current capacity and planning of the capacity.

Required capacity

The service area of psychologists can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons. In the Manpower planning of 2008 the norm for psychologist was set at 6.2 FTE. In the Netherlands, there is no norm set for psychologists.

The psychologists indicated that the norm for the required capacity of psychologists should be higher. However, it is difficult to put an exact number to this, as the care demand is unclear.

Right now, psychological care is provided at:

a. Student Support Service Division (SSSD) within the Ministry of Education, Culture, Youth & Sport: SSSD is not open for the whole community but only via schools. SSSD fulfills part of the care demand. Based on the care demand, they determine themselves what the required capacity is for psychologists, remedial teachers and counselor for SSSD.
b. Healthcare institutions: psychological care provided in a healthcare institution is most of the time not accessible for the whole community. The healthcare institutions focus on part of the community and should be able to indicate the required capacity for psychological care within their institution.

c. Self-employed psychologists: are accessible for the whole community. The number of psychologists providing care to the community is higher than the number of psychologists registered at the Ministry of VSA. Because of the taboo on mental health, it is probable that people visit psychologists and remedial teachers s not affiliated to an insurer and pay cash for the consultation or that persons seek alternative means of assistance via the family or even pastoral system. This is not only necessarily because of the taboo but because people use what is familiar or culturally relevant to them.

In conclusion:

For psychologist and remedial teachers it has been concluded that the norm should be higher based on the hidden care demand.

Based on the current registered psychologists and the argumentation provided by the experts, the norm will be adjusted to **1FTE for Remedial educator and 13 FTE Psychologists** to include intramural care based on the current data provided, until data on the hidden care demand is clear.

10) PSYCHIATRY

Current situation

Available capacity

The number of psychiatrists currently registered at the Ministry of VSA is five (5).

Required capacity

The service area of psychiatrist can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons.

In the Manpower planning of 2008 the norm for psychiatrists was set on 3 FTE based on a norm of 175.000 persons per FTE.

The psychiatrists indicated that the norm should be increased.

Taking the various care demands into consideration, the norm will be adjusted to a total of **8 FTE** psychiatrist (2 FTE Psychiatrist in private practice and 6 FTE intramural) until additional data becomes available.

11) Oral care – Dentist, Periodontist, Orthodontist, Dental Surgeon and Dental hygienist

On Sint Maarten oral care is provided by the dentists and orthodontist. The dentists can be seen as the gatekeeper when it concerns oral care. The dentist diagnose and treat problems with patients' teeth, gum and related parts of the mouth. The oral hygienists are experts in the field of preventive oral care and is particularly concerned with the prevention of dental disorders (including cleaning) and the surrounding tissues. On Sint Maarten most of the dentists also perform the function of dental hygienist. When someone has problems with the position of the teeth in the jaws, during growth period or due to deviation or an accident he/she will be referred to an orthodontist. An orthodontist is a specialized dentist trained to prevent and correct structural problems in patient's teeth.

Current situation

Available capacity

The number of dental professionals registered at the Ministry of VSA is 9. One (1) of the 9 dental professionals is an orthodontist. No dental hygienist is currently registered at the Ministry.

Required capacity

Dental professionals: The service area of dentists can be marked as the registered and unregistered population of Sint Maarten, which in total comprises approximately 40.535 persons:

- The dental professionals cannot indicate to which part of the population (registered/unregistered) they mainly provide oral care because dental care is not covered. Because of that and the fact that the clinics are private institutions, the clinics do not register information about the clients' status

- Some residents of St. Eustatius and Saba are coming to Sint Maarten for dental care. But this is a small number of patients and the permanently residing dentist provides for the oral care needs on both islands. Additionally, braces are no longer part of the insurance package for the youth of St. Eustatius and Saba. The

service provided on both islands by the orthodontist of Sint Maarten is a descending business. Based on the aforementioned,
St. Eustatius and Saba can be excluded.

- With respect to tourists, there is a peak during high season.

- In the Manpower planning of 2008 the norm for dentist was set on 6.7 FTE based on a norm of 7950 persons per FTE. In the current situation this norm has already been exceeded.
  The current FTE of 10.25 is equivalent to approximately 5,000 patients per dentist, which is a decrease in the number of patients per dentist compared with the previous Manpower planning.

According to the dentists a norm of **10.25 FTE** is sufficient because of the following reasons:

a. Dental care is not covered by most of the insurance companies. People have to pay cash, this constitutes a barrier to visit a dental professional.
b. residents of the Dutch side of Sint Maarten use oral care facilities elsewhere, especially on the French side of the island.

The dentists indicate there is no public dental care and limited youth dental care provided on Sint Maarten. However, for the elderly and youth this is desirable. For youth and public dental care the norm should be set on **1 FTE dentist and 1 FTE dental hygienist**.
1 FTE Dental Surgeon is required as currently these clients are being referred to the French side or abroad.

Dental hygienist

In the manpower planning of 2008 the norm for dental hygienist was set on 3 FTE. According to the dental professionals this norm is too low.

They indicate that every practice must have a full-time or part-time dental hygienist. In consultation with the dental professionals it has been established that the norm for dental hygienist should be total of **5 FTE** for a service area of 40.535 persons.

Orthodontist

Based on informaion provided by the Sint Maarten Dental Association, **1FTE** Orthodontist is sufficient to meet the care demands of the Dutch side of St. Maarten.

Periodontist

Dental caries (DC) and periodontal disease (PD) are major public health problems globally and are the most widespread non-communicable diseases. It is a global trend in which Sint Maarten will not differ from the rest of the world. Detection for both DC and PD are done in first instance by the dentist and/or dental hygienist. Caries prevention can be prevented by adding fluoride to drinking water on Sint Maarten, however the public debate of fluoride in drinking water is a deterrant.

Early stages of PD are symptom-less, and patient don't seek professional attention until there is an advanced stage(s) of the disease. Therefore, **1 FTE** periodontist is needed on for Sint Maarten.

In conclusion:

The norm for **dentist** will be adjusted to **11.25FTE** based on recommendations of the discipline **(including 1 FTE Periodontist and 1FTE Orthodontist), 1 FTE dental surgeon (including a rotating/visiting Maxillofacial Surgeon who has completed a five year study program**) and **5 FTE dental hygienist**.

12) Other

Medical professionals at the designated hospital facility, Sint Maarten Medical Center (SMMC).

Hospital Care

The legally designated hospital facility, Sint Maarten Medical Center, provides hospital Care on Sint Maarten. SMMC is a general hospital located on the Dutch side of Sint Maarten. SMMC

provides basic specialized medical care in an inpatient and outpatient setting to the population of Sint Maarten as well as to visitors to Sint Maarten. SMMC also supports the neighboring islands such as Saba and Sint Eustatius.

SMMC is offering the following services:

- Anesthesiology
- Dermatology
- Gastroenterology
- Midwifery
- Otolaryngology (ENT)
- Radiology
- Nurses and Social Worker Services
- Cardiology
- General Surgery
- Obstetrics
- Pediatrics
- Emergency Care
- Oncology
- Internal Medicine
- Gynecology
- Orthopedic Surgery
- Psychiatry
- Dialysis Clinic

Current situation

Available capacity and required capacity

The majority of the specialists are affiliated with the SMMC, only a few medical specialists are not in service of the SMMC.

In the below table an overview is presented of the current available capacity and the required capacity **according to SMMC** (includes all medical specialist also the ones that have their own practice).

Medical specialism	Norm 2008 FTE	FTE-actual	Suggested norm SMMC
Pulmonologist	1.1	0	**1.1**
Anesthesiologist	4.0	3.0	**4.0**

Medical specialism	Norm 2008 FTE	FTE-actual	Suggested norm SMMC
Cardiologist	1.3	2.0	**3.0**
Dermatologist	0.8	1.0	**2.0**
ER physicians	4.5	5.0	**9.0**
Gastroenterologist	1.0	0	**1.3**
Ob/Gynecologist	3.4	3.0	**5.0**
Internal medicine	4.5	3.0	**6.3**
Dental Surgeon	0.8	0	**1.2**
Microbiologist	-	0.1	**1.0**
Neurosurgeon	0.7	0	**1.4**
Neurologist	1.4	1	**2.2**
Ophthalmologist	2.3	1	**2.5**
Orthopedic surgeon	1.2	1.0	**1.5**
ENT surgeon	1.2	1	**2.2**
Pediatrician	2.85	1	**4.5**
Pathologist	1.0	0	**0.2**
Plastic Surgeon	0.6	0	**1.2**
Psychiatrist	2.5	0.0	**3.0**
Radiologist	1.5	2.0	**3.2**
Radiotherapist	0.6	0	**-**
Revalidation	0.7	0	**1.5**
Surgeon (general)	3.0	3.0	**4.0**
Urologist	0.7	2.0	**2.2**
Geriatric	0.0	0	**1.2**
Midwife	1.7	2.7	**3.3**
House officers	-	1	**6**
Physical therapist	-	-	**1**
Dietician	-	0.25	**1**

The suggested norms for SMMC medical professionals were determined by the experts based on estimates and experience. The following were taken into consideration:

- On Sint Maarten there is a latent demand for care. Currently, it is not clear how big the hidden care demand is. In recent years, it has been noticed that when attracting a certain specialism the hidden care demand becomes visible. To get more insight in the hidden care demand more data and analysis is needed.
- Some specialisms like neurology and internal medicine see an increase in patients. For instance, there is a growing dialysis population on Sint Maarten.
- Prevention programs, to keep people healthy as much as possible in primary care, are very limited on Sint Maarten, which leads to more patients in secondary care.
- SMMC introduced house officers in order to comply with higher quality standards. The house officer will have, among other things, the following tasks:

    1. monitoring patients on the wards and providing medical care. Currently, this is done by the nurses, but this is not their responsibility.
    2. be the first point of contact for the nurses instead of the specialist. In case of calamities, the house officer will contact the specialist.
    3. document data of the care treatment process (e.g. patient record). Specialist have to due the high workload and insufficient time to register all the required data correctly. Especially in a time where more and more data is requested for the purpose of quality.
    4. help with adequate registration.
    5. help to enable SMMC to deal with extra registration work of required information for medical referrals.

House officers verses ER physicians

House officers

A house officer is a qualified medical doctor (basis arts), caring for patients under the direction of an attending physician in the hospital. SMMC indicated the need of **6 FTE** house officers to meet their care demands.

Emergency room doctors (ER- doctors):

An emergency physician is a physician who works at an emergency department in the hospital taking care for ill patients. If the patient is admitted to the hospital, specialist takes over from the emergency physician.

In 2008, SMMC indicated that there was a need of 6 FTE ER doctors. In the year 2008 there were approximately 11800 ER visits. In 2015 this increased to 13500 and in 2016 to 14500 – 15000 ER visits (extrapolation). To meet this care demand, SMMC have indicated the need of **9 FTE** ER doctors in regular service including a flexible team of call ups who can be scheduled where necessary (e.g. in high peaks in care demand, sickness of others etc.) Note must be taken that the required capacity is also related to the position SMMC will have on Sint Maarten in the future.

Pathologist

Based on the data from the Eastern Caribbean - Diagnostic Oncology Network (EC-DON) which is a network formed by Pathologists within the OECS, 1 FTE Pathologist per 50,000 population is required. Based on this reference **1 FTE** pathologist is required to meet local demands.

The White and Yellow Cross Care Foundation

Available capacity and required capacity

The White and Yellow Cross Care Foundation (WYCCF) offers various care products to their clients. Several medical professionals among which paramedics provide care. The care products

offered by WYCCF have been expanded or will be expanded in the short future. The expansion in beds/places means that the capacity of paramedics must be expanded as well to be able to meet the demand of care. The table below presents an overview of the current available capacity and the required capacity according to WYCCF.

Paramedics	Headcount	FTE	Suggested norm W&YC (FTE)
Dietician	1	0.75	1.0
Psychologist	1	0.8	2.0
Physical therapist	3	2.5	4.0
Occupational therapist	1	1.0	2.0
Speech therapist	3	1.6	3.0

Home Care and District Nursing

Home care and district nursing offer care to patients at home. These patients can live at home but need some assistance with daily tasks or they have care needs which can be taken care of by a district nurse at home. District Nursing also provides care for mother and newborns (maternity care).

There should be more focus on strengthening home care and district nursing as they are a part of primary care. WYCCF indicates that home care and district nursing should be expanded so that patients can have longer care at home.

Sister Basilia Center and Guided Living

Care for people with disabilities is delivered by the WYCCF in the Sister Basilia Center (SBC). At this moment, SBC provides daycare to 65 clients in the Day Activity Center, of which 22 are in Residence and 12 in Guided Living.

The waiting list for day-care is large and growing, with currently 17 potential clients. These are mostly children and (young) adults who urgently need good care and guidance in a structured environment. Clients with behavioral difficulties to understand and who are not properly

supervised and cared for at home, suffer from neglect, isolation and lack of stimulation and contact.

By moving the psychogeriatric daycare to the Sint Martin's Home, the vacated space on the second floor of the SBC daycare can be used to place 3 new groups with a total of 20 clients. This involves a special group for clients with autistiic disorder , high complex behavioral problems as well as the placement of clients who have been on the waiting list for years.

Mental Health Facilities

Mental Health Care is provided by Mental Health Foundation (MHF) which has been operational since 2006. MHF is offering psychiatric and psychological mental health services to the population of Sint Maarten, Saba and Sint Eustatius. MHF can only provide care to patients who are referred by a GP or a medical specialist because it is a secondary healthcare institution. In addition, MHF provides psychiatric care to patients at The White and Yellow Cross Care Foundation. Psychiatric care in the hospital is provided by independent psychiatrists.

Mental Health Foundation is offering the following care products:

1. Admissions
2. Ambulant care
3. Clinic Care
4. Crisis Intervention
5. Faraja Day Treatment Center
6. Information and Prevention
7. Short stay/Long stay facilities

Current situation

Available capacity

The number of registered psychiatrists is 4, of which two (2) are working at Mental Health Foundation. The number of registered psychologist is 15, of which four (4) is working at Mental

Health Foundation. The table below shows the key data of Mental Health foundation regarding medical (supporting) staff.

Required capacity

In the current situation, there is sometimes a problem with finding a substituting psychiatrist. Therefore, Mental Health Foundation strives to expand their team. Additionally, the number of psychologists needs to be expande.

Medical professional	Headcount	FTE	Suggested norm MHF (FTE)
Psychiatrist	2	2	4
Psychologist	4	4	6

Mental Health Foundation does not have employed social psychiatric nurses. In principle, they should be present but until now they have not had good experiences with social psychiatric nurses.

Mental Health Foundation has therefore decided to train social psychiatric nurses themselves in support of the registered nurses.

Annex IV – Application form for healthcare institutions

For registrar only

Registration number:

Date and time:

Registration fee paid: Y N N/A

APPLICATION FORM FOR A HEALTHCARE INSTITUTION AND MEDICAL EQUIPMENT PERMIT

(AB 2013, GT no. 444)

1. GENERAL DATA

a. Name of legal entity:

_____

b. Contact person:

_____

c. Type of health care Institution:

_____

d. Business address:

_____

_____

e. Business telephone number:

_____

f. Business E-mail:

_____

Exemption requested for (select answer):

Healthcare Institution ☐ Medical Equipment ☐

PROFESSIONAL EXPERIENCE

Please attach a signed and dated current curriculum vitae that describes the director or owners full experience history.

Consent and Declaration:

i. I consent to the Public Health Authorities making enquiries of, and exchanging information with the health authorities of any state or country regarding matters relevant to this application.

ii. I understand that information can be extracted from this form and used for the purpose of criminal history checking.

iii. I declare that all documentation has been submitted in compliance with the requirements and required documents attached to this application form.

iv. I consent to the information in this application being shared with the relevant assessment agencies for further evaluation if deemed necessary by the Minister of Public Health, Social Development and Labour.

v. I understand that additional information may be requested during the assessment which requires my compliance.

vi. I understand that an incomplete application will not be processed.

vii. I declare that the above statements and the documents provided in support of this application are true and correct. I make this declaration in the knowledge that a false statement will lead to refusal or revocation of the application.

Institution name:

_____

Full name of applicant:

_____

Date: (DD/MM/YYYY)

_____

Signature of applicant

_____

REQUIREMENTS

- All questions in this application form must be completed and ensure all pages and attachments are included and submitted in one (1) pdf file.
- This application form may be submitted typed or handwritten clearly in block letters using black or blue ink.
- That the applicant must submit all the of the information listed below including the information required within the application form.
- That all documentation must be accompanied with an attached translation into English or Dutch by a sworn interpreter/translator is also required, unless the original document is in English or Dutch;
    - Relevant documentation must be accompanied with a letter from the competent issuing institution (e.g., University, Registration board etc.) stating that they are the competent institution to issue the document, or the document must be notarized by a certified notary (located in the Netherlands, Sint Maarten, Aruba, Curacao, St. Eustatius or Saba).

REQUIRED DOCUMENTS

This application will be considered incomplete and will not be processed if all of the below mentioned supporting documents (insofar as applicable) have not been provided.

The healthcare institution application consists of:

- A completed application form,
- A copy of Sint Maarten ID or passport of the director or owner
- A copy of business or director's license
- An up-to-date curriculum vitae of the director or owner
- Business plan which includes but is not limited to:
    - Executive Summary;
    - Company Overview/Description;
        - Vision/mission/goals/objectives
    - Operational Plan;
    - Location;
    - Target population;
    - Services provided;
    - Formation;

- Staffing/ qualifications;
- Inventory/Equipment needed/used;
- Marketing Plan;
  - Research done to justify the need for your HCI
- Operational budget (including expected revenue and costs);

- Detailed floor plan of location(s), further describing the location of:
  - all equipment and cost;
  - environmental, health and safety measures (such as storage location(s) of any hazardous materials, ventilation and electricity/gas/fire safety measures);
  - water sources;
  - office and public spaces;
  - measures taken to ensure accessibility and;
  - waste management plan
- Excerpt from Chamber of Commerce
- Articles of association/incorporation of the proposed healthcare institution
- Annual accounts accompanied by an approving declaration from a certified public accountant or a registered accountant in the case of an existing institution, if applicable
- Healthcare institutions providing intramural care require a cooperation agreement with established care healthcare institutions providing the same service.
- Proof of payment of the processing fee of NA*f* 325,00 at the Receiver's Office

The application for requesting medical equipment consists of:

- Healthcare institution license, if applicable
- copy of Sint Maarten ID or passport
- A copy of business or director's license
- Excerpt Chamber of Commerce
- Description of the use for the equipment, what the equipment is, the costs and impact on current medical tariff, maintenance schedule and required technician, required (medical) operator of equipment and qualifications.
- proof of payment of the processing fee of NA*f* 325,00 at the Receiver's Office

Annex V – Permit template for healthcare institutions

MINISTERIAL DECREE

of , no.

The Minister of Public Health, Social Development and Labour,

Considering:

- the request of HEALTHCARE INSTITUTION of DATE for a healthcare institution permit to provide TYPE OF CARE
- the advice rendered by the Council for Public Health;
- the advice rendered by the department for Public Health;
- the feedback of the Inspectorate for Public Health;
- that these considerations warrant grounds to grant HEALTHCARE INSTITUTION, a Healthcare Institution License;

Given:

- Article 3, paragraph 1, opening phrase and sub c, of the National Ordinance Healthcare Institutions (Landsverordening zorginstellingen, AB 2013, GT no. 755),
- Article 1 of the Regulation Pricing Threshold Medical Equipment (Regeling grensbedrag medische apparaten, AB 2013, GT no. 262);

DECIDES:

Article 1

The HEALTHCARE INSTITUTION, established at ADDRESS, Sint Maarten, is granted a permit for a period for five (5) years to exploit a healthcare institution in order to provide XXXXXXXX care services to the population of St. Maarten.

Article 2

Conditions specific to the health care institution

Article 3

1. This Ministerial Decree shall be validated with stamps in accordance with the Stamp Ordinance, with the value of NA*f* 10,- for the first page and NA*f* 5,- per additional page.
2. The HEALTHCARE INSTITUTION shall adhere to all applicable laws and regulations concerning healthcare, healthcare institutions, medical professionals and medical tariffs on Sint Maarten.
3. In accordance with article 12 of the ordinance regulating healthcare institutions (Landsverordening Zorginstellingen), the healthcare institution shall submit before the first (1st) of June each year, the annual report of the preceding calendar year, to the Minister of Public Health.
4. The healthcare institution shall provide adequate and responsible care.
5. The healthcare institution shall contribute in a positive manner and collaborate with developments aimed at improving healthcare services.
6. The healthcare institution shall implement a grievance redress mechanism and a complaint procedure and submit these procedures to the Inspectorate for Public Health.
7. The healthcare institution adheres to the policy of the Inspectorate for Public Health, Social Development and Labour" regarding the notification of (potential) calamities ("Richtlijn melden van (potentiele) calamiteiten" as published in the National Gazette no. 19 of 2018)Sint Maarten" of July 2018.
8. The healthcare institution shall abide by the applicable privacy regulations.
9. The healthcare institution shall ensure that the relevant continuous medical education and training is provided to their employees.
10. The healthcare institution shall secure a business and professional liability insurance.
11. The provided care is accessible for all in Sint Maarten.
12. That clients are accepted regardless of their medical situation.
13. Employees' files are stored and destroyed in accordance with applicable legislations.
14. The healthcare institution will submit an application to the Minister of Public Health, Social Development and Labour, in the event it intends to:
    a. expand its services;
    b. procure medical equipment above NA*f* 50.000, -;

c. employ additional healthcare professionals.

15. The healthcare institution timely submits their multi annual plans to the Minister of Public Health, Social Development and Labour, which outline plans and planned investments for the coming years.

Article 4

1. This Ministerial Decree can be revoked if the conditions stipulated in Decree have been violated.
2. This Ministerial Decree goes into effect as of the date of the signing thereof and is valid for a period of five (5) years.

This Ministerial Decree shall be placed in the National Gazette.

Minister of Public Health,
Social Development and Labour

Copies of this Ministerial Decree shall be sent to:

- the department of Public Health;
- the Secretary General of the Ministry of Public Health, Social Development and Labour
- the Inspectorate for Public Health;
- the Council for Public Health;
- the executive agency Social and Health Insurances SZV;
- the National Gazette;
- the party concerned.

Appeal: In accordance with the Articles 54 and 55 of the National Ordinance on Administrative Appeal Proceedings (Landsverordening Administratieve Rechtspraak), those affected by this decision may object to the decision with the Minister of Public Health, Social Development and Labour or appeal this decision at the Court of First Instance of Sint Maarten, within 6 weeks after the day of issuance of this decision. This notice is to contain a description of the decision against which the objection is aimed (incl. reference number), as well as the reason for the objection, date, your name and address.