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Session 2: Lessons from the evolution of competence based approaches to regulatory function

Panelist: Hazel Bradley



Identification of shared competencies between health professions

Hazel Bradley
School of Public Health
University of the Western Cape
South Africa

Overview

- Introduction – shared competencies for health professionals
- South African Context
 - Health system reform
 - Human resources for health
 - Health professional regulatory framework
- Research identifying district pharmacist competencies
- Congruence of SA health managers competencies
- Local initiatives to develop shared competencies

Shared competencies

“(Shared) core competencies: knowledge, ability or expertise in a specific subject or skill set that is shared across the health professions”

(Greiner & Knebel 2003)

Core competencies for health professionals

- **All clinicians (5 core competencies):** Provide patient-centred care, Work in interdisciplinary teams, Employ evidence-based practice, Apply quality improvement; Utilize informatics (Greiner & Knebel 2003)
- **Core Competencies for Interprofessional Collaborative Practice (4 core domains):** Values/Ethics for Interprofessional Practice, Roles/Responsibilities for Collaborative Practice, Interprofessional Communication, Interprofessional Teamwork and Team-based Care (Canadian Interprofessional Health Collaboration 2010)
- **Health Leadership Alliance (5 common competency domains) :** Communication and relationship management, Professionalism, Leadership, Knowledge of the healthcare system, Business skills and knowledge (Stefl 2008)
- **NHS Leadership Framework (7 domains):** Demonstrating personal qualities, Working with others, Managing services, Setting direction, Creating the vision, Delivering strategy (NHS Leadership Academy 2011)

South Africa

Population: 52 million

Size: 1,221,037 km² (Urban: 62%)

GDP: \$11,750 (UMIC)

Gini-coefficient: 0.63

Health spend: 9% of GDP

17% Insured(Private): 83% Uninsured
(Public/government)

Quadruple burden of disease

- Maternal, neonatal & child health
- HIV & TB
- Chronic NCDs & mental illness
- Injury & violence



South African health system

- Pre-1994 fragmented, inequitable, hospi-centric
- Moved to Primary Health Care (PHC) approach based on district health system (DHS)
- Country divided into 52 districts
- Recent initiatives – *Re-engineering PHC* and *National Health Insurance*
- **HR implications of health reform: new leaders & managers at district level – new roles & skills**

Health professionals regulatory framework

Three regulatory councils

- **Health Professions Council of South Africa (HPCSA)** - 12 boards: Medical, Dental, OT, Physical Therapy etc
- **South African Nursing Council (SANC)**
- **South African Pharmacy Council (SAPC)**

Highly regulated environment – personnel & practice sites

Councils responsible for qualifications, accredit training institutions & monitor practice (CPD) and facilities

- Office of Health Standards Compliance (Quality health care services public sector)

Health professionals/100,000 pop

	Medical Doctors	Nurses	Pharmacists
South Africa 2011	28	293	8
Brazil	172	650	54
Russia	431	852	8
India	60	130	52
China	142	138	25
Argentina	316	48	50
Costa Rica	132	93	53
Singapore	183	590	37
Thailand	30	152	12
Vietnam	122	101	32

(Essack 2013)

Human resources for health

Key challenges

- **Shortages** – increasing need, lack of production & migration
- **Skills** aligned to changing disease burden (HIV/AIDS & NCDs) & evolving health system
- **Mal-distribution** between public/private; rural/urban; level of care

Responses

- **Human Resources for Health Strategy 2012/13 - 2016/17** (NDOH 2011)
- **Increased production** locally & international initiatives
- **New mid-level cadres** - clinical assistants, pharmacy technicians
- **Task shifting** – nurses ARV prescribing
- **Revised qual & curricula**
- **Community service** – 1yr all health professionals

Research: Identifying district pharmacists' roles and competencies

- District pharmacists – emerged during health sector reform
- Envisaged appointment in 52 health districts
- Key cadre – increasing disease burden requiring medicines (HIV/AIDS & NCDs), high cost of medicines & quality of care perceptions
- Medicines - health system building block
- Little work available on their roles & required competencies in South Africa and sub-Saharan Africa

Identifying district pharmacists' roles and competencies

- **Setting:** Cape Town Metro District (3.8 million)
- **Time:** 2008-2011 during restructuring of Cape Town health services into 'district' model
- **Methods:** Participatory Action Research (PAR) Approach
 - Pharmacists & managers (various levels)
 - Data generated & analysed iteratively
 - Workshops, interviews & focus groups
 - Triangulated with documentary reviews, published & grey literature
- **Findings:** Identified roles & competencies of district pharmacists, & experiences as moved into new positions

PAR approach

- **Value**

- Facilitated collaborative learning & understanding among participants
- Infused into several processes in the health dept

- **Challenges**

- Dependent on prior trusting relationships
- Complex methodological approach, largely unfamiliar to health dept
- Considerable investments of time, flexibility & tenacity by all parties to maintain partnerships over extended time.

District pharmacists' competencies

Five main competency clusters identified

- Professional pharmacy practice
- Health system/Public Health
- Management
- Leadership
- Personal, interpersonal & cognitive

Competency frameworks for health managers in SA

District managers competencies: Core (Personal, interpersonal & cognitive);
Management; Leadership (Haynes et al 2008)

Senior health managers competencies: Strategic capability & leadership, programme & project management, financial management, change management, knowledge management, service delivery innovation, problem solving & analysis, people management & empowerment, client orientation & customer focus, communication, honesty & integrity (Gilson & Daire 2011)

Primary health care facility managers & sub-district managers: Management; Leadership; Controlling, Management & use of health information, knowledge of health & public health issues, knowledge of epidemiology & biostatistics (Moyo et al 2013)

Other learnings from research

- Context matters
- Different levels of leadership & management (Galer et al 2008)
- Transitioning into new management roles – gradual emergent process, takes time, shift in identity, involves personal development
- Influence of personal & organisational factors

Developing shared competencies in South Africa

- **Pre-service education** – revised qualifications & curricula, inter-professional learning.....more engagement between health professions required
- **Post-service education** - formal training (MPH, PG Diploma Health Management), on-the-job training (coaching & mentoring), action learning (DIAHLS Project) & non-formal (self-directed) (Kerrigan & Luke 1987)
- **Academy for Leadership and Management in Health Care** – launched 2012 by Minister of Health

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