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

Panelist: Hazel Bradley
Identification of shared competencies between health professions

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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, hospice-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)
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(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 – 1 yr 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
References

- Essack S (2013) Human Resources for Health – Challenges and Solutions (PHASA Website)
- Moyo et al (2013) Public health & management competency requirements for PHC facility managers at sub-district level in the DHS in SA. Research Snapshot 1, 1-3