APPLYING THE HEALTH PROFESSIONAL MANAGEMENT TOOL IN MEDICAL TRAINING INSTITUTIONS

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BACKGROUND

In 2012, USAID tasked the FUNZOKenya Project, led by IntraHealth International, with supporting Kenya's Ministry of Health (MOH) to address health workforce training gaps. One of the project's areas of focus was to strengthen the capacity of health training institutions to deliver quality training that conforms to national and international standards and is aligned with national health priorities. A 2011 performance needs assessment (PNA) commissioned by the MOH noted that understanding the performance of a training system requires consideration of many factors that influence performance, not merely provision of knowledge and skills. As a follow up to the PNA, in 2013 FUNZOKenya employed a health professional management tool (HPMT) to assess the capacity of medical training institutions to deliver and expand quality education. The HPMT is closely linked to the World Health Organization (WHO) and World Federation for Medical Education (WFME) standards for quality medical education. The project adapted the HPMT from the Bottlenecks and Best Buys tool developed and tested by the IntraHealth-led global USAID Capacity*Plus* project. FUNZOKenya utilized the HPMT as the entry point for improving institutional training systems and capacity to deliver quality training. The HPMT assesses nine thematic areas of a training system (Table 1).

Table 1: Thematic areas of a training system assessed by the HPMT

1. **Management:** The financial management, oversight/governance, including government relations with a school
2. **Educators:** The availability of full-time and part-time faculty, the process of their recruitment for classroom/clinical teaching, retention plans, and plans for their continuing professional development
3. **Students:** The selection process for students and retention strategies, including management of their welfare
4. **Curriculum:** Determines whether theoretical and practical content are responsive to current population needs and regularly updated
5. **Infrastructure:** Establishes the quality and quantity of classrooms, demonstration rooms, laboratories, libraries, computer labs, dormitories, cafeterias, electricity, water, and Internet access
6. **Materials and equipment:** The availability and adequacy of textbooks, teaching/learning materials, computers, anatomical models, simulators, diagnostic equipment and medical supplies used for teaching and learning
7. **Clinical practice:** The variety and appropriateness of practicum sites, availability of mentoring, supervision, and status of infrastructure and equipment at practicum sites
8. **Quality assurance:** The status of accreditation of institutions and process of certification and licensing of graduates
9. **Partnerships and exchange:** The existence of exchange programs for faculty and students, partnerships between other schools and with service delivery facilities.

METHODOLOGY

In 2013, the project conducted the HPMT assessment in 14 institutions. The project team developed the selection criteria for these institutions, which included: regional spread, ownership (public, private, faith-based), student population size, courses offered, and proactive responsiveness and willingness of institutional leaders to collaborate on the assessment. The assessment was designed as a cross-sectional descriptive study with data collected from a total of 515 respondents. Data collection methods included surveys, focus group discussions (FGDs), key informant interviews, and observation. The HPMT assessment was also informed by inputs from a literature review conducted before the data collection started and from direct observations in the 14 participating training institutions. In-depth interviews were conducted with five categories of respondents including institution heads, faculty members, students, clinical site managers, and other stakeholders such as local leaders, civil, government, or religious leaders. Results are presented by respondent category, type of training institution, and by the nine HPMT thematic areas.

HPMT Application Process Summary: The first step was the involvement of training institutions in preliminary meetings to adapt the approach to the local context. School leadership and other stakeholders made decisions about the timing and readiness for the assessment. This process followed a series of steps to ensure that school leadership and other stakeholders supported the assessment and that the results of the analysis were incorporated into school planning. Figure 1 shows the steps involved in the HPMT application.

RESULTS

Findings showed that the HPMT application was relevant and resonated with what institutions felt were their gaps and bottlenecks—i.e., obstacles that reduce the production of competent and qualified health workers that can be overcome through limited yet strategic investments. Findings were used for decision-making by developing a priority list for each of the 14 institutions and an action plan to guide next steps. The HPMT report also guided interventions supported by FUNZOKenya. The HPMT report results are presented below. Tables 2 and 3 show the breakdown of the 515 respondents by category and type of institution.

Table 2: HPMT respondents by category

	Frequency	**Percent**
Institution head	13	2.5
Faculty	81	15.7
Clinical site manager	13	2.5
Student	389	75.6
Other stakeholders	19	3.7
Total	**515**	**100**

Table 3: Respondents by type of institution

	Public	FBO	Private	**Total**
Institution head	9	2	2	**13**
Faculty	55	15	11	**81**
Clinical site manager	6	4	3	**13**
Student	243	73	73	**389**
Other stakeholders	11	6	2	**19**
Total	**323**	**100**	**91**	**515**

Figure 1: HPMT Application Process Summary

HPMT identifies bottlenecks affecting training management and compliance: An institutional assessment is carried out using the adapted data collection tool

Recommendations to address bottlenecks made: Data are analyzed and a report completed with the findings and recommendations to address identified bottlenecks; report disseminated to stakeholders

Action plan developed: The training institution management team develops an action plan to implement recommendations

Action plan implementation and follow up: Training institution establishes a task team to implement action plan and report to management. FUNZOKenya team provides technical support to the task team

Evaluation using training standards checklist: Training standards checklist is applied by the training institution/regulatory body to determine compliance

Management: Findings on the management experience in the institutions were categorized under the following categories:

- *Vision, mission, and governance:* Data indicated that only about 55% of respondents felt their institutional mission and objectives were responsive to Kenya's current health priorities. In this category, the private training institutions scored highest while faith-based organizations (FBOs) scored lowest. The findings point to the need for improvement in governance and administration in general. While institutions performed relatively well in terms of having strategic plans, there is an obvious perceived gap in the responsiveness of institutional missions to the current needs of the health sector, especially among FBOs.

- *Funding mechanisms for poor students:* While 47% of institution heads stated that their institutions had a funding mechanism for financially needy students, only 27% of students and 26% of faculty expressed awareness of such a mechanism, indicating an opportunity to sensitize staff and students to opportunities available at the institutions.

- *Gender policies:* Findings showed that 28% of faculty and 33% of institutional heads believe their institutions do not meet the requirement of having a gender policy. However, the policies referred to by respondents were part of other documents such as the code of conduct for students and teachers as opposed to an actual gender policy. Data from the literature review also indicated that most institutions lack policy support for gender equity, including in their human resource management policies. The percentage of women in training institution leadership positions just meets the 30% recommended by the constitution, and there are negative perceptions of gender balance in student enrollment. Clearly, attending to the

gender policy and leadership gap is an important management strengthening recommendation for training institutions.

- *Institutional audits:* More respondents (50%) from private institutions reported that their clinical placement facilities were audited every three to five years, compared with a 36-38% positive response from FBO and public institutions. This is clearly a bottleneck for quality of training and recommendations for improvement may be directed from the policy level down to the operational level.

Educators: All institution heads, 82% of faculty, 86% of clinical site managers, and 65% of students across all types of institutions perceived a significant shortage of clinical instructors at clinical practice sites. The Ministry of Higher Education, Science and Technology requires that at least 50% of an institution's faculty have formal pedagogical training. However, only 39% of clinical site managers responded that they had such training. Respondents nearly universally agreed that there are significant bottlenecks related to faculty, especially clinical instructors, requiring policy and strategic interventions. Competency in the use of information and communications technology (ICT) by faculty in delivering teaching is another challenge.

Students: A majority of respondents from all institutions believed that more than half of students are from rural settings. However, 59% of respondents from public institutions and 85% of respondents from private institutions expressed less confidence in the existence of a regional balance policy at their respective institutions as compared to 43% from FBO institutions A majority of respondents (62%) identified school fees as the main reason for dropping out before completion of studies.

Curriculum: While 81% of FBO staff and 76% of those working at private institutions perceived their institution's curricula to be in alignment with national health priorities, only 69% of students across all types of training institutions shared this perception. Ninety-two percent of respondents from private institutions reported having written curriculum guidelines in place, compared with 80% of respondents from public institutions and 69% from FBOs. Recommendations for improving curriculum include timely review and stakeholder participation in the process, coupled with the need for forming or strengthening curriculum committees and a harmonized curriculum governance process, as well as clinical site audits.

Infrastructure, materials, and equipment:
Physical infrastructure at assessed institutions was considered inadequate, with the exception of electricity at FBO institutions and water at private institutions. The majority of respondents (62%) were not confident that their institutions maintain premises and infrastructure to a high level of quality and safety; 44% reported that facilities such as lecture halls and study rooms were inadequate or require renovations and expansions. Only 23% reported feeling satisfied with the current state of these facilities. Respondents noted that anatomical models, simulators, and diagnostic equipment are either in very poor condition or completely lacking. Library services are considered very limited with 98% of respondents recording dissatisfaction with the quality and quantity of textbooks, periodicals, and journals. The ICT infrastructure such as Internet, overhead and LCD projectors, and computer labs was also deemed insufficient, and more so in public and FBO institutions; 60% of institution heads reported that ICT was used in teaching more than half the time; however, only 46% of faculty and 31% of students reported the same frequency of use.

Clinical practice: Respondents reported being generally aware of clinical placement guidelines, including 77% of institution heads, 83% of faculty members, and 92% of clinical site managers across all institution types. However, only about half of respondents (54%) suggested that their institutions had a high level of conformity to these guidelines. Concerns about conformity with clinical guidelines are a significant risk area for training institutions, showing very limited availability of regularized in-service training programs for clinical instructors.

Quality assurance: Nearly 80% of institutional heads, 68% faculty members, and 90% of clinical instructors were aware of the regulatory standards for medical training facilities. However, less than 20% of respondents in public institutions and FBOs perceived that their institutions were doing a "good" job of complying with regulatory standards for physical infrastructure, equipment and supplies, and staffing as compared to 71% of respondents in private institutions. Results indicated that quality assurance specifications on paper are not replicated in practice and policy and strategies for regularized and harmonized quality management and control are required, especially in enforcing adherence.

Partnerships and exchange: Overall, 72% of respondents said their institutions did not have regular engagement with future employers. About a third of respondents also reported that institutions had partnerships with just one or two other training institutions (33% institution heads and 29% faculty members). With limited partnerships, it might be inferred that support for collaboration and exchange of knowledge and resources among institutions is weak. There is need for training institutions to explore this phenomenon and seek mechanisms to address this gap in partnerships and academic exchange, including partnerships to share resources, research opportunities, and knowledge, and for collaboration between institutions. Engagement with prospective employers also needs to be addressed since employers have the potential to guide courses that are responsive to the market and closer connections with employers can improve hiring rates for graduates.

PROGRESS SINCE THE ASSESSMENT
Table 4 summarizes the recommended way forward for the 14 participating training institutions and their stakeholders for each of the assessment's thematic areas, and the results realized by the institutions with support from the USAID-funded FUNZOKenya project over the last three years.

Table 4: Summary of way forward and results after interventions

Recommended Way Forward	Project Intervention	Results
Thematic Area: Management—vision, mission, and governance		
All training institutions need to align their missions to current health sector needs	• Supported training institutions to align strategic plans to current health sector strategy • Supported training institutions to align training curriculum to national training need	• Five training institutions aligned strategic plans to national strategy • All 14 training institutions aligned training curriculum to national training needs and regulatory agency standards
Thematic Area: Management—funding mechanisms for poor students		
• Establish a funding mechanism for needy students • Sensitize faculty and students on available funding mechanisms outside the training institution	Created enabling environment for accessing training fees through establishment of a revolving loan fund, the Afya Elimu Fund (AEF) in collaboration with Higher Education Loans Board, MOH, training institutions, county governments and the private sector	9,330 students from 99 training institutions supported to access affordable tuition loans. Revolving loan kitty (AEF) established with a total of 523,000 USD mobilized
Thematic Area: Management—gender policies		
Further analyses to understand interventions required to address gender concerns at training institutions	Supported development of a gender analysis protocol for five training institutions	Data collected and report will guide action plan development to address gender concerns at training institutions
Thematic Area: Management—institutional audits		
Conduct audits, as guided by relevant national policies, for improved quality of training	Supported 7 regulatory bodies to develop training and accreditation standards and disseminated them to training institutions	All 14 training institutions aligned training to national standards
Thematic Area: Management—educators/faculty		
Develop competency of faculty in use of ICT and update faculty competencies by increasing pedagogical training and modern methods of instruction for effective training delivery	• Supported regulatory bodies to define faculty requirements in accreditation standards • Provided technical assistance in training faculty on modern methods of instruction	• Faculty requirement determined and 18 training institutions have developed action plans to comply • 51 faculty from 14 training institutions trained in instructional design in collaboration with University of North Carolina
Thematic Area: Management—students		
• Develop policies where none exist, reviewing those that are not comprehensive • Increase policy awareness and sensitization among students and faculty • Establish mechanisms to monitor and evaluate policy implementation	Provided technical assistance to regulatory agencies to develop indexing guidelines to capture individuals in medical training. Clinical log books developed to track students' learning	• 5 boards and councils developed and disseminated indexing guidelines • All 14 training institutions using logbooks in training by medicine, nursing, and nutrition students
Thematic Area: Curriculum		
• Timely curriculum review with full stakeholder participation • Form or strengthen curriculum committees for harmonized curriculum governance and clinical site audits	• Supported curriculum development and review framework • Supported development of core curriculum to standardize training by seven regulatory bodies • Supported FBO institutions to develop clinical placement guidelines • Curriculum committees established in training institutions	• All 14 training institutions aligned their institutional curricula to the core curricula • Clinical placement guidelines developed to facilitate clinical learning at 18 FBO institutions

Recommended Way Forward	Project Intervention	Results
Thematic Area: Infrastructure, Materials, and Equipment		
• Prioritize investment in ICT infrastructure especially in public and FBO institutions • Develop physical infrastructure and equipment expansion to match growing student numbers	Supported 14 training institutions to develop funding instruments and strategic plans for infrastructure development	Institutions utilizing the strategic plans and business proposals to generate funds for training infrastructure upgrades
Thematic Area: Clinical Practice		
Strengthen in-service training for faculty through institutional support and incentives	Supported development of clinical practicum guidelines and clinical placement logbooks	Use of clinical logbooks for clinical practicum governance at 18 training institutions
Thematic Area: Quality Assurance		
• Comply with quality assurance specifications and ensure adherence in actual practice • Establish internal policy and strategies for regularized and harmonized quality management and control	• Supported development of training standards by seven regulatory bodies • Supported Kenya Medical Training Colleges (KMTC) to develop quality assurance policy and guidelines for utilization by 56 campuses	Over 50 nursing and nutrition training institutions and 11 medical training institutions appraised to ensure they meet accreditation and quality assurance requirements; KMTC policy in place and ready for application in 56 campuses
Thematic Area: Partnerships and Exchange		
• Establish forums for engagement between students and potential employers to improve hiring rates for graduates • Establish mechanisms to address gap in partnerships and exchange, including partnerships between institutions to share resources, research opportunities, knowledge and collaboration	Supported training institutions to develop partnership mechanisms	6 training institutions established public-private partnership nodes for coordination of external engagements

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