

Development of a framework to measure health profession regulation strengthening



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ABSTRACT

This paper describes the development of a framework to evaluate the progress and impact of a multi-year US government initiative to strengthen nursing and midwifery professional regulation in sub-Saharan Africa. The framework was designed as a capability maturity model, which is a stepwise series of performance levels that describe the sophistication of processes necessary to achieve an organization's objectives. A model from the field of software design was adapted to comprise the key functions of a nursing and midwifery regulatory body and describe five stages of advancing each function. The framework was used to measure the progress of five countries that received direct assistance to strengthen regulations and to benchmark the status of regulations in the 17 countries participating in the initiative. The framework captured meaningful advancements in regulatory strengthening in the five supported countries and the level of regulatory capacity in participating countries. The project uses the framework to assess yearly progress of supported countries, track the overall impact of the project on national and regional nursing regulation, and to identify national and regional priorities for regulatory strengthening. It is the first of its kind to document and measure progress toward sustainably strengthening nursing and midwifery regulation in Africa.

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1. Introduction

Achieving universal access to anti-retroviral therapy (ART) and other AIDS-Free Generation targets for 2015 targets will require an even greater scale-up of HIV¹ services in sub-Saharan Africa (UNAIDS, 2010; WHO, UNAIDS, & UNICEF, 2011). Across much of this region, nurses and midwives play an increasingly important role in delivering HIV care, including initiating and managing ART, which is being integrated in the prevention of mother-to-child transmission (PMTCT) of HIV (De Cock, El-Sadr, & Ghebreyesus, 2011; McPake & Mensah, 2008; Van Damme, Kober, & Kegels, 2008; WHO, 2012, 2013). Recent recommendations by the World Health Organization (WHO) reinforce the importance of nurses and midwives in initiating and maintaining HIV-infected patients on first-line antiretroviral therapy and recognize their role as

essential to the rational distribution of HIV care and treatment tasks among health workforce teams. Furthermore, global guidance for safe and sustainable task sharing within a health system include ensuring that health policies permit task sharing for HIV care and health professional regulation reflect those policies (IOM, 2010; WHO/PEPFAR/UNAIDS, 2008). Health professional regulation is intended to protect the public by ensuring the safety and quality of health professional practice and education (ICM, 2011; ICN, 2009; Walshe, 2003). Nursing and midwifery councils are typically responsible for issuing and updating various practice and education regulations (ICM, 2011; ICN, 2009). These activities may include efforts to expand the scope of practice, such as, authorizing nursing initiated and managed ART (NIMART); requiring standard in-service trainings or updates, referred to as continuing professional development (CPD), for routine re-licensure; and accrediting HIV curricula taught in pre-service education programs (ICM, 2011; Miles, Clutterbuck, Seitio, Sebego, & Riley, 2007; Morris et al., 2009). However, not all nursing and midwifery councils in east, central, and southern Africa have adequate resources (financial, human, or technical) or capacity to undertake necessary changes associated with practice regulation (McCarthy et al., 2013; Munjanja, Kibuka, & Dovlo, 2005; Nabudere, Asiimwe,

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¹ HIV: Human immunodeficiency virus.

& Mijumbi, 2011). The objectives of this paper are twofold: first, to describe a nurse and midwifery initiative funded by the President's Emergency Plan for AIDS Relief (PEPFAR) that strengthens health professional regulation and supports NIMART task-sharing, and secondly, present an evaluation framework that assesses the impact of this initiative.

The African Health Profession Regulatory Collaborative (ARC) for nurses and midwives is a 17-country initiative created to bolster the capacity of nursing and midwifery regulatory bodies and strengthen regulation in east, central, and southern African (ECSA) (McCarthy & Riley, 2012). The initiative is a partnership between the U.S. Centers for Disease Control and Prevention, Emory University, the Commonwealth Secretariat, Commonwealth Nurses Federation, and ECSA College of Nursing. ARC is a regional south-to-south (i.e., peer led) collaborative in which national nursing and midwifery leadership teams convene annually with global experts to discuss and identify priorities for modifying or implementing regulation which will facilitate task sharing and movement toward reaching HIV targets (PEPFAR, 2012). Through ARC's annual competitive grant process, country leadership teams, led by the national nursing and midwifery council, propose projects that address a priority for nursing and midwifery regulation in the context of their national HIV scale-up strategy. Selected proposals receive up to \$10,000 for a 12-month project period. During the year, country teams receive technical assistance (TA) visits and attend two meetings to share successes and challenges in implementing their projects and receive feedback from other countries and technical experts (Gross, McCarthy, & Kelley, 2011). The ARC approach is modeled after the Institute for Healthcare Improvement "clinical collaborative" model (IHI, 2003).

As of July 2013, ARC supported 11 regulation strengthening grants in ten countries (Table 1). Seven of 11 ARC grants have focused on developing or strengthening CPD regulation. CPD—which refers to education following completion of formal training—is a necessary component for maintaining professional practice standards and is in some instances a requirement for professional re-licensure or re-certification (Iliffe, 2011). Four grant proposal

Table 1
ARC grants by country, year, and regulatory strengthening priority.

| Country | Regulatory strengthening priority |
|----------------------------------|---|
| ARC Year 1 (July 2011–June 2012) | |
| Lesotho | Develop a continuing professional development framework for nurses and midwives |
| Malawi | Strengthen the existing continuing professional development framework for nurses and midwives |
| Mauritius* | Establish standards for midwifery tutors providing pre-service education |
| Seychelles* | Review and revise the national nurses and midwives act |
| Swaziland | Develop a continuing professional development framework for nurses and midwives |
| ARC Year 2 (July 2012–June 2013) | |
| Botswana | Develop a national continuing professional development framework for nurses and midwives |
| Kenya | Decentralize key regulation services (registration and re-licensure) to zonal offices |
| Swaziland | Strengthen the existing continuing professional development framework for nurses and midwives developed in ARC year 1 |
| Tanzania | Finalize and launch the national continuing professional development program |
| Uganda | Establish scopes of practice for all nurse and midwife cadres |
| Zimbabwe | Strengthen the existing continuing professional development framework for nurses and midwives |

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submissions targeted other aspects for strengthening professional councils, such as updating standards for midwifery educators and strengthening the role of the national nursing council. Over a 12-month period ARC convened two learning sessions designed to assist country team implementation of their respective project. In addition, ARC provided in-country TA by request. Each funded country team submitted quarterly accounts of progress toward stated objectives and an end-of-project report.

The ARC organizers were also interested in evaluating the initiative's impact and identifying a standardized method of assessing the progress or change resulting from this novel approach to regulatory strengthening. However, to the best of their knowledge, an appropriate instrument for this purpose did not exist. Accordingly, the ARC partners collaborated with participating country teams to design a tool capable of measuring the effectiveness of the ARC approach in strengthening professional regulation. The tool needed to represent varying levels of regulation present in participating ARC countries; capture the types of improvements supported by ARC grants; and reflect global nursing and midwifery standards to which all countries aspire. The purpose of this paper is to describe the framework developed by ARC partners to evaluate the impact of this initiative on the capacity of nursing and midwifery regulatory councils and present examples of how it can be used to benchmark current capacity, measure progress, and target areas needing regional and national regulatory strengthening.

2. Tool design

The ARC tool was designed as a capability maturity model (CMM) (Humphrey, 1987). A CMM is an approach to assessing, in a structured, sequential manner, an organization's ability to perform necessary functions (Paulk, Weber, Curtis, & Chrissis, 1994). A CMM is created by identifying an organization's essential functions and describing the maturation of each function according to a linear scale of increasing capability (Paulk et al., 1994). The scale for each essential function comprises five discrete and successive stages, beginning with a stage in which capability is low and ending with a stage in which it is high (Gillies & Howard, 2007). Each stage is characterized by key competencies instrumental to advancing to the next stage. Together the stages create an "evolutionary improvement path" upon which organizations can advance (Fig. 1) (Paulk et al., 1994). Progression through the stages is intended to be sequential with advancement to a stage representing a meaningful improvement in functioning (Humphrey, 1987). The generic nature of the CMM makes it adaptable to use by a variety of groups or disciplines interested in specific organizational improvements (Gillies & Howard, 2007; Paulk et al., 1994).

Design of ARC's CMM began with a literature search to identify functions highly relevant to the nursing and midwifery councils involved in ARC within the context of HIV programming and national scale-up of services. To ensure alignment with normative guidance, functions for the ARC CMM were selected by reviewing the regulatory elements included in nursing and midwifery global and regional standards recognized by the International Council of

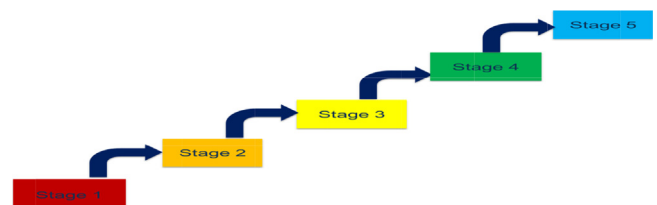


Fig. 1. Stepwise progression through five stages of a capability maturity model.

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