REGULATION HEALTH SYSTEM STRENGTHENING - improving patient outcomes

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Data for this presentation has been taken from several regional studies:

- Qualitative health workforce leadership study across 12 countries in Pacific
- WHO Pacific Open Learning Health Net (POLHN) Review
- Pacific midwifery study, 12 countries
- WHO Faculty development study 2013
- HRH Climate Change Pacific Research 2014
- PNG and regional regulation

Figure 1. Integrated approach
HEALTH WORKFORCE MINIMAL THRESHOLD PER 1000 POPULATION

Figure 1: Pacific Health Workforce Density (Doctors, Nurses, Midwives per 1000 population)


UHC & SDGs
WHO Minimum Threshold 4.5 per 1,000 population
MIDWIVES PER 1000 POPULATION

- PNG: 450
- Fiji: 320
- Solomon Islands: 100
- Vanuatu: 54
- Samoa: 58
- Kiribati: 120
- Tonga: 21
- Cook Islands: 32
- Tuvalu: 8
- Nauru: 6
- Niue: 4
- Tokelau: 4
Regional Committee for WHO WPRO endorsed the: **Western Pacific Regional Action Agenda on Regulatory Strengthening, Convergence and Cooperation for Medicines and the Health Workforce.**

Urging member states to:

- develop legal frameworks, policies and strategies for regulatory strengthening
- monitor impact and effectiveness of national regulatory systems
- facilitate coordination among networks in the region to strengthen national regulatory systems


• 22 countries, 22,000 islands, population 12 million

• 225 health profession programmes in 32 institutes in the Pacific.

• Need to strengthen regulation, continuing professional
development, skill mix and curriculums to meet health securities,
NCDs, UHC and SDG’s.
OVERVIEW OF REGULATION IN PNG

[Image of people]
Processes, accreditation, communication strategy, policies, standards, documentation archiving and committee structures:

- **time to bring stakeholders** and registrants along with changes;
- archiving and scanning 50 years of documentation;
- graduates get **provisional registration** after 6 months go through competency-based approval by clinicians (preceptors) to become fully registered;
- review 10 year period 2004–2014, only 44% conversion to full registration, 2014–15 up to 69%, and 2016 73%;
- Licensing every other year and increase in fees;
- License renewal - 3,758 in 2012, doubled to **6,271 in 2014–15**;
- increase in fees from 2PGK 10,000 – to over 300,000 PGK.
OVERSEAS REGISTRANTS

INCREASE IN OVERSEAS REGISTRANTS

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<tbody>
<tr>
<td>All OVERSEAS</td>
<td>51</td>
<td>113</td>
<td>111</td>
<td>113</td>
<td>27</td>
<td>29</td>
<td>13</td>
<td>15</td>
<td>472</td>
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<td>REGISTRANTS</td>
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• Working with stakeholders, MSF, Red Cross, VSO, missions, Mercy Boats, Department of Immigration Health Secretary.

• Nursing Council recognises nurses registered in other countries such as Australia, New Zealand, Philippines, Fiji and other South Pacific Islands, but has no agreement with any of these countries.

• All applicants from overseas requiring registration must submit required documentation to the Nursing Council.
• In 2012, 157 nurses graduated in PNG, following **World Bank Workforce Crisis Report 2013** and DFAT diagnostic audits\(^7,8,9\), NDOH Workforce Enhancement Plan

• **NDOH Maternal Health Taskforce** - Midwives received Midwifery Registration for the **first time in 2014**. World Bank report estimated that there were 293 midwives in PNG in 2009 registered as specialist nurses, with 42% retiring in 5 years.

• Lack of any reliable data registration or workforce.
Variety of NDOH, regulation and quality improvement initiatives:

- 7 - 12 nursing institutes
- 4 - 5 midwifery programs
- 700 enrolled to start in a nursing course in 2016
- Strengthening regulation policy and accreditation
First base line accreditation data on current/proposed institutes:

- 75% educational institutes met NDOH staff ceiling;
- shortfall of around 38 educators (7 on study leave);
- 28% of educators have a master’s qualification;
- only 60% have any educational qualification;
- 3 of the Principals do not hold higher education qualifications and only two have a PhD;
- attrition rate high in some institutes;
- facilities reviewed against case mix, national standards;
- urgent need for **curriculum review and improved quality improvement processes.**
The need for the Health Practitioners Registration System is very important. Historically numbers of Specialist Practitioners were unknown, heavily paper based and it was not regarded as a live register.

NDOH IT Datec, expertise development drop down menus, form development and upload on to web page.

Over 283 designations were reduced down to 13 for the Nursing Council.

602 Medical Board professional categories aggregated into the 33 health care professional categories.

An analysis of registrants by province, registration time period and health professional category.
### Professional Categories of Renewal Registrants 2014-2015

<table>
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<th>NO</th>
<th>Category</th>
<th>Renewal</th>
<th>New Graduates</th>
<th>2016</th>
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<tbody>
<tr>
<td>1</td>
<td>Nurse Aides/ Enrolled Nurses/MCH</td>
<td>1427</td>
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<tr>
<td>2</td>
<td>Registered Nurses</td>
<td>4078</td>
<td>488</td>
<td>4566</td>
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<tr>
<td>3</td>
<td>Midwives</td>
<td>207</td>
<td>403</td>
<td>721</td>
</tr>
<tr>
<td>4</td>
<td>Specialists Nurses (Mental Health, Acute Care, Paediatric, Critical Care, Eyes)</td>
<td>477</td>
<td></td>
<td>More detail with HPRS</td>
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<tr>
<td>5</td>
<td>Unknown Professional Category</td>
<td>82</td>
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<td></td>
<td><strong>Grand Total</strong></td>
<td><strong>6271</strong></td>
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- Finally have numbers of registrants and estimated workforce, by province, facility, professional category gender.
Medical Registration Act 1980

Produced:

- Committees and Board terms of reference;
- Policy for Employers to ensure all health professionals are registered, protecting the public - health care provided by registered practitioners;
- Overseas Registrants Policy;
- Registration policy and fee structure;
- Accreditation Tools;
- Web page, news letters, roadshow;
- Publishing of registrants on web page.

Lots still to do but a start!
MAINTAINING IMPROVEMENTS

• Enactment of the Health Practitioners Bill.

• Urgent need to review Nursing and CHW curricula, and competencies inline with NDOH Health Plans health securities, SDGs and UHC.

• Set up a trust fund with Treasury of registrants’ fees and ring fence them for Registration activities related to its mandated role under Medical Registrations Act 1980.

• No new nursing institutes are proposed until 2027.

• Build upon current work carried out on the registration processes and HPRS data.

• Continue to work closely with the PNG Medical Board and Information Communication Technology (ICT) NDoH.
HEALTH MINISTER LAUNCH – POLITICAL SUPPORT

3 TV interviews and coverage
2 national papers
PNG NDOH Web page for all information:

PNG Nursing Council  [www.health.gov.pg](http://www.health.gov.pg)  nursing tab on top right


South Pacific Chief Nursing and Midwifery Officers  [www.spcnmoa.com](http://www.spcnmoa.com)

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workforce pathways

Program to fill gap diploma to degree POLHN ? FNU
Regional specialist nurses critical plan - UPNG, FNU KIT SIN

Mental health, child health, acute care 1 year post reg
Midwifery 2-5 post reg 1 year - 18 months Dip/Degree
Advanced Practitioner 1 year

Nurse aide/CHW Registered nurse Cert/Dip Degree Masters Educators
Few weeks - 9 months - 1 year 3 years 1-6 years

50% nursing and midwifery workforce aged 45-55 only 10 years to replace 50% of current nurses

1. Strengthen regulation, Act's - competence's, standards, clinical assessors, quality improvement processes, accreditation
2. Curriculum review career pathway nurse aide, registered nurse to degree
3. Short annual faculty development program to incorporate curriculum in subject plans, teaching skills, student assessments, QIF

ongoing succession planning for educators
improved patient outcomes

urgency need for bachelor and master level educators and career pathway for specialisation
international standards

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