

# DEVELOPMENT OF A COMPETENCY CERTIFICATION FRAMEWORK FOR PRIMARY CARE PROVIDERS IN THE CONTEXT OF UNIVERSAL HEALTH CARE IN THE PHILIPPINES\*

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## Introduction

**Primary care serves as an entry point of individuals in the health system. It is characterized as accessible, comprehensive, continuous, and accountable.**<sup>1</sup> In the Philippines, primary care is delivered at rural health units (RHUs) and Barangay Health Stations (BHS), staffed by primary care providers (PCP) – who provide both clinical care and public health functions in the community.<sup>2</sup>

**There are many challenges in primary care provision in the country.** The highest densities of health workers are found in urbanized regions, while less economically developed regions suffer from scarcity of health workers. This maldistribution across regions is also complicated by a hospital-centric distribution of health workers, and training curricula among health professionals that are geared toward clinical and specialty care. Further, there is no single training program that is established as the standard primary care training program for physicians, nurses and midwives.

**The Universal Health Care (UHC) Law, signed in 2019, emphasizes the centrality of primary care, and mandates the certification of primary care providers.** The Department of Health (DOH) and local government units (LGUs) are also

mandated to afford every Filipino a PCP to act as the navigator, coordinator, and initial and continuing point of contact in the healthcare delivery system. A process of certifying these PCP should ensure that these functions can be performed.

**Through PCP certification, the DOH will award certificates to individuals who demonstrate competence in primary care beyond the minimum requirements for licensure.** This certification has implications for licensing primary care facilities and subsequent contracting by the national social health insurance in the PCP network.

**This project was implemented with support from the World Health Organization to assist the DOH to understand the state of primary care in the Philippines,** to tailor primary care practices according to the local context, to identify the core competencies of a PCP, and to determine how PCP can be certified according to these competencies. Results from this project have since been adopted in the DOH's Joint Administrative Order No. 2020-01 Guidelines on the Certification of Primary Care Workers for Universal Health Care<sup>3</sup> and the Health Human Resources Development Bureau's Primary Care Orientation Course.<sup>4</sup>



The UHC Law emphasizes the centrality of primary health care and mandates certification of primary care providers.

Certification ensures that individuals demonstrate competencies in primary care.

An evidence-based certification framework must be developed.

<sup>1</sup> Institute of Medicine. Defining Primary Care: An Interim Report. Washington (DC): National Academies Press (US); Part 2, Earlier Definitions of Primary Care: A Review; 1994.

<sup>2</sup> Dayrit MM, Lagarda LP, Picazo OF, Pons MC, Villaverde MC. The Philippines Health System Review. Health systems in transition. New Dehli: World Health Organization, Regional Office for Southeast Asia; 2018.

<sup>3</sup> Department of Health. Joint Administrative Order No. 2020-01 Guidelines on the Certification of Primary Care Workers for Universal Health Care. Available at <http://bit.ly/JAO2020-01>

<sup>4</sup> Department of Health Academy Primary Care Orientation Courses accessible at: <http://bit.ly/DOHAcademyPrimaryCare>

## Methods

This project was completed in **four phases** through an inductive qualitative approach of certification framework building (Figure 1).

**PHASE 1** aimed to understand the primary care landscape in the country through review of documents, policies, and consultations with partners. The review extracted information on primary care provision in the Philippines; national and sectoral development agenda, local and international standards, existing policies and operational frameworks; and goals, guarantees and features of primary care provision in the Philippines

**PHASE 2** reviewed the existing primary care models in the Philippines, and the models and scenarios of primary care provision in different settings and team mix. Stakeholder consultations were conducted to assess the feasibility of the developed model during the validation workshops.

**PHASE 3** aimed to develop the primary care competencies and prototype a **competency assessment tool**. Two KIIs with primary care experts were conducted to improve the set of primary care competencies and assessment tool based, and these were subsequently validated through conduct of workshops. The competency assessment tool was validated both quantitatively and qualitatively by through consultations with 22 experienced municipal health officers, nurses, midwives, and development management officers from the two provincial sites.

**PHASE 4** aimed to develop the primary care certification framework. This was completed by document and literature review, while three consultative workshops were conducted to assess its feasibility. Data from different sources were then triangulated, and thematic analysis was conducted for all qualitative data.

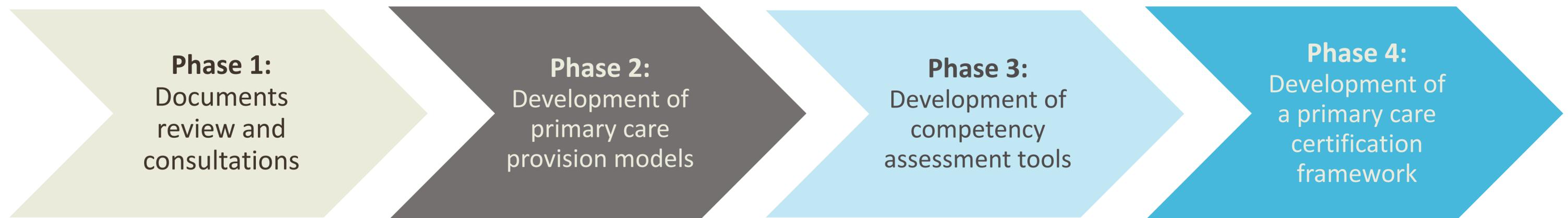


Figure 1: The four phases of the project

## Results

Six essential elements of primary care practice were identified which have corresponding implications on the health system:

Elements of PC Practice	Health System Implications
<i>Population reach</i>	Accessibility of facilities to the population
<i>Scope of services</i>	Comprehensiveness of services
<i>Organizational type</i>	Coordination to a wider level of care in a network
<i>Team composition and scope of work</i>	Capacity of the health team to provide services to the population needs
<i>Care pathway</i>	Quality of care by complementation of skill mix
<i>Governance</i>	Strategic management of care in a devolved set-up

Seven core competencies were identified and validated:

(1) providing first-contact care, (2) providing comprehensive care, (3) providing continuing care, (4) coordinating care, (5) managing patient records, (6) promoting health, and (7) implementing public health functions (Figure 2). These competencies are agnostic to health care professions, which means they are applicable to the training and competency assessment of physicians, nurses, midwives, and other primary care providers.

A competency model with behavioral indicators was subsequently developed for each identified competency. Based on this, a competency assessment tool was formulated, which was found to be feasible and with high content validity ratios. This tool details the key behaviors that must be observed or verified through records during assessment. During the pilot testing of the tool, observation of health workers was done in a period of 30 minutes to 1 hour, while records review took around 1-1.5 hours. Records such as target client lists, electronic medical records, individual treatment records, and activity reports were useful as for verification.

## THE SEVEN CORE PRIMARY CARE COMPETENCIES

### INDIVIDUAL COMPETENCIES



#### PROVIDING FIRST CONTACT CARE

the ability to provide health services within a time frame appropriate to the urgency of the health problem



#### PROVIDING COMPREHENSIVE CARE

the ability to provide a wide range of health services that meet the common needs across all life stages



#### PROVIDING CONTINUING CARE

the ability to provide a sustained partnership with the patient in the management of his/her condition



#### COORDINATING CARE

the ability to transfer and share responsibility across disciplines and levels of care



#### MANAGING PATIENT RECORDS

the ability to ensure coordination of care through accurate and timely integration of medical records in the healthcare provider network

### TEAM COMPETENCIES



#### PROMOTING HEALTH

The ability to identify, describe, and implement programs, policies, and other health promotion interventions that are empowering, participatory, holistic, intersectoral, equitable, sustainable, and multi-strategic in nature, which aim to improve health



#### IMPLEMENTING PUBLIC HEALTH/ POPULATION HEALTH

the ability to implement public health/population health services as mandated by the Department of Health

Figure 2: Seven core competencies of a primary care

## Discussion



**Certification of primary care providers, as mandated by the UHC Law, will contribute to addressing the need to improve the competencies of primary care.** Primary care models can offer the DOH flexibility on which cadres of health care professionals should be considered in a provide network. They can also support the development of care pathways adapted to available capacity and to population needs. The competency assessment tool, developed based on identified competencies, can be used to routinely evaluate and verify primary competencies in the field.

**Additional training should be prioritized for several primary care competencies.** These include basic clinical skills for maternal and child health, computer literacy, information management, and health systems management.

**Structural improvement may also be required to provide health workers the opportunity to perform their competencies.** The lack of hardware, electronic medical records, and internet connection were consistently identified as a problem.

**Theoretical coverage of services can only be effective when health workers are equitably distributed and accessible to the population, when they possess the**

**required competency, when they are motivated and empowered to deliver quality care, and when they are adequately supported by the health system.**<sup>5</sup> Hence, while competencies are only part of assuring that the health worker has the ability to perform the tasks required of the job, other aspects of health human resource and the primary care provider network supplies must be monitored to ensure effective delivery of services.

**A shift towards a more primary-care oriented curricula should be facilitated.** New curricula It must meet the standards defined by the identified core competencies and must be responsive to the changing state of knowledge in health and the needs and demands emerging from health systems, including consumers' expectations.

**Lastly, it is crucial to encourage health professionals to undertake lifelong learning and develop relevant workplace competencies.** New trends in education aim to improve public health by integrating practice-based teaching, problem-based learned, and patient-focused practice.<sup>6</sup> These types of training methods may be considered in training existing primary care workers.

Certification addresses the need to improve the competencies of primary care providers as espoused by the UHC Law

Additional training may be necessary in several competencies

Other supply-side interventions should support primary care provision

There should be a curriculum shift towards primary care

Figure 3: Key discussion points

<sup>5</sup>World Health Organization. Delivering quality health services: a global imperative for universal health coverage. Geneva: World Health Organization, Organisation for Economic Co-operation and Development, and The World Bank; 2018.

<sup>6</sup>World Health Organization. Working together for health. WHO Press; 2006.

## Conclusion

The UHC Law of the Philippines creates an opportunity to strengthen primary care. This can only be achieved by adequately supporting primary care providers and ensuring that they are practice-ready. The recommended framework provides guidance for primary care certification of health care providers while training programs transition to focus on primary care. This is aimed towards an overall goal of producing PCP who will effectively promote health and make the health system more responsive to the needs of the population

The proposed process of certification involves four phases: (1) education and training, (2) competency assessment, (3) issuance of certificate, and (4) maintenance of certification (Figure 4).

**Education and training.** To ensure that graduates of training programs are ready for primary care practice, existing curricula need to be revisited and realigned to cover identified primary care competencies, and new primary care curricula must be developed.

**Competency assessment.** A certification tool to be used in assessing primary care providers must be stringent yet practical. Records review and job observation are feasible in the context of the Philippines. These means of verification also complement each other in terms of cost, time, and accuracy. It is ideal that the assessor is of the same professional cadre as the provider being assessed, to ensure that the assessor is aware of the language, scope of practice, and best practices specific to the cadre. Considering the limitations in the capacity of the DOH in assessing all primary care providers in the country, they should consider accrediting individuals, professional societies, and organizations.

**Issuance of the certificate.** The DOH will issue a certificate based on the assessment of the PCP. A pragmatic approach to certification would be to certify at least one primary care provider in every primary care facility in the next five years. This allows time for training institutions to adjust their curricula and produce practice-ready graduates. Other members of the primary care team can also use this period to acquire the necessary competencies through training before they schedule for assessment.

**Maintenance of the certification.** The Philippines has a Continuing Professional Development (CPD) Law, which requires at least 15 CPD units for professional license renewal every three years. CPD units are acquired through any accredited workshop, conference, or courses. To reduce complications and to encourage primary care providers to comply, the renewal of the primary care certificate can be harmonized with professional license renewal every three years. A specific number of CPD units can be allocated for primary care-specific learning activities and can serve as the basis for reissuance of the primary care certificate.

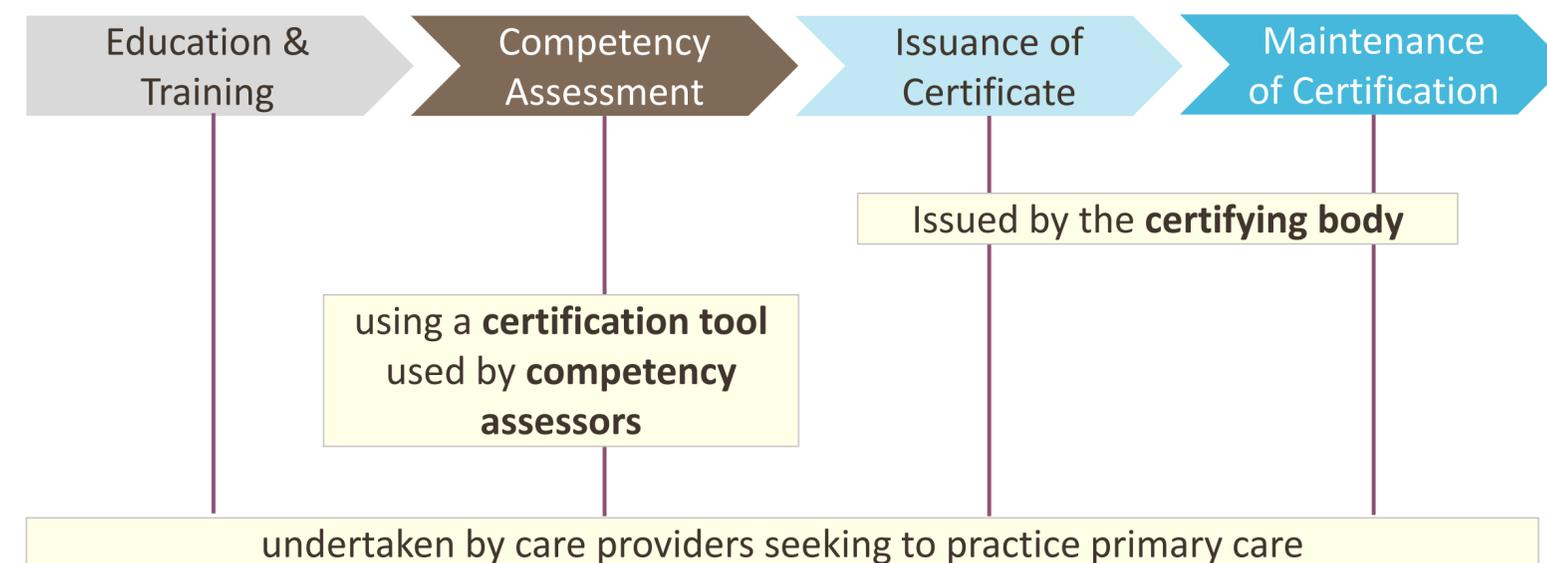


Figure 4: Recommended process of primary care provider certification