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# **RECOMMENDATIONS FOR STRENGTHENING REGULATION OF HEALTH PROFESSIONS EDUCATION IN LIBERIA**

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# INTRODUCTION

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## PURPOSE OF REGULATION AND ALIGNMENT WITH LIBERIA 2011–2021 HEALTH POLICY AND PLAN

Effective professional and regulatory organizations contribute to the safety and welfare of the public by promoting quality practitioners through the establishment of registration systems and assurance of the competence of health care workers. Liberia outlines the goals for the regulation of health care professionals in the 2011–2021 Health and Social Welfare Policy and Plan (NHSPP), stating that:

As part of the long-term institutional plan, the Ministry will strengthen the technical and procedural capacity of the professional boards, including the Medical and Dental Council, the Nursing and Midwifery Board and the National Association of Social Workers, to provide regulatory oversight.....

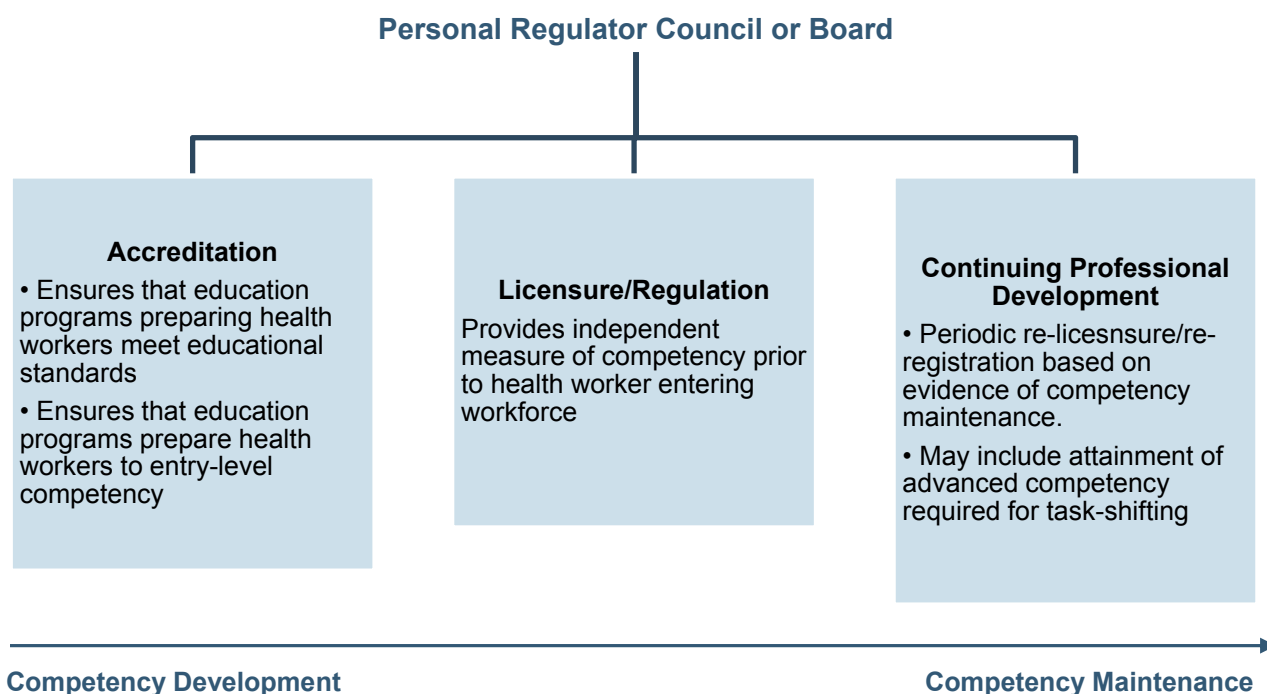
...All health and social welfare delivery and training institutions, both public and private, shall be periodically assessed and will be licensed and accredited based upon set standards of operation. The same criteria will be applied to public and private providers. Institutions below par will be required to conform to standards within a specified period of time to avoid being downgraded, having their license revoked or closed down. Public subsidies through contracts will be awarded to private providers upholding the required standards. (NHSPP, 30)

This report briefly reviews the three main components of regulation, accreditation, licensure, and continued professional development, and provides a situational analysis of findings and recommendations for each main component for the regulation of education of health professions. It focuses on the nursing and midwifery board, pharmacy board, medical and dental council, and physician assistant and laboratory technician associations. The recommendations are in line with Ministry of Health and Social Welfare (MOHSW) policy goals to develop “appropriate solutions that are locally manageable, sustainable and that develop local and systemic capacity.” (NHSPP, 12)

# REGULATORY FRAMEWORK

## OVERVIEW

Figure 1. Regulation of Health Professions Education<sup>1</sup>



Regulation of health professions education includes three main components:

- Accreditation
- Licensure and registration
- Continuing professional development

See **Figure 1** for a description of each. Regulation ensures the quality of health care workers from their development of competency through competency maintenance, supports lifelong learning in health professionals, and assures the safety of the clients they serve.

An important role of a regulatory body is to ensure that educational programs are capable of producing graduates equipped with the competencies required for the designated scope of practice. Accreditation of schools, institutions, and programs is another foundational activity that regulatory agencies use to ensure graduates of health education programs meet required standards. Accreditation verifies that educational institution and programs are capable of meeting the required education standards.

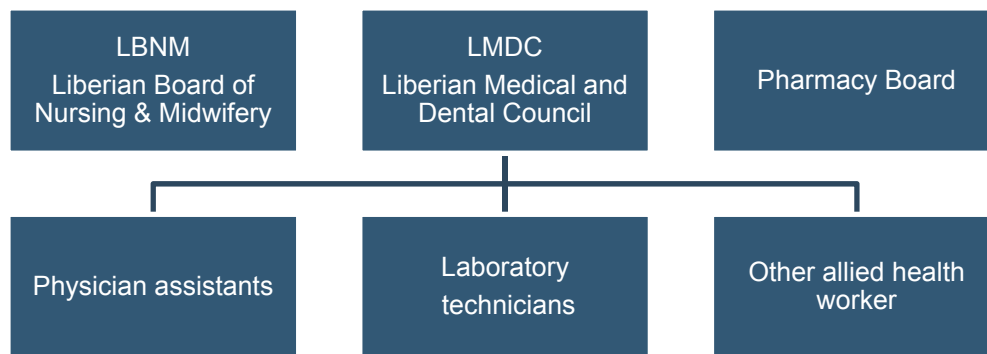
Registration, licensure, and certification are probably the most commonly known regulation mechanisms. These mechanisms provide the foundation for a regulatory body’s activities and are key to the mission to “keep the public safe” by ensuring that only qualified health professionals are registered, licensed, and certified and able to practice.

Keeping health care workers up-to-date and competent is a continuous challenge in today’s dynamic health care environment. Across many of the health professions, mandatory continuing professional development is now often a requirement for re-licensure. (*Health Care Professional and Occupational Regulation Toolkit*, Section 3: Mechanisms and Tools: <http://reprolineplus.org/resources/section-3-mechanisms-and-tools>).<sup>2</sup>

## SITUATIONAL ANALYSIS: CURRENT REGULATORY FRAMEWORK

The current National Health and Social Welfare Policy 2011-2021 indicates the MOHSW will give professionals bodies guidance and authority to regulate education and licensure and manage professional misconduct. Nursing and midwifery, pharmacy, and medical and dental cadres each have regulatory authority for their educational institutions and constituents, backed by legislation via the Revised Liberian Statutes, Public Health Law, 1978, (Revised Liberian Statutes, 1978) and by more recent amendments. Although physician assistants and lab technicians are currently regulated by the Liberia Medical and Dental Council (LMDC), per a 2010 council amendment, both the physician assistants and lab technician associations report that their own boards pre-existed the amendment. However, documentation provided reveals these allied health cadres have existing professional association acts, which are not regulatory in nature. Per the LMDC’s 2010 amendment, currently those cadres and other allied health cadres report to the LMDC. Despite the lack of formal recognition of their regulatory body, both physician assistants and laboratory technician associations have been regulating licensure via board exams and management of license registration and renewal.

**Figure 2. Current Structure of Regulatory Authority in Liberia**



The public law statute of 1978 and recent amendments (pharmacy, 2010; nurse-midwifery, pending, 2013; and Medical and Dental Council, 2010) give each of these regulatory bodies authority to regulate educational institution accreditation, licensure, and re-licensure for their profession. Further, the Medical and Dental Council 2010 amendment grants the LMDC authority to regulate allied health professionals, such as laboratory technicians, environmental health technicians, and physician assistants. (Revised Liberian Statutes, 1978). Details of the current Liberia regulatory framework and legislative authority for each cadre is provided in Appendix A, *Situational Assessment of Regulation in Liberia*.

## RECOMMENDATIONS

- The LMDC, LBNM, and the Pharmacy Board should continue to manage the licensure and re-licensure progress for their professions as stipulated in their respective practice act amendments.

- Given the current small number of the physician assistants and laboratory technician cohorts, the LMDC should provide overall logistics support and management of education accreditation of those institutions. Typically, each profession should be accredited by its own board, but given resource limitations and numbers, management of accreditation and logistics support should be provided by the larger LMDC. The respective physician assistant and laboratory technician associations should continue to manage the licensure exam and tracking of licensure and re-licensure for their professions.
- In the future, amending the 2010 Medical and Dental Council act so that allied health professionals are regulated by their own professionals, not by physicians, is preferable.

## ACCREDITATION

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### OVERVIEW

One of the purposes of an education regulatory body is to ensure that educational training institutions are of sufficient quality and capable of producing graduates equipped with the competencies required for the designated scope of practice. The mechanism most commonly used to ensure this is accreditation, although some countries may use the term inspection, approval, or recognition. Accreditation is a critical piece of regulation and an important role of the regulatory body. The International Council of Nurses defines accreditation as:

A process of review and approval by which an institution, programme, or specific service is granted a time limited recognition of having met certain established standards. (*International Council of Nurses. 1996. The Regulation of Nursing. ICN: Geneva.*)

Accredited educational training institutions communicate to the profession, policy makers, employers, and citizens that it meets certain quality education standards through a system of continual monitoring and review. However, accreditation serves other purposes as well. Having an accredited status can increase confidence in the capacity of the school, college, or university to deliver programs at an acceptable level of quality. Additionally, accreditation is able to provide a basis for comparison between programs and graduates. Finally, in global markets, where standards across countries increasingly converge, accreditation assists with fostering international recognition of education programs and institution, and facilitates the movement of health care workers across the borders.<sup>3</sup>

### SITUATIONAL ANALYSIS: EDUCATIONAL INSTITUTION ACCREDITATION

Accreditation of educational institutions is a clear goal of the MOHSW. “The MOHSW will support, technically and financially, the establishment and functioning of professional bodies. Standard operating procedures (SOPs) regarding registration and accreditation procedures will be developed and implemented.”(National Health and Social Welfare Plan, 2010-2021, 69).

The LBNM has taken a leadership role in Liberia in education accreditation. Unlike the other cadres, LBNM has been implementing formal educational institution accreditation since 2010 with support and technical input from the Rebuilding Basic Health Services (RBHS) project, funded by the United States Agency for International Development (USAID). The LBNW is using education



accreditation standards that have been implemented, revised, and finalized. They have also identified accreditation processes, but have not yet documented them as standard operating procedures (SOP), as suggested by the MOHSW. Accreditation visits occur every three years, unless provisional or partial accreditation is provided, in which case additional visits are needed. They also conduct annual quality assurance visits to help schools achieve accreditation. The other cadres have not implemented education accreditation in a similar way.

In consultation with the LBNM, the LMDC, and allied health professions, a generic set of education accreditation standards, based on the existing LBNM standards, was created during the Jhpiego February 23–28, 2014, short-term technical assistance visit for RBHS. The LBNM, the LMDC, and allied health professions drafted suggested SOPs for education accreditation. The detailed draft accreditation SOPs for LBNM and LMDC and other cadres are in Appendix B, *Draft Accreditation Standard Operating Procedures*. The draft education accreditation standards for cadres other than nursing and midwifery are in Appendix C, *Draft Education Accreditation Standards for Medical and Allied Health Institutions*. The LBNM Education Standards are on file in the LBNM and RBHS offices.

## **RECOMMENDATIONS**

1. Submit both draft SOP and education accreditation standards documents to the respective boards for final votes of formal acceptance. The LMDC may wish to pilot the process before finalizing the SOP document.
2. Once the accreditation SOPs are finalized and approved, disseminate guidance to all schools, along with the accreditation standards tools and suggested dates for accreditation visits for schools not yet accredited.
3. Given experience and number of nursing and midwifery schools (18), LBNM should continue to manage and track education accreditation for their cadre.
4. LMDC should support and manage education accreditation of other institutions, using trained evaluators of the respective cadre for accreditation visits (pharmacists assess pharmacy institutions, etc.) or multi-disciplinary team.
5. Submit the SOP and standards documents to the Liberia National Commission on Higher Education to inform the commission of plans for moving forward with health professional accreditation.
6. Establish an accreditation database for LBNM and LMDC to use to monitor and evaluate results by educational institution.
7. Establish a database or contact list for individuals and high-performing schools that can provide assistance to other schools to help them achieve the standards.
8. Train evaluators from other cadres so they can participate in accreditation and quality assurance visits.

# REGISTRATION AND LICENSURE

## OVERVIEW

Another critical function of a regulatory body is to register and licence the health care workers it is charged to regulate. Essentially these two processes enable (1) validation that a person meets required standards to practice, and (2) title protection. Certification is also typically managed and granted by the regulatory body. The terms “registration” and “licensure” are not used uniformly. These terms are used as indicated in Table 1. For example, a newly qualified health care worker will be required to register (have name entered in a register) and be licenced. The licence is the permit that allows the person to practice. In many jurisdictions, being a licence holder is the key criteria required to practice legally. Increasingly, license renewal is being linked to mandatory continuing professional development (CPD) and other requirements. Certification may confer additional competencies, such as a certification in HIV/AIDS nursing care or a certification in other expanded skill sets that do not change the approved scope of practice.

**Table 1. Main Features of Registration, Licensure, and Certification<sup>4</sup>**

	Registration	Licensure	Certification
Definition	<ul style="list-style-type: none"> <li>• Process of documenting and maintaining records of persons who have complied with the legal requirements to practice. Usually the use of an exclusive title is conferred to those persons entered on a register.</li> </ul>	<ul style="list-style-type: none"> <li>• Exclusive power or privilege granted by legislative authority to persons meeting established standards, allowing them to engage in a given occupation or profession and to use a specific title.</li> </ul>	<ul style="list-style-type: none"> <li>• Verifies specific, additional, more advanced competencies in a given area of a health care specialty.</li> </ul>
Purpose	<ul style="list-style-type: none"> <li>• Emphasizes the administrative procedures for identification of health care providers and institutions within certain publicly recognised categories.</li> </ul>	<ul style="list-style-type: none"> <li>• Verifies compliance with basic standards for safe individual performance or programme or organisational performance.</li> </ul>	<ul style="list-style-type: none"> <li>• Compliance with pre-established professional performance or quality standards in the speciality area.</li> </ul>
Target	<ul style="list-style-type: none"> <li>• Individuals (most common) and organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Individuals (most common) and programmes and organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Primarily individuals, but also in a few cases, organisations.</li> </ul>
Requirements	<p>Completion of a training program and success in passing a validation process (e.g., examination).</p> <p>Compliance with required pre-set basic standards for performance (for programmes and organisations).</p>	<p>Evidence of having met required standards.</p> <p>Compliance with required pre-set basic standards of performance (for programmes and organisations)</p>	<p>Time limited.</p>
Validity	<p>Valid for duration of one’s career if continue to meet standards.</p>	<p>Increasingly time-limited. Periodically need to demonstrate that standards are still being met.</p>	

## **SITUATIONAL ANALYSIS: LICENSURE**

The current legislative standard for licensure of health professionals identifies duration of licensure as “valid during the life of the holder unless revoked, annulled or suspended” (Revised Liberia Statutes, 1978), and licensees must pay annual registration license fee. The nursing and midwifery, pharmacy, and medical and dental council amendments stipulate that disciplinary authority for the profession is under the authority of the board, not the MOHSW. This is consistent with best practices. Ethics violations or disciplinary procedures includes processes for filing charges with the board, reviewing of charges by board, voting by majority of members, reporting, and determining action. (Revised Liberia Statutes, 1978, 61.22 and 61.23 for details on discipline)

All cadres represented require passing of a board examination in order to receive a license, and each cadre also has a process for review and approval of foreign applicants. Refer to Appendix A, *Situational Assessment of Regulation in Liberia*. Details can also be found in the respective practice acts. (See Revised Liberia Statutes, 1978, 66.6-66.8)

## **LICENSURE RECOMMENDATIONS**

The Liberian Board of Nursing and Midwifery should review and revise the current board exam to ensure the new curriculum is reflected in the exam. Other cadres should review and compare their current board exams to the competencies expected for their profession. Until a system is established for reviewing and approving courses—to assign credits and recommendations—for bodies or institutions that provide CPD courses, licensees should not be required to obtain certain CPD or credits for re-licensure. The process and system should be established first and the re-licensure requirements should be added after the system is functional. Specific recommendations include:

- LBNM should revise their board exam to reflect the new core competencies and curricula. See Appendix D, *Strengthening LBNM Board Examination*
- Ensure licensure process is clearly outlined for the Medical and Dental Council and other cadres (this is already clearly outlined for nursing and midwifery and pharmacy). An initial draft was proposed during the February Jhpiego short-term technical assistance trip. See Appendix E, *Medical and Allied Health Practitioners’ Licensure Process*
- Independent councils and boards should manage re-licensure and continuing education units (CEU) or CPD audits (in the future). See following section for additional details.

## **CONTINUOUS PROFESSIONAL DEVELOPMENT**

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### **OVERVIEW**

Keeping health care workers up-to-date and competent is a continuous challenge in today’s dynamic health care environment. At its most minimal, CPD is linked to re-licensure or re-registration when the practitioner has to show evidence of undertaking some form of CPD. Health care workers often obtain CEUs by attending seminars, lectures, conferences, and workshops, usually outside practice settings, despite evidence that courses using didactic teaching methods have minimal impact on performance. The U.S. Institute of Medicine report on this subject defines CPD as follows:

Continuing professional development encompasses all of the activities that health workers undertake—both formal and informal—to maintain, update, develop, and enhance their professional skills, knowledge, and attitudes. CPD is a systematic and on-going process of education, in-service training, learning, and support activities that build on initial education and training to ensure continuing competence, extend knowledge and skills to new responsibilities or changing roles, and increase personal and professional effectiveness. (Institute of Medicine of the National Academies. 2009. *Redesigning Continuing Education in the Health Professions*. The National Academies Press, Washington, D.C.)

For CPD to become part of the system, Liberia needs to establish a legal framework with policies and supporting structures. A number of general guiding principles<sup>5</sup> have been identified:

- Good CPD planning begins with a learning needs assessment.
- Principal stakeholders are involved in formulating the mission and purpose of CPD and its relation to the regulatory framework.
- Given their centrality in achieving health outcome, practicing health care providers should be involved at each step of the CPD process, including system planning and design.
- CPD activity should fall within the participants' job descriptions or professional scopes of practice, and the participants should work in a facility that is capable of providing the service or skill being taught.
- The employment setting should be supportive of CPD and encourage health care workers to take advantage of CPD opportunities.
- To achieve its intended purpose, appropriate participants must be selected for CPD activities.
- Any commercial sponsorship of CPD activities and any commercial conflict of interest must be disclosed during the planning of the CPD activities.<sup>6</sup>

## **SITUATIONAL ANALYSIS**

The current practice acts do not stipulate CPD requirements for re-licensure, but the MOHSW does support career pathways and CPD for health professionals. MOHSW, nongovernmental organizations, international organizations, and some training institutions do currently offer in-service training courses. There are no requirements to link CPD activities to re-licensure although cadres consulted with are interested in doing so.

## **RECOMMENDATIONS**

While the cadres represented during the consultation are very interested in requiring CPD activities in order to maintain licensure, this requirement should not be instituted until processes and systems are in place for CPD. And, at this point, Liberia should not require a certain number of CEUs or other activities for re-licensure until the system is functional and processes are established. During consultations there was some discussion of having one CPD course approved for CPD for all providers; this is not recommended. CPD should be varied, flexible, aligned with the cadre's legal

scope of practice and responsive to national health priorities and identified needs. Specific recommendations for strengthening the regulatory component of CPD are listed here:

**Needs analysis:**

- Conduct needs assessment to identify CPD needs (consider review of Liberia situational assessment as a starting point, national health priorities, and any in-service training strategies or priorities).
- Consult with institutions and universities to identify who is currently offering in-service training for CPD.
- Coordinate with MOHSW training unit on training priorities and determine what current in-service trainings are offered that maybe accredited for CPD.
- Look at regional CEU efforts and establish equation for hours of instruction in order to assign CEU.

**Set goals for CPD:**

- For the next year and through 2015, focus on establishing process guidance, structures, and an audit mechanism (can come later) related to CEU management.
- Begin process of requiring approval of courses for CEU credits.
- Determine criteria (in collaboration with MOHSW in-service training unit) for determining which organization can offer courses that can be approved for CEUs.

**Establish criteria:**

- Outline guidance on activities eligible for CEU (other than formal courses).
- Consider identifying a few specific topic requirements, based on national priorities or regional needs.
- Provide documentation form (whether portfolio or online tracking) for users to track and monitor their own CPD, which should be able to be randomly audited.
- Provide guidance for CEU course approval application and application checklist.
- Provide guidance of post-course CEU approval for courses taken that do not have official approval or are from outside the region.
- Make available a document or list of different courses, based on areas of focus.
- Identify criteria for which types of organisations or bodies can offer courses or activities that can be tracked for CPD.

**Figure 3. Suggested Criteria for Review and Approval of CPD Health Professional Courses\***

1. Teaching method is appropriate
2. If clinical skills are addressed, practice and feedback activities are included
3. The behavioural objectives and content outline:
  - a. Go beyond the requirements of the core competencies, demonstrate new learning, or reinforce competency maintenance
  - b. Describe expected education goals
  - c. Are relevant to discipline's scope of practice, education, research, or administration
4. Course references are included: 75% must be within last five years (preferably from peer reviewed journals).
5. Method of recording and verifying attendance is described
6. Copy of course evaluation tool is included

*\*Revised from American College of Nurse-Midwives (ACNM) continuing education reviewer checklist*

- Implement a System for Approving Courses for CEU:
- Independent professional associations (not councils or boards) can offer courses, advertise approved courses, manage re-licensure, and assign CEU credits, whereas professional councils can establish CPD requirements and manage audits related to re-licensure in the future.
- Once processes and criteria are outlined, immediately initiate review, for approval, of existing courses for in-service training for CEUs and develop a process for tracking CEUs. Build the system before requiring CEUs for re-licensure.
- Encourage facilities/hospitals and universities to offer in-service training for their staff and complete application process.
- Hold meeting to discuss managing CEU course applications and approvals, in collaboration with related professional associations.
- Plan the launch and dissemination strategy for the new CPD and CEU system.
- Launch and disseminate information on the new CPD and CEU system.

## SUMMARY

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In Liberia, and in particular for the LBMN, significant progress has been made in the regulation of education of health professionals. The legislation gives regulatory bodies the autonomy to regulate their profession (although for physician assistants and laboratory technicians, based on current documentation, this still is in question). The LBNM has been implementing accreditation processes for educational intuitions with the support and technical guidance of RBHS; their education standards have been adapted by other cadres. Now every cadre has a board exam as a requirement for initial licensure, which is an important step. Professional boards would like to require CEUs to link to re-licensure, but the processes and systems must be built first.

## REVIEWED DOCUMENTS

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- An Act Amending Part VII Chapter 61, March 25, 2010, Ministry of Foreign Affairs
- Revised Liberian Statutes, Public Health Law, 1978, Title 33, Chapters 61–67
- Physician Assistant Association Constitution, Liberia National Physician Assistant Association (LINPAA)
- Medical Laboratory Technologists Act to Incorporate the Liberian Association of Medical Laboratory Technicians, 1977
- Liberian Medicines and Health Products Regulatory Authority Act (LMHRA) 2010
- Act to Amend Chapters 65 and 66 of Title 33, Revised to Grant Autonomy to Liberian Board of Nursing and Midwifery in the Republic of Liberia (2012). Currently under legislative consideration
- Health and Social Welfare Policy and Plan, 2011–2021

## REFERENCES

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<sup>1</sup> World Health Organization. 2013. Transforming and Scaling up Health Professional Education and Training: Policy Brief on Regulation of Health Professionals Education. World Health Organization, Geneva.

<sup>2</sup> Jhpiego. 2014. Health Care Professional and Occupational Regulation Toolkit, Fundamentals: Available at: [http://reprolineplus.org/system/files/resources/01\\_Structure%20Regulatory%20System.pdf](http://reprolineplus.org/system/files/resources/01_Structure%20Regulatory%20System.pdf).

<sup>3</sup> Jhpiego. 2014. Regulation Toolkit, Mechanisms and Tools. Available at: <http://reprolineplus.org/resources/section-3-mechanisms-and-tools>).

<sup>4</sup> Jhpiego. 2014. Regulation Toolkit. Available at: [http://reprolineplus.org/system/files/resources/01\\_RegLicCertDefinRequirements\\_1.pdf](http://reprolineplus.org/system/files/resources/01_RegLicCertDefinRequirements_1.pdf).

<sup>5</sup> Capacity*Plus*. 2012. Keeping up to date: continuing professional development for health workers in developing countries. Available at: <http://www.intrahealth.org/files/media/keeping-up-to-date-continuing-professional-development-for-health-workers-in-developing-countries/continuing-professional-development-health-workers.pdf>.

<sup>6</sup> Jhpiego. 2014. Regulation Toolkit, Mechanisms and Tools. Available at: <http://reprolineplus.org/resources/section-3-mechanisms-and-tools>.





# APPENDIX A: SITUATIONAL ASSESSMENT OF REGULATION IN LIBERIA

There may be more than one level on this category. For example for nursing there may be: nurse, nurse specialist, and nursing auxiliary.

To complete this you will have to study any legislative instruments that regulate the category in question. These will probably include:

- The act or law regulating the category you are studying: Liberia,
- Any rules and regulations that expand on the law,
- Any other documents that interpret the law issued by the body charged with its implementation, e. g., curriculum guidelines, expansion on scopes of practice, and position papers.

**References:** Revised Liberian Statutes, 1978, Title 33 Amendment 2010; Midwifery Update; Nurse Practice Act; Liberian Medical and Dental Council 2010 amendment (LMDC); Liberian Medicines and Health Products Regulatory Authority Act (LMHRA) 2010.

## 1. How is the category's practice delineated and education prescribed? If different levels exist how are they distinguished from one another in title, practice, and education?

Component Title, Scope of Practice, Education	Category			Physician Assistants
	LBNM	More than one level of the category	Lab Tech	
<b>Legal professional title</b> What is contained in legislative instruments and therefore usually a protected title	Yes, see Statutes for various titles, section 61	Yes, see Statutes for titles, section 61.14	Yes, see Statutes for titles	Yes, see Statutes for titles
<b>Scope of practice</b> It may be found in the law or rules and regulation or even in interpretative guidelines. It should address allowed actions and tasks.	Yes, see Nurse Practice Act and Amendment	Section 62.2 in 1978 Statutes	Not found in Act, in association by-laws	Not found in Act, in association by-laws

Component Title, Scope of Practice, Education	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
<p><b>Education</b> Preparation required in order to be eligible to become registered and/or licensed, etc. Look at eligibility requirements for registration; competencies required for entry into practice; and at curriculum guides and content of programmes claiming to prepare participants for the role.</p>	See Nurse Practice Act and Amendment	Yes, see 2010 Amendment, section 61.4 for requirements	Bachelor's degree or equivalent, see 67.11	Missing	Missing

## 2. Regulation for what purpose?

It can be difficult to find explicit statements in the legal instrument about the purpose of the regulation. This is important as purpose will determine the scope, type, processes, and methods of regulation.

Component Purpose	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
<p>1. Primarily to ensure competent care to the public—public protection. The recognition and protection of the health care worker is secondary.</p>	See by-laws	Confer accountability, identity, and status of health workers and set standards for ethical behaviour	Not mentioned	Confer accountability, identity, and status of health workers and set standards for ethical behaviour	Confer accountability, identity, and status of health workers and set standards for ethical behaviour

Component Purpose	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
<p>2. Other purposes include:</p> <ul style="list-style-type: none"> <li>• Confer accountability, identity, and status upon the health care worker being regulated</li> <li>• Set standards of ethical behaviour and clinical competence for practice</li> <li>• Recognise those with advanced preparation and expertise in an area of specialization.</li> <li>• Ensure the quality of services— health and education.</li> <li>• Improve quality of performance (practitioner, health services, and educational processes).</li> <li>• Reassure patients and the public about the competence of health professionals providing care.</li> <li>• Inform the public about services from which to choose .</li> </ul>	See original practice act-covers all of these	See section 61.1 and 61.4 of amendment	Set standards for ethical behaviour and clinical competence  See sub-section 361 of amended act	See section 61.1 and 61.4 (of amendment)	See section 61.1 and 61.4 of amendment

### 3. Regulation by what mechanism?

This question looks at the means used to regulate health care workers.

Component Mechanism	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
1. Statutory—regulation that is mandated by law, act, decree, or statute and is therefore mandatory. It is used to ensure that health care workers are safe and competent to provide the services that fall within their scopes of practice.	Yes, Nurse Practice Act and amendment	Yes, 2010 LMDC Act	Yes, pharmacy practice act and amendment (LMHRA Act 2010), or 67.6 in 1978 statutes	2010 LMDC Act	2010 LMDC Act (state there is a previous PA practice act, but can't located it).

Component Mechanism	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
2. Voluntary—regulation that is conducted by an authority external to the government. The credential or qualification thus earned is not legally required for practice or the service to be rendered. For example, nurses may practice in a specialised area without being certified. However, obtaining certification communicates that the nurse has met certain predetermined standards, beyond the minimal required to practice as a nurse, in the specialised field.	Some voluntary certification status exists for nurses for areas of specialty (see amendment to Nurse Practice Act)				
3. There are several mechanisms that are used (statutory or voluntary), but be careful as the terms are not consistent across jurisdictions and you need to check how the term is used in your country. The mechanisms include: <ul style="list-style-type: none"> <li>• Registration</li> <li>• Licensure</li> <li>• Certification</li> <li>• Accreditation</li> <li>• Approval</li> <li>• Recognition</li> </ul>	Registration, licensure, certification, accreditation and recognition are all used	Registration, licensure and accreditation is stipulated (section 61.4 2010)		Registration, licensure and accreditation is stipulated (section 61.4)	Registration, licensure and accreditation is stipulated (section 61.4)
4. Employers, through institutional regulation, may regulate health care workers. This is often used with auxiliary workers and is only recognised in the employer's work settings	#4 Yes, private nurse aide schools employer-based, don't report to board				

#### 4. Regulated by whose authority?

This question is about the nature of the authority associated with a particular regulatory activity. Several levels of authority may be applied in a system of regulation.

Component Authority	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
1. <b>The legislature</b> The highest level of authority is by a country's legislature through a law, act, or decree—known as primary legislation	Nurse Practice Act and Amendment	2010 Amendment	Pharmacy Act Amendment and 1978 statutes, 67.6	2010 Amendment-regulated by LMDC	2010 Amendment-regulated by LMDC
2. <b>Government at ministerial level</b> Rules and regulations (secondary legislation) may only need approval at the ministerial level. Also, certain types of legislation may be issued through a ministerial order (e. g., to permit a health care worker to carry out a specific act that is out of their legal scope of practice	See LBNM rules and regulations	MOHSW has stipulated LMDC will also manage health facility accreditation with a multi-disciplinary team			
3. <b>The profession</b> In many countries, the profession, usually through the professional associations, has the authority to regulate specialist practice		Professional associations reportedly have some regulatory functions	Association has prepared a code of conduct	Board is managing licensure and registration, act in process?	Board is managing licensure and registration, act in process?
4. <b>The employer</b> In many countries, employers use their authority to recognise auxiliary categories of health care workers through institutional rules and policies.					

**5. Whose standards and what standards are used in the regulatory process?**

Standard setting is a key component of a regulatory system, but it is important to know the origins and scope of standards. This provides some evidence as to the levels of their relevance, credibility, and completeness that may be attributed to the standards.

Component Standard	Category		More than one level of the category			Lab Tech	Physician Assistants
	LBNM		Medical Doctors	Pharmacists			
1. Are there written standards for practice, education, and the organisation and management of the services?	Yes, national educational standards and guidance		No, see sections 61.15-61.19 (amendment?)	Yes, for requirements for licensure and service delivery (not for educational institutions)	No	No	No
2. Are the standards national or local?	National		no, see sections 61.15-61.19 (amendment?)	Yes, national	No	No	No
3. Are they in accordance with broad, universal definitions of categories of health care worker and scopes of practice?	Yes, compared to West African College of Nursing competencies		no, see sections 61.15-61.19 (amendment?)	Yes	No	No	No
4. Who owns the standards?	LBNM		no, see sections 61.15-61.19 (amendment?)	The Pharmacy Board	No	No	No
5. How were the standards established?	By law with stakeholders		no, see sections 61.15-61.19 (amendment?)	By legislation and board	No	No	No
6. Who is involved and/or consulted in the process of establishing and maintaining current standards?	LBNM with stakeholders		no, see sections 61.15-61.19 (amendment?)	Board and stakeholders	No	No	No
7. How are they approved?	Legislature		no, see sections 61.15-61.19 (amendment?)	By the board	No	No	No
8. Is there a system for monitoring, evaluating, and updating standards?	Yes		no, see sections 61.15-61.19 (amendment?)	Yes	No	No	No
9. Is there a code of professional conduct and/or code of ethics?	Yes		Yes	In progress	No	No	No

**6. By what methods and when is regulation carried out?**

This question looks at what stages a practitioner required to undergo some sort of validation process or provide other evidence that he/she is competent and remains competent.

Component Methods	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
1. Are qualifications assessed on admission to practice?	Yes	Yes	Yes, 67.11	Yes	Yes
2. Are they periodically appraised (i.e., renewal of license or registration) throughout the work life?	Yes	Yes	Yes	Yes	Yes
3. What validation methods are used to obtain registration and the first license, such as do they meet certain educational standards; pass an examination; have an acceptable reference; produce a certificate confirming healthy; have no criminal record	Yes	See end of document for details*	1. Application 2. Investigation 3. Pass exam 4. Interview depending on level or status	See end of document for details* 1. Valid qualification form from qualifying institution 2. Sit and pass board exam 3. External-credential committee review?	See end of document for details* 1. Valid qualification form from qualifying institution 2. Sit and pass board exam 3. External-credential committee review?
4. If there is periodical renewal, how often and what are the eligibility requirements, e.g., number of practice hours in past 12 months; continuing professional development (CPD); background and performance evaluations?	Annual, -no CPD	Annual license renewal, no CPD	Annual, CPD under review	Annual license renewal, no CPD	Annual license renewal, no CPD

Component Methods	Category		More than one level of the category		
	LBNM	Medical Doctors	Pharmacists	Lab Tech	Physician Assistants
<p>5. If facing a charge of professional misconduct:</p> <ul style="list-style-type: none"> <li>• Is there a clear disciplinary process?</li> <li>• Who carries it out?</li> <li>• What sanctions can be imposed?</li> <li>• Is there a separate process to deal with issues related to health problems or substance abuse?</li> </ul>	<p>Yes, 61.22, see original Nurse Practice Act. The board reprimands, or suspended. See amendment, which authorizes the board to manage without ministerial approval.</p>	<p>Yes, see section 61.15, 61.18, 61.17 of 2010 MDC amendment</p>	<p>Yes, Separate committee inquiry instituted by board depending on nature</p>	<p>Yes, see section 61.15, 61.18, 61.17 of 2010 MDC amendment</p>	<p>Yes, see section 61.15, 61.18, 61.17 of 2010 MDC amendment</p>



## EDUCATION PROGRAMMES

Note: the only board implementing educational accreditation is the LBNM. All the replies are specific to the LBNM.

Component Education Programmes	Status With Respect to Education Programmes
<b>Regulation of which programmes?</b>	
1. It is important for the regulator to focus on the quality of education programmes that lead to a recognised professional qualification such as registered nurse or licensed nutritionist. What are the levels of education and academic credentials for entry into practice?	Diploma, see Nurse and Midwifery Practice Act, 1978 and Amendment
2. Is there advanced-level education leading to an academic and/or professional qualification?	Yes, see above
3. Is the education part of the country's higher education sector?	Yes, for some
4. If not, describe the kind of educational establishments providing programmes preparing the health care worker in question	
<b>Regulation for what purpose?</b>	
1. How are standards for the preparation for practice being maintained?	Annual accreditation, self-assessment, standards reviewed and updated
2. Do education and/or accreditation exist?	Yes
3. Who was involved in establishing education/accreditation standards; for example, the professional association, the professional regulatory body, agency in the higher education responsible for quality/accreditation?	Board and stakeholders
4. Who is responsible for maintaining the currency of the standards?	LBNM
<b>What standards?</b>	
Standards should be directed towards: 1. A liberal and professional education preparing for general practice in all settings—primary, secondary, and tertiary	Yes
2. Broad curricular requirements that promote the capacity to respond to changing health care needs and public health care goals	Yes
3. More specifically do standards address the following areas <ul style="list-style-type: none"> <li>• Governance, organization, and administration</li> <li>• Curriculum</li> <li>• Students</li> <li>• Faculty</li> <li>• Resources and facilities</li> </ul>	Yes

Component Education Programmes	Status With Respect to Education Programmes
<b>Regulation by what mechanism?</b>	<b>Regulation by what mechanism?</b>
1. Are the regulations statutory (mandatory) or voluntary?	Statutory
2. What process is used for accreditation, approval, or another form?	Standardized tool for accreditation, verification visits conducted
<b>Regulated by whose authority?</b>	<b>Regulated by whose authority?</b>
Are the programs regulated by the authority regulating educational programmes in higher institutions of learning, or the regulatory body of the health care worker in question such as the nursing council?	LBNM
<b>Who conducts or administers regulations?</b>	<b>Who conducts or administers regulations?</b>
Regulation may be carried out by:	LBNM
<ul style="list-style-type: none"> <li>• The agency responsible for the approval or accreditation of the institutions of higher learning</li> <li>• The regulatory body of the health care worker in question</li> <li>• As a joint responsibility</li> </ul>	
<b>By what method and when is regulation carried out?</b>	<b>By what method and when is regulation carried out?</b>
1. On seeking initial approval/accreditation to offer educational programmes and periodically thereafter?	Yes
2. Methods used include self-evaluation; inspection visits to school and clinical sites; evaluation of curriculum, teaching/learning methods, assessment procedures, teacher qualifications; graduate outcomes.	Uses all these methods

**\* Process for assessing qualifications for licensure: (for MD's, and allied health workers)**

1. Validate qualification form from recognized institution
2. Sit and pass state board exam
3. For external graduates, confidential committee examines qualifications provided and looks for a recognized license
4. Clearance report from police
5. Doctors show internship certificate
6. Nine month, post-internship service in the country (for public sector)

# APPENDIX B: DRAFT ACCREDITATION STANDARD OPERATING PROCEDURES

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## Draft Standard Operating Procedures: Accreditation for Liberia Nursing-Midwifery Educational Institutions

### APPLICATION FOR ACCREDITATION

#### New school

An applicant for a new school submits letter of application to open a new program. The board sends the applicant the standards (established in 2012) and information about establishing a new school. The applicant is instructed to prepare for an accreditation visit and to inform the board when they are ready, after which a visit will be arranged. The board sends the applicant a date for the first accreditation visit.

#### Recommendations

- Set a time (consider three to six months?) for schools to comply with opening requirements.
- If schools open without permission, they have one month to respond to a board inquiry and three months to comply with the first accreditation visit.
- Send clear guidance on fees and long-term accreditation process.
- During the first accreditation visit, provide the full accreditation standards and guidance on the process and fees for on-going accreditation.
- Agree on fees for schools that do not comply with requirements for opening a new school.
- Launch and disseminate guidance on process for opening a new school.

#### Established school

At beginning of each year the board notifies the school of the timeframe for the annual quality improvement visit. This letter includes reminders of their action plan and areas of focus. Every three years, the board also sends a separate letter to remind the school of the expected dates of the triennial accreditation visit. Close to the anniversary of accreditation, a date for a visit is arranged and the school is encouraged to perform a self-assessment to prepare for accreditation. The school should compile the needed evidence to make sure they are ready for an accreditation visit.

#### Recommendations

- Be sure letters include clear instructions on preparing for quality improvement visits as opposed to preparing for accreditation visits.

## **VERIFICATION VISITS**

Accreditation visits occur every three years, quality improvement and quality assurance visits occur annually (except during the year of accreditation visit) and target gaps identified in previous visits.

### **Accreditation visit**

The accreditation team consists of trained evaluators (three to five people are recommended) of the same cadre of school being assessed for accreditation. Ideally, the team consists of individuals who have different levels of expertise (some in administration, some in clinical practice, etc.). The team will review the management section together and split up to observe different standards and will use them as a tool to determine if standards have been achieved. During a post-evaluation meeting at the end of each day, results are compared and discrepancies are resolved through discussion and comparison and by a majority vote. If needed, sections or standards can be re-evaluated if discrepancies are not resolved. The educational institution staff is debriefed and informed of findings before the evaluators leave. A full report is prepared by the evaluators and sent within one to two months.

### **Recommendations**

- Establish a spreadsheet or database, which can be simple, for tracking results so the board can easily pull data on performance and issues of various schools.
- Identify individuals with expertise and high-performing schools that can provide assistance for schools struggling to achieve accreditation.

### **Quality Improvement Visit**

These are annual visits that focus on helping the schools address gaps identified in previous visits. These visits include a visit to the school and an assessment of the clinical site. If no visit has been conducted before, a full accreditation visit will be conducted.

### **Recommendations**

- First-time visits could involve representatives from well-performing schools, or other experts, to help schools achieve the standards.

## **ACCREDITATION DECISION**

- Accreditation: meets required standards: 80% achievement of standards is required.
- Partial accreditation: 60–79% of standards are met, have six months to make corrections.
- Probationary accreditation: 50-59% of standards are met, have one year to meet standards, repeat accreditation visit can focus on problems.
- Denial of accreditation: Existing schools: Less than 50% of standards are met, fails to meet minimum requirements after three visits, then students are sent elsewhere and school is closed.
- Denial of accreditation: New schools: if they achieve less than 50% of the standards, then the board will work with the new school to help it achieve standards.

- Withdrawal of accreditation: Previously accredited programme fails to meet minimum requirements (50% of standards) upon another round of accreditation.

# Draft Standard Operating Procedures: Accreditation for Liberia Medical and Allied Health Educational Institutions

## APPLICATION

### New school

- New school obtains information from the Health Professionals Council about requirements for receiving accreditation for the relevant pre-service education programs
- New school submits letter of application to the Council for accreditation of the training program
- The Council, in collaboration with the relevant board, sends the standards (checklist) for accreditation of new schools (medical or allied health) and other information to the applicant.
- The applicant is instructed to prepare for an accreditation visit and to inform the Council, within 12 months of the first application, when they are ready.
- The Council will arrange an accreditation visit. In communicating with the applicant, clear guidance on fees and expectations for long-term accreditation should be provided. During the first accreditation visit, the accreditation team will provide the full accreditation standards and guidance on the process and fees for re-accreditation.

### Established school

- Pre-service institutions should be re-accredited every three years
- At the beginning of each year, the Council should notify eligible schools of the timeframe for a re-accreditation visit and send the relevant self-assessment tools.
- Two months prior to the due date for the re-accreditation visit, the school should be reminded about the visit.
- Two weeks before the re-accreditation visit, the school should forward to the Council the completed self-assessment tools.

## VERIFICATION VISITS

Accreditation visits occur every three years, quality improvement and quality assurance visits occur annually (except during the year of accreditation visit) and target gaps identified in previous visits.

### Accreditation visit

Consists of a team of trained evaluators (three to five recommended) of the same cadre of school being assessed to complete the accreditation visit. Ideally, the team consists of individuals who have different levels of expertise (some in administration, some in clinical or non-clinical practice, etc.).

- The team will review the completed self-assessment tool, previous accreditation tools, and select items for validation. The team may split up to observe different standards.

- At the end of each day, results will be compared and any discrepancies resolved through discussion. Sections or standards can be re-evaluated if discrepancies are not resolved.
- The educational institution staff are debriefed and informed of findings before the evaluators leave.
- A full report is prepared by the evaluators and sent to the Council within two weeks.

## Recommendations

- Establish at least a simple spreadsheet or database for tracking results so the board can easily pull data on performance and issues of various schools.
- Identify individuals with expertise and schools that have performed well that can provide assistance for schools struggling to achieve accreditation.
- The team will encourage the institution to establish a quality improvement team to implement solutions for identified gaps and submit within six months.

## ACCREDITATION DECISION

Upon submission of the accreditation report, the Council will take a decision for the school:

- Full accreditation: meets required standards: **80% achievement of standards** is required.
- Partial accreditation: **60–79%** of standards are met, have six months to make corrections.
- Probationary accreditation: **50–59%** of standards are met, have one year to meet standards, repeat accreditation visit can focus on identified gaps.
- Denial of accreditation: **less than 50%** of standards are met, fails to meet minimum requirements. In such situations, the students are sent elsewhere and the school is closed within a three-month period.
- Withdrawal of accreditation: Previously accredited programme fails to meet minimum requirements upon another round of accreditation.

# APPENDIX C: DRAFT EDUCATION ACCREDITATION STANDARDS FOR MEDICAL AND ALLIED HEALTH INSTITUTIONS

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## PERFORMANCE STANDARDS FOR HEALTH-RELATED TRAINING INSTITUTIONS IN LIBERIA



## ACKNOWLEDGMENTS

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Deddeh B. Beyan, Director of Nurses, Curran Lutheran Hospital  
Comfort J. Gebeh, Director, Esther Bacon School of Nursing and Midwifery  
Thomas K Nagbe, EPI Program, MOHSW  
E. Wilmot Jackson, Sr., President, PA Association  
Bob M. Singbeh, Administrative Assistant to the Administrator, TNIMA  
Dr. Benjamin Vonhm, Director, National Aids Control Program  
Kerkulah N. Kollie, Director School of EH, TNIMA  
James K. Sorsor, Sr., Director of School of Nursing and Midwifery, TNIMA  
H. Calvin Momolu, Director School of PA, TNIMA  
Ellen G. Williams, Executive Director, CHAL Representative LBNM for Pre-service Education  
Helena Nuahn, Director, Phebe Training Programs  
D. Gayduobah Beyan, Mother Pattern College of Health Sciences (MPCHS)  
Rev. Sodey Lake, Director of Training Unit, MOHSW  
Claudette Bailey, Capacity Building Team Leader, RBHS  
Dr. Jill John-Kall, Mentor Initiative (DCD-T)  
Dedeh F. Jones, Chief Nursing Officer, Nursing and Midwifery Division, MOHSW  
Sarah B. Kollie, Acting Administrator, TNIMA  
Joseph M. Daniel, Division of Environmental Health, MOHSW  
Olive Hunter Dwana, President, Liberian Nurses Association  
Dr. Henry A. Konuwa, Jr., Medical Director, Curran Lutheran Hospital  
Norris G. David, Chairman, PA Board  
Tamba Boima, Community Health Services, MOHSW  
Lucy W. Barh, President, Liberian Midwifery Association  
Tabadeh P. Collins, National Malaria Control Program, MOHSW  
Cecelia Morris, Chairperson, Liberian Board for Nursing and Midwifery  
Yah S. Dolo, Family Health Division, MOHSW  
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Shelly A. Wright, United Methodist University School of Nursing  
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M. Abraham Gbeh, Instructor, Smythe Institute—Nursing Division  
Abraham Massaquoi B., Instructor/Assistant Director, TNIMA  
Jasper I. Mason, Primary Health Care Coordinator, Mather Patern College  
Ada C. B. Wraynee, Instructor, TNIMA  
Abraham Johnson, Training Officer, Training Unit, MOHSW  
Sarah V. Lonfay, Instructor, Phebe Hospital Training Programs  
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Martha Serwah Appiagyei, Jhpiego Ghana  
Marion Subah, Education and Training Advisor, RBHS

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Udaya Thomas, Jhpiego—adaptation, development, and revisions  
Peter Johnson, Jhpiego—reviewer  
Alishea Galvin and Rachel Rivas, Jhpiego—editing  
Renata Kepner and Young Kim, Jhpiego—formatting

The standards were adapted from pre-service standards from Jhpiego’s USAID-funded projects in Afghanistan, Ghana and Tanzania, as well as guidance from World Health Organization (WHO) 2009 Education Standards and 2003 World Federation for Medical Education (WFME) education standards. These standards have been adopted by the Liberian Board of Nursing and Midwifery (LBNM) as national standards for nursing and midwifery education in Liberia and are being use as part of the accreditation process for existing schools, as well as, in the process of assessing readiness of various institutions for initiating nursing and midwifery programs in Liberia.

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Liberia, September 2010

## INTRODUCTION AND BACKGROUND

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The primary aim of the Pre-service Education Initiative within RBHS is to strengthen two of Liberia's most important educational institutions for nursing and para-medical staff—the Tubman National Institute for Medical Arts (TNIMA) in Monrovia and the Esther Bacon School of Nursing and Midwifery (EBSNM) in Zorzor, focusing on four cadres of health workers (registered nurses, certified midwives, physicians assistants and environmental health technicians)

Under RBHS, Standards-Based Management and Recognition (SBM-R®) is being introduced as a method to improve the performance of both educational institutions. SBM-R is a quality improvement process developed by RBHS partner Jhpiego that has proven effective in improving the learning experience at training institutions in several countries. Through SBM-R, educators and health professionals actively participate in crafting educational standards and a process for their incorporation with the learning environment, guided by both international and national guidelines. Though SBM-R is primarily used to measure progress in improving quality in education, it also serves as a clear and explicit statement of the manner in which educational programs should be conducted. It states the standards for desired performance and provides guidance toward achieving those standards. The standards describe desired performance in four specific areas: Classroom and Practical Instruction; Clinical Instruction, Practice, and Assessment; Institution Infrastructure and Training Materials; and Institution Management.

The RBHS Project conducted two workshops in which these performance standards for health-related training institutions were adapted/developed in the four specific areas: 1) Classroom and Practical Instruction; 2) Clinical Instruction, Practice, and Assessment; 3) Institution Infrastructure and Training Materials; and 4) Institution Management. These standards were then finalized and the baseline assessments of TNIMA and EBSNM were done by a team comprising members of the Education and Training National Working Group conducted the baseline assessments.

# IMPROVING THE QUALITY OF HEALTH RELATED TRAINING INSTITUTIONS

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## USING A STANDARDS-BASED MANAGEMENT APPROACH

### Instructions for Utilization of the Assessment Tool

#### **Purpose**

The purpose of this orientation package is to provide basic information and tools on how to improve the quality of education using a Standards-Based Management (SBM-R) approach.

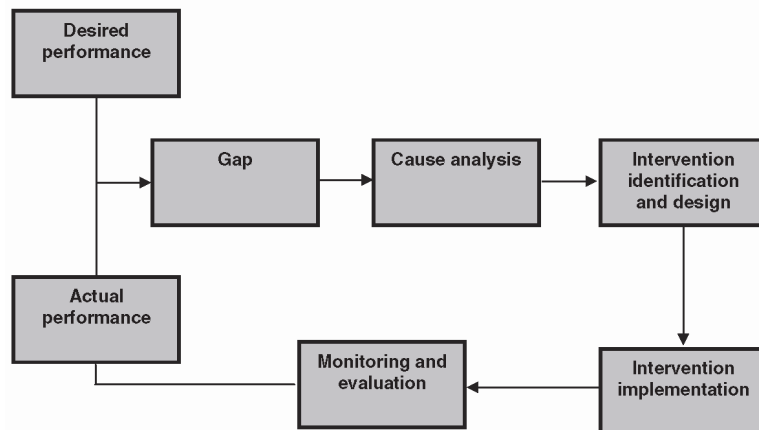
#### **Content**

- i. Introduction to SBM-R approach
- ii. The assessment tool and instructions on how to use it
- iii. Types of assessments
- iv. Development of action plans and organization of teams
- v. Attachments:
  - a. Operational plan
  - b. Assessment tool

# I. INTRODUCTION TO STANDARDS BASED MANAGEMENT APPROACH

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Standards based Management and Recognition (SBM-R) is a system for the assessment, monitoring, implementation and improvement of the BPHS. Though SBM-R is primarily used to measure progress, it also serves as a clear and explicit statement of the manner in which BPHS clinical services should be conducted. It states the standards for desired performance and provides guidance toward achieving those standards. The standards describe desired performance in all the BPHS areas.



The standards tell the instructors/administrator/staff what they should do. The assessment tools tell them how to do it. The statement of desired performance begins a process of performance improvement which is illustrated in the model shown at right. By knowing desired performance, the providers and administrators can set goals for improving the quality of the clinical site for both the educational program and for service delivery. A recognition element, to boost motivation of health workers and create more favorable conditions for change, is also an essential part of the process. The approach defines a series of steps for improvement:

1. Comparison of actual performance with desired performance by use of the assessment tool in this package
2. Definition of gaps in performance, by comparison of actual and desired performance
3. Analysis of the obvious and underlying causes of those performance gaps
4. Design of interventions to address causes and thus close the gaps
5. Monitoring of program progress through reassessment of the program to determine if gaps are being closed and performance being improved.
6. Recognition and rewarding of achievements related to significant improvement in compliance with standards.

**By calculating the actual performance as a numeric score of the percentage of standards achieved, a general sense of program quality can be determined. This score can be used in determining which schools merit official accreditation and which schools are in need of additional attention and technical support.**

## II. THE ASSESSMENT TOOL AND INSTRUCTIONS ON HOW TO USE IT

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### DESCRIPTION OF THE TOOL

#### The performance assessment tool:

- Lists key performance standards organized by area of program support
- Each performance standard has verification criteria easily observable with “YES”, “NO”, and “NOT APPLICABLE” answer options
- Objectively establishes the desired level of performance
- Measures actual level of performance when applied to a facility
- Each facility has the liberty to add which health team member/s are responsible for those standards
- Helps identify performance gaps

#### How to Use the Assessment Tool

The assessment tool should be used for conducting assessments in the training facilities and teaching institutions. In each area the standards have specific instructions about how and where to collect/verify the information needed, and the number of observations required. There are basically three methods for data collection:

- Direct structured observation
- Document review
- Interviews

#### When using direct structured observation:

- Introduce yourself and explain the reason of the assessment
- The assessment tool must be used to guide the observation
- Feedback should not be provided during the assessment
- Be objective and respectful during the assessment

#### When doing document review:

- Introduce yourself and explain the reason of the assessment
- Identify correct sources of information (e.g., administrative forms, statistical records, service records)
- Review the documents using the assessment tool
- Question individuals responsible for these areas to supplement and/or clarify information
- Be objective and respectful during the assessment

### **When conducting interviews:**

- Introduce yourself and explain the reason of the assessment
- Identify the staff that typically carries out the activities or procedures
- Interview the staff or students using the assessment tool
- Use open questions to get the precise information, do not assume responses
- Ask the person to show documents, equipment, or materials as appropriate
- Be objective and respectful during the assessment

### **How to fill-out the assessment tool:**

- Immediately register the information collected
- Register “Y”, “N”, or “NA” in the correspondent column. Do not leave any verification criteria blank
- In the comments column, write down all pertinent comments, in a concise form, highlighting relevant issues and potential causes
- Register “Y” if the procedure is performed correctly or the item exists as it is described
- Register “NA” when the item requires a condition that should not be there and is not there or a situation that should not be at a level and is not there. i.e., OR at the clinic level.
- Register “N” if the procedure is not performed that should be performed or it is performed incorrectly or if a required item that should be present is not or does not exist
- Health team members may fill in type of cadre/s responsible for each standard when using as an internal assessment tool.

## **HOW TO SCORE THE ASSESSMENT TOOL AND SUMMARIZE THE RESULTS**

### **Scoring using the assessment tool:**

- Each standard is worth one point
- For each standard to be met, all of the verification criteria should be “Yes” or “Not Applicable”

### **How to Summarize the Results:**

- Summarize the results using the summary at the end of each section
- Write the number of standards achieved per area and in total
- Calculate and write the percentage of standards achieved per area and in total by dividing the number of standards achieved by the total number of standards in each area, and multiplying the results by 100 (e.g.,  $7/14 \times 100=50\%$ ). Apply the same process for the general total, divide total number of standards achieved by the total number of standards (e.g.,  $32/59 \times 100=54\%$ )

All programs will be monitored and assessed by the quality assurance teams and external assessments as requested. All programs will be given a reasonable amount of time and support for the implementation of these standards. This process will also support the existing accreditation program that is in progress with the MOHSW and the Clinton Foundation.

### III. TYPES OF ASSESSMENTS

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A baseline assessment and then a continuous measurement of progress is used as a mechanism to guide the process, inform programmatic decisions, and reinforce the momentum for change. Through continuous measurement, administrators, providers, and communities can monitor the process, assess success of interventions, identify new gaps, and introduce necessary adjustments to their plans. Measurement also makes it possible to present administrators and providers with quantitative targets. Achieving and making sustained progress on these targets has an important motivating effect for those involved in the improvement process.

Continuous measurement is based on the periodic implementation of assessments using the performance assessment tool. The assessments can be:

- **Self-assessments** are those conducted by the faculty team on their own work. The provider or manager uses the assessment tool as a job aid to verify if she/he is following the recommended standardized steps during the education process. These assessments can be performed as frequently as desired or needed.
- **Internal assessments** are those implemented internally by facility staff. These can adopt the form of **peer assessments** when facility staff uses the assessment tool to mutually assess the work among colleagues or **internal monitoring assessments** when administrators and/or providers use the tool more comprehensively to periodically assess the area of the service being improved. It is recommended that this latter assessment occurs every three to four months.
- **External assessments** are those implemented by persons external to the facility or institution. These assessments are usually conducted by the MOHSW and their collaborating partners. They can take the form of **non-binding assessments** when the purpose of the visit is to provide support for identification of performance gaps and interventions, or **binding assessments** when the purpose of the visit is to confirm compliance with recommended standards for recognition purposes. In case of non-binding assessments it is desirable that representatives of the clients and communities served are involved in the process in an appropriate way. For instance, they could have representatives in the team conducting the assessment of the program. It is not usual to include other representatives in binding assessments.



## IV. DEVELOPMENT OF ACTION PLANS AND ORGANIZATION OF TEAMS

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After every assessment, the facility staff should develop operational plans in order to implement the improvement process. These plans are relatively simple tools (see attachment B) that outline what are the gaps and the causes that need to be eliminated, the specific intervention to be conducted, the person(s) in charge, the deadline for the task, and any potential support that may be needed. The identification of quality improvement liaison(s) and the setting of the deadline are extremely important because they allow better follow up of the activities included in the plan. Operational plans should be developed upon analysis of the results of the baseline or follow-up monitoring assessments by teams of facility staff and faculty working in the different areas of the BPHS that are being improved.

It is important to understand that the process is usually initiated by a small group of committed persons because it is very infrequent to find widespread support for a new improvement initiative. It is, therefore, vital to identify committed champions for the initiative and incorporate them in the initial improvement efforts.

A key task of the initial group of committed persons is to organize teams for the implementation of the improvement process. Most processes do not depend on the action of single individual, they are the result of team efforts, and therefore, it is important to expand the group of committed people beyond champions. Teams should be organized by specific area of the assessment tool. Each area team should analyze the results of the performance assessment in their respective area, develop an operational plan accordingly, and implement and monitor improvement activities.

It is desirable to work with networks of national programs that support BPHS integration and improvements as well as the attached pre-service institution. Working within networks of similar programs, which can exchange experiences and provide mutual support usually favors the achievement of positive changes.

In addressing the identified gaps, the teams should remember that there are:

- gaps that do not require significant cause analysis because the solution is obvious and simple (e.g. designation of a person in charge of a task, minor purchases to replace broken pieces of equipment, minor relocation of supplies and equipment to make them more available at point of use)
- gaps that are likely to be caused by factors that under local/facility control and could be eliminated with the mobilization of local resources (e.g. modification of some internal procedures, redistribution of workload within the facility, internal reallocation of resources, some types of training, implementation of some types of incentives)
- gaps that are likely to be caused by factors that are outside local/facility control and that usually require the mobilization of significant external resources (e.g. changes in policies, salary increases, increases in the number of staff, provision of additional budgets, physical plant remodeling/construction)

As mentioned above, teams should begin with the easier gaps “low hanging fruit” and progress to the more complex ones.

**AREA 1: CLASSROOM AND PRACTICAL INSTRUCTION, AND  
ASSESSMENT OF LEARNING**

**NAME OF INSTITUTION:** \_\_\_\_\_

**ASSESSORS:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**SIGNATURE OF ASSESSORS:** \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>SECTION A: CLASSROOM INSTRUCTION</b>			
<b>Area 1-01</b> Instructor comes to class prepared.	Verify through direct observation and review of documents listed whether:		
	01 Instructor is assessed once a semester		
	02 Instructor developed a lesson plan to guide teaching, including learning objectives		
	03 Instructor prepared, or uses prepared, appropriate visual aids during the class		
	04 Instructor is prompt and on time		
<b>Area 1-02</b> Instructor is teaching according to the curriculum and related learning resource materials.	During classroom instruction, observe whether the instructor:		
	01 Specifies which topic is being taught		
	02 Refers to the correct reference books for the topic		
	03 Uses the learning materials for the topic		
	04 Ensures that students use the learning materials for the topic		
<b>Area 1-03</b> Instructor introduces the class effectively.	05 Displays topic and date on the board at start of class		
	During classroom instruction, observe whether the instructor:		
	01 States the objectives for the session		
	02 Relates the topic to content previously covered or related topics, and answers questions students may have		
	03 Introduces the topic in a participatory and interesting manner		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 1-04</b> Instructor uses effective presentation and questioning techniques.	During classroom instruction, observe whether the instructor:		
	01 Projects her/his voice clearly		
	02 Maintains eye contact with students		
	03 Uses visual aids during lecture segments		
	04 Ensures sequential delivery of topic		
	05 Asks questions relevant to the topic		
	06 Acknowledges correct responses		
	07 Provides constructive feedback		
	08 Rewards questions to elicit correct responses		
	09 Uses at least one activity (e.g., role plays, case studies, group work, exercises) during the classroom session		
	10 Ensures interactive learning		
11 Moves around the class; not at the desk the entire time			
<b>Area 1-05</b> Instructor summarizes at the end of presentation or session.	During classroom instruction, observe whether the instructor:		
	01 Summarizes the main points of the lesson		
	02 Relates summary to the objectives		
	03 Provides an opportunity for and encourages student questions and discussion		
	04 Refers students to relevant reference material		
<b>Area 1-06</b> Instructor facilitates group activities.	If there is a group activity, observe whether the instructor:		
	01 Prepared the group activity in advance		
	02 Clearly explains the purpose of the activity		
	03 Gives clear instructions for activity		
	04 Encourages the use of learning materials		
	05 Moves among groups during the activity to offer suggestions and answer questions		
06 Brings students together to discuss activity at the end			

<b>SECTION B: PRACTICAL INSTRUCTION—SKILLS LABORATORY</b>	
<b>Area 1-07</b> Instructor uses the skills laboratory/simulation center effectively for demonstrating clinical skills.	Observe whether the instructor introduces new skills by:
	01 Ensuring that all students have the necessary learning materials (e.g., supplies, models, learning guides, etc.)
	02 Describing the skill and why the skill is important
	03 Describing steps involved in the skill, using the relevant learning guide
	04 Demonstrating the skill as follows:
	• Simulates clinical setting as much as possible
	• Proceeds in a step-by-step manner
	• Demonstrates skill accurately
	• Demonstrates skill from beginning to end, without skipping steps
	• Interacts with students, asking and answering questions
• Uses all the necessary supplies and equipment	
• Demonstrates so that all students can see	
• Ensures that each student follows, using the correct learning guide	
• Summarizes and asks students if they have questions	
<b>Area 1-08</b> Instructor uses the skills learning laboratory/simulation center effectively for student practice of clinical skills.	Observe whether instructor uses learning lab to foster practical learning by:
	01 Allowing students to practice the skill in small groups, taking turns with different roles (i.e., practicing, observing, giving feedback, simulating role of patient)
	02 Ensuring that each student practices on a model
	03 Observing students practicing and providing constructive and positive feedback
	04 Questioning students in order to check their knowledge and problem-solving skills
	05 Summarizing the session at the end

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 1-09</b> Instructor uses the skills laboratory/simulation center effectively for assessing student performance of clinical skills.	Observe whether the instructor uses the skills lab to assess the achievement of clinical competence in desired skills by:		
	01 Ensuring that students are aware that they will be assessed for specific skill competence using the skills checklist		
	02 Preparing assessment station with all necessary supplies and equipment		
	03 Evaluating assessments in an objective manner using a rating scale where necessary		
	04 Providing appropriate feedback on student performance		
	05 Recording results of the assessment on the results sheet		
	06 Keeping copies of the results in the student group file		
	07 Providing opportunity for re-assessment (if the student does not pass) by making students aware of alternate arrangement for another assessment		
<b>SECTION C: ASSESSING LEARNING</b>			
<b>Area 1-10</b> Instructor plans and administers knowledge assessments properly.	Review institution records and interview 2 randomly selected students to verify whether:	S1	S2
	01 Formative knowledge (continuous) assessments are administered at least 2 times in each semester to assess students' progress		
	02 Students are informed at the beginning of the school year of assessment and evaluation methodology		
	03 Summative knowledge (final or end of course) assessments were administered at the end of each semester		
	04 Students are informed at least 2 weeks in advance of assessments		
	Review institution records of the last final exam administered to verify whether:		
	05 Questions related to learning objectives in courses were covered		
	06 Questions were constructed clearly		
	07 Questions used included at least 2 formats (e.g., multiple choice, open-ended (essay), case study)		
08 Question bank exists as a teacher's resource			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 1-11</b> Written exams are administered fairly.	09		Questions are kept under lock and key
	10		Instructions are clear for each type of question
	11		Questions structure is not ambiguous
			Verify through discussions or interviews with at least 2 randomly selected instructors whether:
	12		Questions are reviewed before the end-of-semester examinations to determine reliability, fairness, and validity
	13		Student papers were graded/scored consistently (e.g., using answer key, marking scheme)
			Verify through direct observation or by interviewing the instructor whether:

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 1-12</b> Results of knowledge assessments and exams are recorded and reported.	Verify through a record and other document review and by interviewing the classroom instructor whether:		
	01 Index numbers are used so that scoring is anonymous		
	02 Assessment results are accurately recorded and returned promptly (within 1 week)		
	03 Results are posted anonymously		
	04 Opportunities are offered for students to discuss mid-semester examinations and view and keep their graded papers		
<b>Area 1-13</b> Teaching is routinely monitored for effectiveness at least 2 times per year.	Through interviews with 1 instructor and 1 student, and by review of administrative records, verify that all instructors are evaluated by students and management at mid-term and at the end of the course:	I1	S1
	01 Evaluation form assesses:		
	• Teaching skills		
	• Interpersonal and communication skills		
	• Technical knowledge and skills (course content)		
	• Relevance of teaching to course objectives		
	• Relevance of knowledge and skills assessments to course objectives		
02 The results of both students' and management's performance assessments are used in monitoring effectiveness of teaching			
03 Instructors with highest approval rating are recognized publicly yearly			
<b>Area 1-14</b> Instructor appears neat and modestly dressed.	Verify through observation of 2 instructors whether they are:	I1	I2
	01 Wearing appropriate uniform, as determined by the institution		
	02 Wearing correct type of footwear		
<b>TOTAL NUMBER OF STANDARDS</b>		<b>14</b>	
Total standards observed			
Total standards achieved			
Percentage achievement (standards achieved / standards observed)			



**ACTION PLAN**

GAPS/CAUSE	INTERVENTIONS	BY WHOM	SUPPORT NEEDED	BY WHEN

## **AREA 2: CLINICAL INSTRUCTION, PRACTICE AND ASSESSMENT**

**NAME OF INSTITUTION:** \_\_\_\_\_

**ASSESSORS:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**SIGNATURE OF ASSESSORS:** \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<p><b>SECTION A: ENVIRONMENT</b></p> <p><b>Area 2-01</b> The number of clinical practice sites meets requirements of the curriculum.</p> <p><b>Area 2-02</b> The variety of clinical sites meets requirements of the curriculum.</p>	<p>Determine by interviewing and observing clinical preceptors, and visiting clinical practice sites whether:</p> <p>01 The number of sites is sufficient so that no more than 6 students are practicing in a particular service-delivery area during one shift</p> <p>02 School liaises with clinical sites to plan and coordinate a schedule</p> <p>Determine by observation, interviewing school administrator and clinical preceptors, and reviewing administrative records whether:</p> <p>01 Clinical practice sites are available for:</p> <ul style="list-style-type: none"> <li>• Focused antenatal care</li> <li>• Birth preparedness and complication readiness</li> <li>• Prevention of mother-to child transmission of HIV (PMTCT)</li> <li>• Labor/assessment of patients presenting with signs of labor</li> <li>• Delivery and the management of delivery complications</li> <li>• Newborn care and management of newborn problems</li> <li>• Postpartum care</li> <li>• Management of incomplete abortion/procedure room</li> <li>• Family planning</li> <li>• General gynecological care</li> <li>• Child health/pediatric care, including Extended Program on Immunization (EPI) and integrated management of childhood illness (IMCI) care</li> <li>• Emergency care</li> <li>• Out-patient department (OPD) and in-patient services</li> <li>• Dental services</li> <li>• Eyes, ears, nose, throat services</li> <li>• Orthopedics</li> <li>• Adolescent health services</li> <li>• Mental health services</li> </ul>		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
	<ul style="list-style-type: none"> <li>• Communicable disease control, including malaria, HIV/AIDS, tuberculosis, leprosy</li> <li>• Environmental health sites, i.e., food services, water supply, industry, port health, etc.</li> <li>• Laboratory services (haematology, microbiology, parasitology, chemical pathology, blood banking, serology, clinical chemistry, histology, pathology, virology etc.)</li> <li>• Radiological services (x-ray, ultrasound, CT scan, MRI etc.)</li> <li>• Physiotherapy and rehabilitation medicine</li> </ul>		
	<p>02 Clinical practice sites represent the variety of types of facilities in which graduates can be expected to work, including:</p> <ul style="list-style-type: none"> <li>• A hospital</li> <li>• Poly clinic, health centers</li> <li>• Reproductive and child health (RCH) clinics</li> <li>• Maternity homes</li> <li>• Ports of entry</li> <li>• Food services locations</li> <li>• Industry</li> <li>• Water supply sites</li> </ul>		
<p><b>Area 2-03</b> The infrastructure of the clinical practice area is conducive to clinical practice.</p>	<p>Observe in the clinical practice site whether it:</p> <p>01 Has sufficient space in each clinical area to accommodate 6–12 students working alongside staff</p> <p>02 Has space where preceptors and students can meet to review objectives and discuss practice</p>		
<p><b>Area 2-04</b> Clinical work load at the clinical practice sites is adequate for student learning.</p>	<p>Determine by reviewing statistical records whether there is sufficient clinical work load:</p> <p>01 Total number of clients/patients is at least 20 per student and sufficient to achieve competency for other skills throughout the full duration of the program</p>		<p>Attach copy of ward data for previous year</p>

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<p><b>Area 2-05</b> The school has an agreement with the clinical practice sites that allows students to learn.</p>	Verify with the school administrator whether:		
	<p>01 There is a written agreement between the school and the clinical practice sites, which states that each clinical practice site has a policy that allows students to directly participate in supervised clinical care of patients</p> <p>02 There is a written agreement with each of the following types of facilities:</p> <ul style="list-style-type: none"> <li>• Tertiary hospital</li> <li>• Regional hospital</li> <li>• District hospital</li> <li>• Health center/Poly clinic</li> <li>• Maternity home</li> </ul>		
<p><b>Area 2-06</b> The clinical practice sites are prepared for student teaching.</p>	Verify by interviewing the clinical practice site coordinator/supervisor and reviewing records whether:		
	01 Clinical practice facilities have been assessed prior to student placement		
	02 Course coordinator and hospital personnel meet regularly to discuss issues related to clinical practice of students		
	Observe that clinical practice sites have equipment and supplies for use by all cadres of health workers, such as:		
	03 Stethoscope and sphygmomanometer		
	04 Examination gloves and sterile or high-level disinfected (HLD) gloves		
	05 Personal protective equipment (e.g., plastic apron, eye protection, masks)		
	06 Fetoscope and/or doppler		
	07 Forms and documents including partograph and others, e.g., antenatal card		
08 Scales			
09 Otoscope and other assessment tools			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
	10 Laboratory equipment (microscope, centrifuge, consumable supplies and reagents, etc.)		
	11 Other, e.g., veronica bucket, safety box, screen, chlorine, hand towels, resuscitation equipment for newborns and adults, water-testing supplies, sanitation and disinfectant supplies, etc.		
<b>Area 2-07</b> Schedules have been developed to distribute students across clinical practice areas evenly.	Verify with clinical preceptors whether:		
	01 Schedule for each class of students exists and has been distributed in all the clinical practice sites		
	02 Schedule ensures that groups of students (from different classes) are assigned to same unit at the same time		
	03 Schedule identifies preceptor responsible for each ward or time a student group is in a unit		
	04 Schedule is organized so that students move from basic to more complex skills over time		
	05 Instructors from various schools meet and have a collaborative schedule to ensure that all students achieve skill competencies		
<b>Area 2-08</b> Transportation to and from clinical practice sites is assured.	Verify with the school administration, students, and clinical preceptors whether transportation:		
	01 Has been arranged		
	02 Is reliable		
	03 Maximizes the safety of students—at a minimum, has certificate of road worthiness, and insurance		
<b>Area 2-09</b> Students are given regular breaks for meals while on duty in clinical practice sites.	Verify with two students and two clinical preceptors whether:	S1 S2 P1 P2	
	01 Students who are at a site for more than 5 hours, 30 minutes are given a break		
	Verify with 2 clinical preceptors whether:	P1 P2	
<b>Area 2-10</b> Clinical preceptors have the necessary teaching materials to effectively guide students in clinical practice.	01 There is a set of learning resource/teaching materials (e.g., learning guides, checklists, etc.)		
	02 There are learning objectives for skills practice		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>SECTION B: CLINICAL PRACTICE</b>			
<b>Area 2-11</b> Clinical preceptors have been appropriately selected.	Verify with the school administration and clinical preceptors through interviews and a review of documents whether practical/clinical preceptors:		
	01 Have evidence of training (e.g., degree, diploma, or licensure)		
	02 Are experienced Physicians, RNs, CMs/CNM, Pas, Laboratory scientists/technologists, Radiologists, EHTs		
	03 Have evidence of a total of 2 years of clinical/practical experience within the past 5 years for each clinical preceptor <b>OR</b>		
	04 Chose to become preceptors		
	05 Have received knowledge and skills update in special clinical/practical area (at least once in past 3 years)		
	06 Have participated in teaching skills or preceptor skills workshop (in last 3 years)		
<b>Area 2-12</b> Students are prepared for clinical/practical practice prior to their departure for clinical/practical sites.	Verify with the school administration and clinical/practice program coordinator by document review and interviews whether:		
	01 A clinical/practical preceptor or teacher meets with students prior to their departure for clinical/practical sites		
	02 Students are oriented to the use of a personal clinical experience logbook		
<b>Area 2-13</b> Students are prepared for clinical/practice upon their arrival at clinical/practical sites.	Verify with at least 2 students and 2 clinical/practical preceptors if:	S1 S2 P1 P2	
	01 On arrival, students are oriented to and informed about:		
	• The areas of the facility including the consulting rooms, admission areas, pharmacy, laboratory, radiological out-patient clinic and other department		
	• Admission, discharge and other operational procedures		
	• Medication administration and other activities and recordings		
	• Patient emergency procedures and equipment		
	• Safety and security procedures		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 2-14</b> Students and preceptors use appropriate learning and assessment tools.	Observe in the clinical/practical site if:		
	01 Students at the clinical/practical sites have their personal learning resources (e.g., learning guides, checklists, etc.)		
	02 Clinical/practical preceptors are recording observations, comments, and achievement of competence in the students' learning resources		
	03 Clinical/practical preceptors and students are using the clinical experience logbooks for recording the attainment of skills. (Validate by <b>checking at least 3 logbooks.</b> )		
<b>Area 2-15</b> Clinical/practical preceptors begin practice sessions by providing clear instructions.	Observe whether the clinical/practical preceptors:		
	01 Present clearly the objectives for the clinical practice session		
	02 Describe the tasks to be performed by students		
	03 Demonstrate or reinforce clinical/practical skills, if necessary		
	04 Demonstrate skills on actual patients or with actual procedures whenever possible, or use simulation if necessary		
<b>Area 2-16</b> Clinical/practical preceptors monitor student performance and give feedback.	Observe whether the clinical/practical preceptors:		
	01 Protect client/patients' rights by:		
	<ul style="list-style-type: none"> <li>• Informing the client/patient of the role of students and preceptors</li> </ul>		
	<ul style="list-style-type: none"> <li>• Obtaining the patient's permission before students observe, assist with, or perform any procedures</li> </ul>		
	<ul style="list-style-type: none"> <li>• Ensuring that an officially recognized professional (e.g., RN, PA) environmental health technician, doctor, or midwife is always present</li> </ul>		
	<ul style="list-style-type: none"> <li>• Respecting the right to bodily privacy whenever a patient is undergoing a physical exam or procedure</li> </ul>		
<ul style="list-style-type: none"> <li>• Observing the confidentiality of clients/patients and their information, including ensuring other staff and patients cannot overhear, or by not discussing cases by the patient's name</li> </ul>			
02 Supervise students as they work and do not leave students unsupervised for extended periods of time (i.e., more than 2 hours)			
03 Provide feedback to students by:			



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
	<ul style="list-style-type: none"> <li>• Providing praise and positive reinforcement during and/or after practice</li> <li>• Correcting student errors while maintaining student self-esteem</li> </ul>		
<b>Area 2-17</b> Clinical/practical preceptors meet with students at the end of clinical practice sessions.	Observe whether the clinical/practical preceptors: <ol style="list-style-type: none"> <li>01 Review the learning objectives</li> <li>02 Discuss cases or test results seen that day, particularly those that were interesting, unusual, or difficult</li> <li>03 Provide opportunities for students to ask questions</li> <li>04 Ask students to discuss their cases or care plans for patients</li> </ol>		
<b>Area 2-18</b> The school develops and implements structured practical examinations.	Verify with the school administration, instructors, and students through interviews and a records review whether: <ol style="list-style-type: none"> <li>01 Structured practical examinations are held for each student at the end of each semester</li> <li>02 Students are provided information about the process to reduce their anxiety level</li> <li>03 Patients are selected and participate with consent, as appropriate</li> <li>04 Checklists or other tools are used to document observations of students in structured practical examinations</li> <li>05 Results are provided to students once the exam is completed</li> <li>06 Results are kept in the administration for recordkeeping</li> </ol>		

TOTAL NUMBER OF STANDARDS	18
Total standards observed	
Total standards achieved	
Percentage achievement (standards achieved / standards observed)	

**ACTION PLAN**

GAPS/CAUSE	INTERVENTIONS	BY WHOM	SUPPORT NEEDED	BY WHEN

## **AREA 3: INSTITUTION INFRASTRUCTURE AND TRAINING MATERIALS**

**NAME OF INSTITUTION:** \_\_\_\_\_

**ASSESSORS:** \_\_\_\_\_

**DATES:** \_\_\_\_\_

**SIGNATURE OF ASSESSORS:** \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS	
<b>Area 3-01</b> The institution has the basic infrastructure to function effectively.	Observe whether the institution has:			
	01	Classrooms adequate for 45 students		
	02	Conference room		
	03	Learning/skills laboratory for 12–15 students with models		
	04	Library space for 60–100 persons		
	05	Administrative offices for director, administrator, finance, admission and records		
	06	Instructor and staff common room		
	07	Areas for students to gather for eating and socializing		
	08	Modern kitchen and dining room for 100-400 persons		
	09	Toilet facilities for instructors and support staff		
	10	Toilet facilities for students		
	11	Photocopy machine		
	12	Computers in offices and library		
	13	Childcare room (or in hostel if same compound)		
	14	Assembly hall (well-furnished with PA system) for 100–400 persons depending on the type of school		
	15	Computer laboratory with internet connectivity		
	16	Communication facilities (e.g., telephone, fax)		
17	Fans in classrooms and air conditioners in offices			
<b>Area 3-02</b> Institution facilities are clean.	Visit the institution facilities to observe the absence of dust, soil, trash, insects, and spider webs in the following areas:			
	01	Classrooms		
	02	Conference room		
	03	Learning/skills laboratory/simulation center		
	04	Library		
	05	Administrative space (offices)		
	06	Areas for students to gather for eating and socializing		
	07	Toilet facilities		
08	Photocopy machine area			

PERFORMANCE STANDARDS		VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
Area 3-03 The institution compound is safe and secure.	09	Computers in offices			
	10	Childcare room			
	11	Computer laboratory			
	12	Assembly hall			
	13	Kitchen and dining hall			
	14	Grass is cut and lawn is well-manicure			
	15	Campus is clean; visible trash cans and no trash/litter on campus			
		Observe whether:			
	01	There are physical barriers to the institution facilities (e.g., locked doors or gates, fence, etc.)			
	02	There is a security person assigned to each active entrance/exit			
	03	Staff are available to handle any disturbance at all times students are present			
	04	There are no broken windows or doors			
	05	Marked entry and exits signs are visible			
	06	Fire extinguishers are available			
		Verify with 2 students whether:		SI	S2
07	They feel safe and secure on the compound				
Area 3-04 Classrooms are comfortable and properly equipped for teaching.		Observe whether the classrooms have:			
	01	Adequate light, either natural or electrical			
	02	Adequate ventilation (e.g., open windows or fans, air conditioner,)			
	03	Chairs in sufficient numbers for the largest class size			
	04	Desks in sufficient numbers for the largest class size			
	05	Adequate and flexible space for group learning activities			
	06	Blackboard or whiteboard			
	07	Chalk or whiteboard markers			
	08	Source of electricity			

PERFORMANCE STANDARDS		VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS	
	09	Modern, electronic media for teaching (e.g. LCD or overhead projector with voltage stabilizer)			
	10	Functioning clock			
	11	Flip chart and tripod stand (as needed)			
	12	Notice board			
	13	Waste bin			
	14	Displayed learning resources, e.g., partograph, weight-for-height charts, anatomical charts, parasite charts, atlases, etc.			
	<b>Area 3-05</b>		Observe that clinical skills laboratory/simulation center has:		
	01	Adequate light, either natural or electrical			
	02	Temperature that can be moderated			
	03	Adequate ventilation (e.g., open windows, air conditioner, fans)			
	04	Tables to place models			
	05	Blackboard or whiteboard			
	06	Chalk or whiteboard markers			
	07	Cabinets with locks for supplies and drugs			
08	Anatomic models				
09	Instrument kits (e.g., incision and drainage kits, emergency laparotomy kit, intrauterine device [IUD], dressing, delivery, adult or newborn resuscitation kit, hemoglobinometer etc.)				
10	Consumable medical supplies e.g. gloves, gauze, needles, syringes, face masks, test tubes, slides, reagents etc.				
11	Appropriate infection prevention (IP) supplies and equipment for handwashing (i.e., running water into sinks or buckets, soap)				
12	Plastic buckets for decontamination, soiled linen, and waste				
13	Educational posters and anatomical charts				
14	Clinical skills and learning guides				
15	Selection of procedure videos and other learning resource materials				
16	Urinals, bed pans				
17	Hospital beds				

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
	18	Waste bins	
	19	Learning models and simulators for fundamentals skills lab	
	20	Birth stimulators	
	21	Medication cupboard	
	22	Bedside table	
	23	Multi-systems manikins	
	24	Skeletons	
	25	Infant, child, and adult resuscitation manikins	
	26	Scales for pediatrics and adults	
	27	Height board	
	28	Water-testing kits	
	29	Water sample collection kits	
	30	Spray cans	
	31	Markers and glasses	
	32	Safety goggles	
	33	Rain boots	
<b>Area 3-06</b> The clinical skills laboratory/simulation center is accessible for independent practice.		Verify whether there is:	
	01	A system that allows student and staff member access after hours	
	02	An existing system of accountability to ensure security of materials	
		Verify with 2 students whether:	S1 S2
	03	They can access the skills lab after hours	

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 3-07</b> The clinical skills laboratory/simulation center's anatomic models are in a functional state.	Observe whether appropriate models:		
	01 Are draped appropriately and/or stored safely		
	02 Have intact or repaired skin		
	03 Are complete and intact		
<b>Area 3-08</b> The clinical skills laboratory/simulation center has sufficient anatomical or equipment models.	Observe whether the lab/simulation center has:		
	01 Appropriate skeletal parts (1 per 5 students in a group)		
	02 Graduated cylinder (1 to 5 students)		
	03 Cervical dilation model (at least 1)		
	04 Adult manikin (at least 1)		
<b>Area 3-09</b> The library space is appropriately equipped and organized.	Observe whether the library space has:		
	01 Book shelves		
	02 Lockable cabinets for storing books and materials		
	03 Furniture to allow for reading or studying		
	04 A system for recording and cataloguing materials		
	05 Audiovisual equipment for use by students (e.g., TV, VCR, DVD, computer for interactive CD-ROMs and DVDs)		
	<ul style="list-style-type: none"> <li>• This verification item can be met if the campus has a separate computer room or if TV/VCR is available elsewhere</li> <li>• Photocopier, computers with internet connectivity, printers, etc.</li> </ul>		
06 An existing system of accountability for ensuring security of materials and books			



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 3-10</b> The library has appropriate reference materials.	Observe whether the library has:		
	01 A copy of all current reference materials described in the curriculum ( <b>Attach list of all books in standardized curriculum.</b> )		
	02 Subscription to at least one <b>journal related to medicine, nursing, midwifery, laboratory science, diagnostic imaging, etc., or BPHS areas</b>		
<b>Area 3-11</b> The library is open to students on demand.	Verify with the person in charge of the library whether:		
	01 There is a schedule showing library hours		
	02 Schedule shows that library is accessible to students for at least 2 hours per day outside of class hours		
	03 There is a display of rules and regulations for library		
<b>Area 3-12</b> The hostel (dormitory) is adequately furnished and suitable for students.	Observe whether dormitory:		
	01 Has rules and regulations		
	02 Has a responsible person, e.g., hostel matron, dean or manager <sup>1</sup>		
	03 Is secure, especially at night		
	04 Has beds with mattresses		
	05 Has cupboards/wardrobes in which students can lock personal belongings		
	06 Has clean and functional bathing and toilet facilities		
	07 Has kitchen facilities		
	08 Has security personnel present during the day when students are absent		
	09 Has a space for students to see visitors		
	10 Has ventilation for warm weather (e.g., open windows, fans, air conditioner)		
	11 Has adequate and regular water supply		
	12 Electricity is available at least for 8 hours during night		
13 Has a dining room/common room (TV optional)			

<sup>1</sup> This may be a trainer whose job description includes this responsibility.

PERFORMANCE STANDARDS		VERIFICATION CRITERIA		Y, N, or N/A	COMMENTS
	14	Has quiet study area			
	15	Has a utility facility (e.g., washing, ironing, cleaning, etc.)			
	16	There is fire-fighting equipment in case of emergency (e.g., sand, bucket, fire extinguishers)			
<b>Area 3-13</b> Nutritious meals are provided to students.	Observe the nutrition/kitchen unit and interview 2 students to verify whether nutritious meals:		S1	S2	
	01	Are provided at regular hours			
	02	Are prepared in a clean and hygienic manner			
	03	Provide a varied and balanced diet			
	04	Breakfast, lunch, and dinner are available for dormitory students everyday			
	05	Meals are arranged with input from students			
<b>TOTAL NUMBER OF STANDARDS</b>				<b>13</b>	
Total standards observed					
Total standards achieved					
Percentage achievement (standards achieved / standards observed)					

**ACTION PLAN**

GAPS/CAUSE	INTERVENTIONS	BY WHOM	SUPPORT NEEDED	BY WHEN

## AREA 4: INSTITUTION MANAGEMENT

NAME OF INSTITUTION: \_\_\_\_\_

ASSESSORS: \_\_\_\_\_

DATES: \_\_\_\_\_

SIGNATURE OF ASSESSORS: \_\_\_\_\_

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<p><b>Area 4-01</b> Student composition reflects national human resources (HR) and regulatory bodies' policies regarding education for health care workers.</p>	Verify in the ledger with record of student data whether:		Attach record of student data
	01 Scope of work was determined		
	02 Students include both females and males		
	03 Students are 15 years of age or older , and not more than 55 years of age		
	04 There is a letter of acceptance, signed declaration		
	05 Each student has passed and has the minimum entrance requirements for each profession		
	06 Each student has completed a medical exam and been declared fit for the course		
	07 Institutions have ensured that students' names on institution certificate match with that on official identification document		
	08 Institutions have verified students' results from West African Examination Council (WAEC) with passing scores in relevant subject areas		
	09 The boards have indexed all students at the end of the school year		
<p><b>Area 4-02</b> Class size is consistent with national HR policy and local capacity.</p>	Through a review of institution records, verify that the class size does not exceed recommendations from LBNM and other boards:		
	01 Teacher-to-student ratio does not exceed recommendations:		
	<ul style="list-style-type: none"> <li>• Overall teacher-to-student ratio—1:8</li> </ul>		
	<ul style="list-style-type: none"> <li>• For theoretical sessions—1:50</li> </ul>		
<ul style="list-style-type: none"> <li>• Small group/practical—1:12</li> </ul>			
<ul style="list-style-type: none"> <li>• Clinical—1:10</li> </ul>			
02 There is an adequate number of classrooms that accommodate all students on the physical space of the campus			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A			COMMENTS		
<b>Area 4-03</b> Institution has developed and implemented effective student recruitment and admission strategies according to Ministry of Health (MOH) policy.	Through interviews with 2 administrative staff and 2 students, verify that:	A1	A2	S1	S2		
	01 Institution allocates 70% of admissions to students in that region and 30% to students from other regions						
	02 Institution has developed and implemented effective student recruitment and admission strategies according to training institutions' admission policy						
	03 Institution has a selection committee						
	04 Institution has a copy of admission brochure						
	05 There is clinical rotation/internship plan/schedule for students						
<b>Area 4-04</b> Institution academic policies exist and are applied.	Verify through interviews with the administration and a review of records whether:						
	01 Institution academic policies are present and they include the following topics:						
	• Attendance of students						
	• Attendance of teachers						
	• Dress code						
	• Professional conduct in class, clinical areas, and on campus						
	• Disciplinary action procedures (e.g., probation, suspension, termination, expulsion)						
	• Criteria for asking a student to leave the program, which do not include pregnancy or lactation criteria						
	02 Randomly interview 2 instructors and 2 students to verify whether:	I1	I2	S1	S2		
	• Instructors and students are aware of the institution academic policies						

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 4-05</b> Institution has a clear academic calendar.	Verify that the institution has a written academic calendar that includes:		
	01 Start and end dates of the academic year		
	02 Approximate dates of holidays and student breaks, according to National Policy and curriculum		
	03 Dates of examinations		
	04 Date after which students will not be admitted to the program		
<b>Area 4-06</b> Institution has a functioning organogram.	Verify with staff whether:		
	01 Organogram is displayed on notice boards		
	02 Verify with 2 instructors and 2 students that: <ul style="list-style-type: none"> <li>• They have been oriented to the organogram</li> </ul>	I1 I2 S1 S2	
<b>Area 4-07</b> Institution board and functional committees exist.	Interview 2 instructors and 2 students to verify the existence of the following committees and governing board and how regularly they meet:	I1 I2 S1 S2	
	01 Academic/examination committee; meets quarterly		
	02 Welfare/food committee; meets twice a semester		
	03 Student welfare committee; meets monthly		
	04 Disciplinary committee; meets when necessary		
	05 Boards; meet quarterly		
	06 Quality assurance committee; meets monthly		
	07 Maintenance committee; meets quarterly		
	08 Student council; meets monthly		
	09 Instructor welfare committee; meets quarterly		
	Inspect minutes books to verify accurate minutes are recorded for meetings of:		
	10 Monthly academic/examination committee		
	11 Welfare/food committee		
	12 Disciplinary committee		
	13 Boards		
	14 Quality assurance committee		
16 Maintenance committee			
16 Instructor welfare committee			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 4-08</b> Written job descriptions exist for all staff at the institution.	Verify whether the following staff have written job descriptions on their file:		
	01 Instructors		
	02 Preceptors		
	03 Administration staff		
	04 Domestic and other support staff		
	Verify that the description is based on national government policy for:		
	06 Instructors		
	07 Preceptors		
<b>Area 4-09</b> An allowance structure exists to pay preceptors and visiting instructors on time.	Verify by randomly asking 1 administrative staff and 1 support staff whether:	A1 D1	
	08 They have received their job descriptions		
	Through interviews with administration, 1 instructor, and 1 preceptor, and a review of administrative documents, verify whether:	A1 I1 P1	
	01 An allowance structure exists to pay preceptors and visiting lecturers		
<b>Area 4-10</b> The curriculum is available to administrators, instructors, and students.	02 Staff are paid in accordance with the allowance structure		
	03 Staff are paid monthly		
	Verify through interviews whether:		
<b>Area 4-10</b> The curriculum is available to administrators, instructors, and students.	01 Scheme of work is given to administrator and students		
	02 Administrators can locate the curriculum and learning resource package		
	03 Teachers can locate the curriculum and learning resource package		
	04 Curriculum and relevant text books are available at the library		



PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 4-11</b> Original copies of handouts, procedure manuals, etc. exist for duplication.	Verify whether:		
	01 Administrators/program coordinators can locate the master copy of the learning materials that accompany the curriculum		
	02 The master copy or e-copies of handouts, procedure manuals, etc. are of good quality for duplication		
<b>Area 4-12</b> A staff performance evaluation/appraisal system exists.	Verify through interviews with administration and staff, and a review of administrative documents whether:		
	01 Staff performance is measured on semi-annual basis		
	02 Evaluations of performance are conducted using a standardized format		
	03 The evaluations are documented in writing		
	04 Staff participate in the process and sign written evaluations to show that they agree/disagree with their content		
	05 Feedback to staff includes student evaluations		
	06 Teaching staff are consulted about their plans for professional development		
07 Students randomly evaluate instructors performance at the end of the semester			
<b>Area 4-13</b> A program for ongoing staff/teacher education exists.	Verify with instructors and principal whether:		
	01 Staff have opportunities <b>every 2 years</b> to participate in professional updating		
	02 Staff attend at least one technical update event organized by the training institution every year		
	03 Staff must work a minimum of 240 hours per year in clinical or laboratory area to maintain their skills		

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A	COMMENTS
<b>Area 4-14</b> Student academic performance standards exist and are known by students and teachers.	Verify through a review of administrative documents that academic performance and advancement standards exist and include:		
	01 Percentage achievement on all written examinations		
	02 Achievement on practical and clinical examinations		
	03 Value of quizzes, practical exams, and final exam toward final score		
	04 Minimum student performance for each semester/phase		
	05 Criteria for demotion and dismissal on academic grounds		
	Verify through interviewing 2 instructors and 2 students whether:	I1 I2 S1 S2	
<b>Area 4-15</b> Student performance results are documented centrally and in a confidential manner.	06 Instructors are aware of standards		
	07 Students are aware of standards		
	Through record reviews and interviews with administration, verify whether:		
	01 There is a central recordkeeping system to track students' clinical assessment results (at the institution)		
	02 Only instructors, coordinators, and administrators know the student results		
	03 Students know their individual results		
	04 Opportunities for student counseling are available		
<b>Area 4-16</b> Graduation requirements are explicit and are met before any student can graduate.	05 A policy for students to file grievances regarding results exists		
	Through record reviews, verify whether:		
	01 Graduating requirements are explicitly stated, and students are informed of such requirements		
	02 All students who have graduated during the last teaching cycle have met the graduation requirements		
03 Student who have not met the graduation requirements are offered a time-limited tutorial plan to help them achieve the requirements			

PERFORMANCE STANDARDS	VERIFICATION CRITERIA	Y, N, or N/A			COMMENTS	
<b>Area 4-17</b> Institution administrators and teaching staff meet regularly.	Through record reviews and interviews with 2 administrators and 2 instructors, verify whether:	A1	A2	I1	I2	
	01 Meetings that include all instructors and staff occur regularly (at least once a month)					
	02 Instructors can provide input and influence decision-making about education					
	03 Student and teaching results are discussed and areas for improvement identified					
	04 Clinical preceptors meet with institution staff regularly					
<b>Area 4-18</b> A teaching coordinator visits clinical practice sites and meets with clinical preceptors.	Verify through a document review and interviews with the teaching coordinator and 2 clinical preceptors whether:	C1	P1	P2		
	01 There is a schedule of regular meetings/visits between a clinical course coordinator and clinical preceptors					
	02 Student performance is discussed					
	03 Problems are discussed, solutions are identified, and action is taken to resolve problems					
<b>Area 4-19</b> Staff and students have access to medical care.	Verify, through interviews with 1 instructor and 1 student, whether they can access a health center/clinic that offers:	I1		S1		
	01 First aid services					
	02 Sexual and reproductive health services (including voluntary counseling and testing [VCT] and family planning [FP])					
	03 Primary health care					
<b>TOTAL NUMBER OF STANDARDS</b>		19				
Total standards observed						
Total standards achieved						
Percentage achievement (standards achieved / standards observed)						

**ACTION PLAN**

GAPS/CAUSE	INTERVENTIONS	BY WHOM	SUPPORT NEEDED	BY WHEN

# APPENDIX D: STRENGTHENING THE LBNM BOARD EXAMINATION

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## STRENGTHENING THE LBNM BOARD EXAMINATION

1. Compare the 2011 board exam blueprint to the new competencies
2. Ask the subject matter experts to provide the top ten most critical course objectives related to *desired performance on the job* for each current section of the board exam
3. List the course or topic objectives for each course and then compare to the current exam to identify questions that are missing
4. Collect new questions based on gaps
5. Set a criterion-referenced pass score using modified Angoff method (see guidelines below)
6. Pilot the exam with a small group of new graduates

## GUIDELINES FOR VALIDATION OF EXAMINATION

### Instructions

1. Insert the template (on the following page) below each test question on your examination.
2. Distribute your examination without the key (identified correct answer) to a sample of subject matter experts (SME) in the area that the examination is intended to assess.
3. Ask each SME to:
  - Answer the question to her or his BEST ability.
  - Imagine the borderline or “just competent” service provider. What percentage of these service providers does s/he believe would answer this question correctly?
  - Suggest any revisions that they believe would improve the question.
4. Calculate the individual and average SME scores. (Note: an Excel spreadsheet may be helpful.)
  - High SME scores on the examination, i.e., an average higher than 85% is evidence that the examination is valid.
  - Low SME scores on the examination suggest a problem with the examination that **MUST** be corrected prior to its use.
  - If a few SMEs perform poorly on the exam, when others perform well, they may be considered outliers and removed from your analysis. In this case, do not use the responses of these “experts” in calculating the pass score.
5. Calculate the criterion-referenced pass scores by averaging the SME estimates of the percent of “just competent” service providers who would answer each question correctly. (Again, an Excel spreadsheet might be helpful.)
6. Consider suggested revisions made by SMEs. If MAJOR revisions are made to examination, this entire process should be repeated.

## Example

1. Which one of the following is a clinical manifestation of diabetes mellitus:

- polyuria
- poor appetites
- increasing weight
- fever

<b>a. Correct Answer</b>	A	<b>b. Percentage of “Just Competent” trained service providers who you would expect to answer correctly</b>	90%
<b>c. Suggested Revisions to Question:</b> Remove word “one” from the stem. Revise option B to state Poor Appetite. Begin each response with capital letter.			

Insert the following template below each question in your examination.

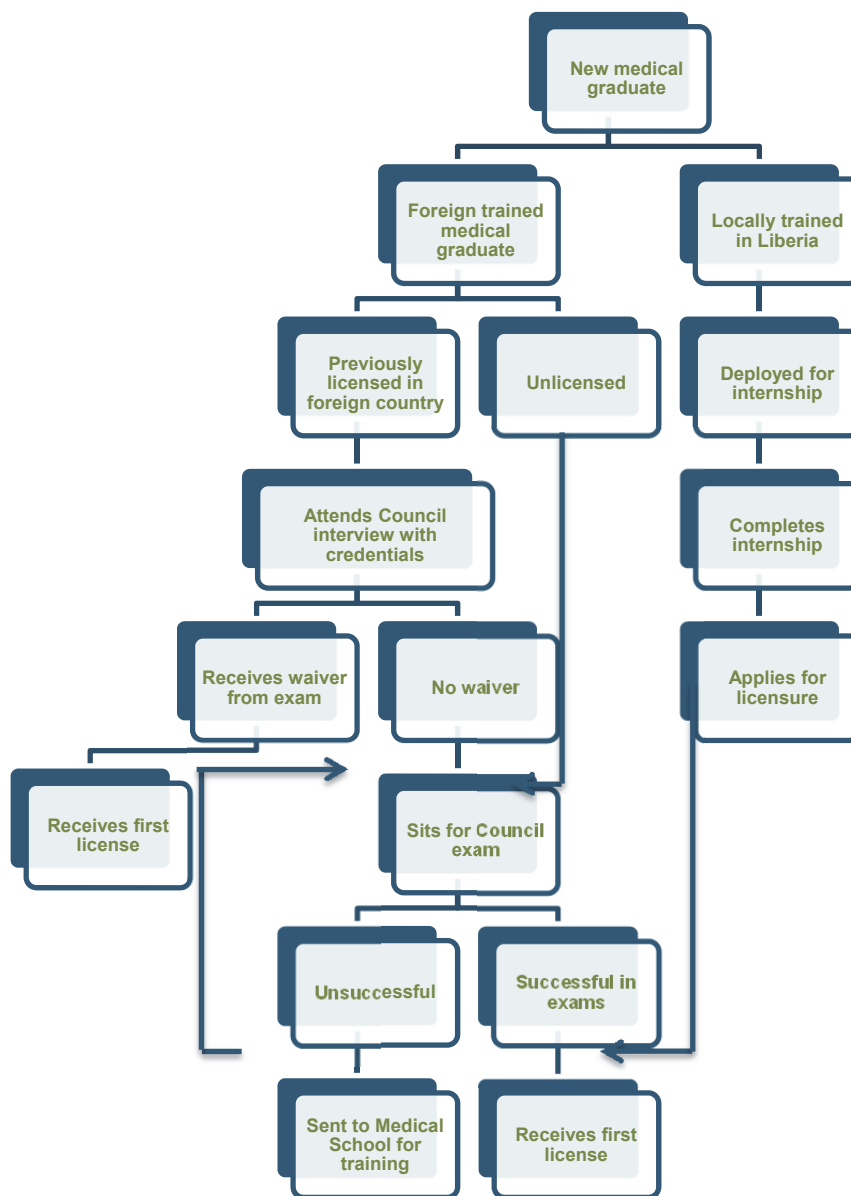
<b>a. Correct Answer</b>		<b>b. Percentage of “Just Competent” trained service providers who you would expect to answer correctly</b>	
<b>c. Suggested Revisions to Question:</b>			

# APPENDIX E: MEDICAL AND ALLIED HEALTH PRACTITIONERS' LICENSURE PROCESS

## 1. Eligibility criteria for licensure

Medical doctors and Dentists	Laboratory scientists	Physician assistants
Evidence of graduation from an approved or accredited medical school leading to award of relevant degree: <ul style="list-style-type: none"> <li>• MD</li> <li>• MB.BS</li> <li>• DDS</li> </ul>		

## 2. Licensure process for medical and allied health professions



### 3. Requirements for licensure

- a. Letter of application
  - b. One manila folder
  - c. Photocopies of basic documents:
    - i. Evidence of graduation from a medical school (MD)
    - ii. Evidence of completion of internship (certificate)
    - iii. Evidence of previous licensure with a medical council overseas
    - iv. Evidence of present practicing license
    - v. Specialty certificate, if any
    - vi. Others, if any
  - d. Curriculum vitae
  - e. Two passport photos
  - f. Proof of non-criminal records from country of origin
  - g. A letter of recommendation from medical school, a medical practitioner, and a non-health professional, for a total of three letters
  - h. English translation of documents, if not in English
  - i. A non-refundable registration fee of US\$25 ( twenty-five dollars)
  - j. A formal letter of request from the institution requesting the service of the doctor
  - k. Payment on a non-refundable examination fee of US\$50 (fifty dollars)
  - l. Passing a comprehensive clinical assessment examination in internal medicine, obstetrics and gynecology, pediatrics, surgery, and public health (for non-specialists only)
  - m. Acceptance to work under a Liberian doctor for not less than five years.
4. Any institution or agency requesting expatriate doctors to come to Liberia must apply on behalf of the doctor, submit his/her credentials and other requirements, and obtain written approval before the arrival of doctor in the country.