Ministry of Health

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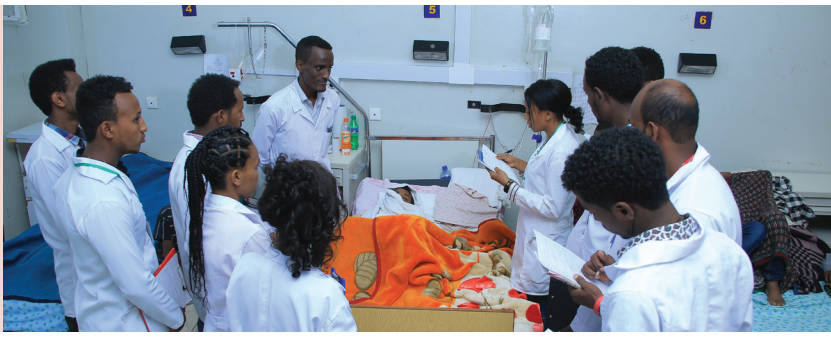
Strengthening regulation of health professionals in Ethiopia

Achievements, Lessons Learned, and the Way Forward

Ethiopia witnessed massive scale-up of higher education institutions and training programs in the past two decades, making maintenance of quality a challenging task. Obsolete and traditional curricula, shortage of experienced faculty, and inadequate educational infrastructure further compromised the quality of training programs.



Need for Action

Regulatory mechanisms to assure quality of education such as accreditation and quality audits were not well established. Regulatory agencies were not effectively discharging their responsibilities owing to legal loophole (public higher education institutions were not subject to accreditation), shortage of trained personnel, absence of explicit program specific standards for audit and accreditation, infrequent and inconsistent inspection, and poor mechanism of follow-up. Besides, there was no mechanism to verify competence of new graduates with professional degrees. Even though a certification of competence examination was in place for vocational training programs, under-sampling of contents, poor quality of items, rater bias, and lack of standardization affected its validity and reliability.

The FMHACA (Food, Medicine, and Healthcare Administration and Control Authority) was tasked with regulation of health workers. However, scope of practice for various health occupations was not defined. Participation in continuing professional development was not a requirement for renewal of licensure. Complaints about ethical breach were on the rise but capacity to investigate and resolve the issues at local level was limited.

The overall goal of the USAID-funded and Jhpiego-led Strengthening Human Resources for Health (HRH) Project (2012 - 2019) is to improve health outcomes for all Ethiopians by supporting efforts of the Government by improving human resources management; increasing the availability of midwives, anesthetists, health extension workers, and other essential health cadres; improving quality of education and training of health workers; and generating evidence to inform HRH policies and programs.

Goals and Objectives

The HRH Project sought to build the technical capability of key regulatory bodies including Ministry of Health, FMHACA, Higher Education Relevance and Quality Agency (HERQA), Technical Vocational Education and Training (TVET) Agency, and regional competency assessment and certification agencies as strategic partners to help achieve overall project goals. The key achievements gained with regards to improving regulatory practices include:

- Strengthening accreditation and quality audit of programs in health professions education
- Introducing and strengthening national licensing or certification examinations
- Improving regulation of healthcare workers

Key Achievements

1. *A national licensing examination was piloted testing over 15,000 university graduates*
2. *National accreditation standards were developed for 17 programs and used for external audit and self-assessments.*
3. *Guidelines and directives were developed to govern regulatory systems*

msh Management Sciences for Health

Ethiopian Midwives Association

Ethiopian Anesthetists' Association

The Open University

Project Mercy starts with the One

Strategies and Interventions

Situational assessment of existing regulatory systems. In 2012, the HRH Project conducted a rapid assessment of the capacities, strengths and weakness of the regulatory authorities. A national mixed methods study was also conducted in 2015 to further understand the challenges of health professionals' regulation in Ethiopia. The findings of both studies were then used to develop a plan of action that helped address the felt needs of those agencies.

Stakeholder engagment. Regulatory agencies in collaboration with the HRH Project engaged key stakeholders including Federal Ministry of Education, private and public training institutions, health professional associations and health facilities while developing, implementing, and monitoring regulatory tools and procedures. This helped build effective partnership among stakeholders for optimal regulatory practice.

Reviewed and adapted global best practices. The HRH Project performed a desk review of global best practices and conducted research studies in Ethiopia to bridge the information gap. Hence, the procedures and practices as well as the tools employed were evidence-based and adapted to the local setting. For example, task analyses studies conducted by the project informed the contents of the licensure examination, and national accreditation standards were benchmarked from global standards set by the World Federation of Medical Education.

Improved capacity of regulatory bodies. The HRH Project provided ongoing technical and financial support to each of the regulatory bodies to strengthen their regulatory systems, build technical capacity and infrastructure. Benchmarking visits, networking and learning exposures were supported. Full-time technical advisors were seconded to introduce new practices, coach resident staff, and transfer knowledge and skills.

Experts trained: About thirty-five training or workshop events were held to expand the pools of accreditors, assessors, item writers, and Angoff panelists (Table 1). For instance, 300 experts were trained on accreditation. Likewise 450 subject matter experts (faculty) across the country were trained on developing quality exam items and wrote over 18,000 MCQ (multiple choice question) items and 100 OSCE (objective structured clinical examination) stations for the national licensing examinations.

Table 1. Experts trained by type of course and regulatory body (2012-2019)

Training/workshop conducted	Institution	Number of courses	Number of trainees
Accreditation training	HERQA	4	300
Quality audit training	HERQA	5	534
Item development for certification of competence (COC) examination	Regional assessment and certification agencies	6	300
Item development and review workshops for national licensing examinations	FMOH	13	450
Standard setting workshops for national licensing examinations	FMOH	9	75

Key Takeaways

1. *Changes in legislation required to enforce regulation optimally*
2. *Effective leadership required to successfully implement regulatory measures*
3. *Regulatory agencies need to build their capacity and collaborate with professional associations to improve regulatory mechanisms*
4. *Existing regulatory mechanisms in health professions are being implemented partially. However, sustained efforts are needed to achieve optimal results and positive impact.*

Results and Lessons Learned

Advocacy and stakeholder engagement were key to get buy-in. Advocacy sessions conducted at forums, meetings, and workshops stimulated the uptake of new ideas, increased stakeholder involvement, brought renewed attention to regulation, and ultimately led to policy changes and strategies to revitalize accreditation and quality audit as well as to establish national licensing examination. However, delays in tackling legislative loopholes and lack of effective leadership proved to be a serious bottleneck for timely decision-making and sustaining the momentum of change.

Improved accreditation systems but public higher education institutions are not subject to mandatory accreditation: The Higher Education Relevance Quality Agency in collaboration with the FMOH and professional associations developed accreditation and quality standards for 11 health professional education programs; namely, medicine, dentistry, nursing, midwifery, health officer, pharmacy, medical laboratory, anesthesia, physiotherapy, environmental health, and medical radiology technology. Accreditation and quality standards were also developed for 5 TVET programs; namely, nursing, midwifery, pharmacy, medical laboratory and anesthesia. The accreditation directive of HERQA was reviewed and improved. New directives with broader policy objectives that underpin accreditation of educational institutions as well as training programs were developed at TVET agency. Local capacity for conducting accreditation was built through hiring more staff, international learning visits and training of assessors. Higher education institutions are using the accreditation standards for self-evaluation and voluntary accreditation is being piloted with five public medical schools. However, revision of the higher education proclamation to subject both public and private higher education institutions to mandatory accreditation is still under discussion.

Quality audits and inspection helped training institutions improve, but audits are not done frequently: Trained assessors conducted quality audit at 7 private medical schools and 20 public colleges using the newly developed education standards. Besides, they conducted professional inspections for 24 training programs at 10 private health science colleges resulting in suspension of student intake for a year at 3 private medical schools. However, regulators are not conducting audits regularly using the education standards across all training institutions.

Table 2. National licensing examination mean scores, cut-off points, pass rates and reliability coefficients for the 2015 cohort

Professional Category	No. of Examinees	Mean Score (%)	Cut-off Score (%)	Pass Rate (%)	Reliability coefficient (Cronbach's alpha) (%)
Medicine	1,311	56	54.4	60	86
Health Officers	2,704	45	53	21	86
Midwifery	822	58.5	63	41	92
Anesthesia	116	58	50	81	86
Overall	4,953	54.4	55.5	50.8	87.5

Established national licensing examinations: The FMOH established a national licensing examination (NLE) for university graduates including written exam and OSCE. The written exam was piloted with over 15,000 graduates. Pass rates ranged from 21% for health officers to 81% for anesthesia in the 2015 cohort of exam takers. Post examination analysis revealed that the NLEs were of appropriate difficulty level, and had very good reliability (Table 2). As a clear demonstration of ownership and sustainability, a new directorate (Health Professionals Competency Assessment and Licensing Directorate) has been established at the FMOH with 27 staff to manage the program. The Directorate has developed relevant directives, guidelines and manuals to operationalize NLEs. The Directorate has established partnership with a local testing organization and secured grant from the European Union. In the coming year or two, the FMOH is planning to require that new graduates must pass NLE to get employed.

Strengthened certification examination for vocational graduates: The TVET Agency was supported to develop and review directives and manuals for developing, administering and managing occupational assessment and certification. Nine regional occupational assessment and certification agencies were supported to train 300 assessors and develop and validate assessment tools. Notably, the HRH Project supported establishment of the first COC center in Gambella Region, increasing access to health workers in hard-to-reach areas.

Computer-based testing (CBT) holds promise but faced technical hurdles: Computer based testing for the NLE demonstrated an added benefit in terms of ensuring exam security, and eased exam administration, scoring and analysis so as to give timely feedback to training institutions. However, power outage, internet connectivity and software compatibility issues stymied CBT at three of the five pilot exam centers.

Integrating external with internal quality assurance systems increases impact of regulation: Health education institutions conducted self-assessments of their training programs using the national accreditations standards. They also received quality audit reports and licensure exam results as feedback. Educational institutions used these results to identify areas of weakness in their training programs and took corrective measures. For instance, the Ethiopian Association of Anesthetists used feedback from the licensing examination to improve instruction by redesigning a syllabus on post-operative care for all anesthesia schools in the country.

Revamped regulatory framework for health workers but implementation is delayed: FMHACA in collaboration with professional associations have developed scope of practice for 15 health occupations. Directives and guidelines for CPD and ethics have been developed. A CPD oversight committee was established recently and has begun reviewing and approving applications for CPD accreditors. Medical ethics committees have been established in nine regions and two city administrations and some have begun reviewing cases. Supported the Ethiopian Medical Association to update the code of conduct for physicians. Drafted a regulation handbook for clinicians to raise awareness and regulatory compliance. Compiled 25 case studies from resolved ethics cases for educational purpose. However, there were significant delays in endorsing and launching regulatory instruments. It is worth noting that the mandate for regulation of health professionals has moved from FMHACA to the FMOH recently.

Next Steps

Much remains to be done to build a robust regulatory system for health professions education in Ethiopia. Below are some of the most important next steps:

1 *Strengthen the accreditation system:* expand accreditation efforts to include public universities, and consistently use existing program specific standards to conduct periodic quality audit

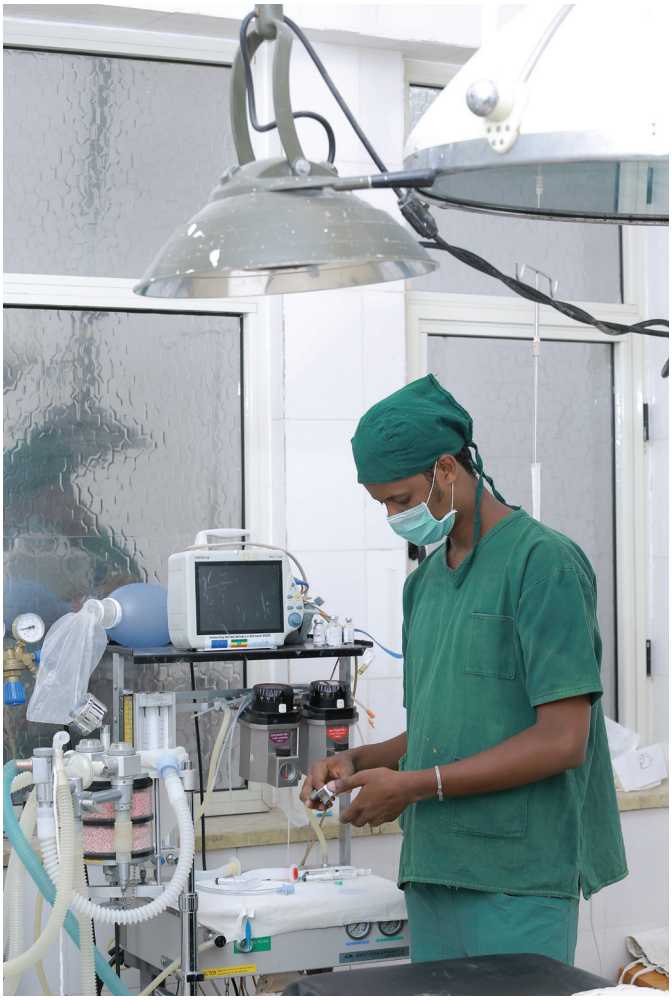
2 *Develop committed, capable, and independent leaders:* Leaders of regulatory bodies need to have good leadership capabilities and political support to make timely decisions, empower their teams, engage in strategic planning, and work constructively with stakeholders. Succession planning, including coaching and mentorship, is crucial to manage leadership turnover. Finally, legal provisions ensuring autonomy of regulatory bodies will help boost regulatory practices.

3 *Establish robust supervision, monitoring, and evaluation mechanisms:* Regulatory authorities should design supervision mechanisms and establish regional branch offices to expedite closer monitoring. Regulatory bodies should also monitor the effectiveness and efficiency of their own practices and conduct studies to assess impact.

4 *Link Accreditation with Recognition.* Accreditation, licensure and audit results should be linked to recognition in the form of grant provision or other benefit packages to motivate institutions for continuous quality improvement of training programs. Public announcement of accreditation status of programs and institutions can also be helpful

5 *Enforce and consolidate all national licensing examinations.* The FMOH should enforce the national licensing examinations for university graduates beginning with written examinations. Clinical examination can be added later once the written exam is running smoothly and adequate preparations for a practical exam are made. The mandate for managing certification examination for vocational programs should go to the Ministry of Health instead of TVET and occupational assessment and certification agencies to ensure exam standardization and administrative efficiency.

6 *Use of technology to ensure efficient and secure exam administration:* The health professionals' competency assessment and licensing directorate should make preparations to introduce computer based testing to handle the huge number of examinees which continues to expand as more cadres are included. Recently, exam development was conducted in a dedicated exam development center with maximum security.



7 *Ensure implementation of the full regime of health worker regulation:* The FMOH should promote, support and monitor implementation of scope of practice, continuing professional development, and ethics review systems to advance the agendas of health care quality and compassionate, respectful and caring health workforce. However, enforcement should be realistic and incremental taking into account local capacity.

8 *Integrate multiple regulatory instruments for a greater impact:* Implementing reliable regulation regime across the education-practice continuum (accreditation and quality audit of educational institutions and programs, competency-based licensing of graduates, aligning scope of practice with qualifications, maintenance of competence through CPD, and ensuring ethical practice) will have a maximum impact on assuring and improving quality of healthcare.

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This program learning brief is made possible by the generous support of the American people through the United States Agency for International Development (USAID) under the terms of the Cooperative Agreement No. AID-663-A-12-00008 Strengthening Human Resources for Health (HRH). The contents of this publication are solely the responsibility of Jhpiego and do not necessarily represent the official views of USAID or the United States Government.

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