REPORT

On the

Advocacy Seminar on
Human Resources for Health Strategic Plan

21st December 2012,
Colombo.

Organized by

College of Medical Administrators of Sri Lanka

in collaboration with

The Sri Lanka Medical Association

Sponsored by the

Asia-Pacific Action Alliance on Human Resources for Health (AAAH)

Advocacy Seminar on
Human Resources for Health Strategic Plan

Organized under the Priority Country Project
of the
Asia-Pacific Action Alliance on Human Resources for Health (AAAH)

1. Introduction

The Priority Country Project of Sri Lanka funded by the AAAH was launched in collaboration with the College of Medical Administrators of Sri Lanka and the Ministry of Health, in January 2012. This project envisages facilitating the HRH work in Sri Lanka:

- To strengthen the AAAH – Sri Lanka Secretariat, in order to promote development of Human resources for Health;
- To conduct advocacy programmes for the policymakers and top level health managers on Human Resources development in Sri Lanka;
- To conduct capacity development programmes for the central, provincial and institutional level health managers as a part of HR development;
- To conduct research related to HRH in Sri Lanka;
- To promote Technical collaboration and exchange of information with AAAH Secretariat and member countries and other national and international HR Agencies for Human Resources Development.

Under this Priority Country Project of the Asia-Pacific Action Alliance for Human Resources for Health, an advocacy Seminar on "Human Resources for Health Strategic Plan 2009-2018" was held on the 21st December 2012 at the Hotel Janaki, Colombo 05. The Seminar was organised by the College of Medical Administrators of Sri Lanka in collaboration with the Sri Lanka Medical Association.

2. Objectives

The Objectives of the Seminar was to create an awareness about the HR Strategic Plan among Senior Policy Makers and Administrators and to review the plan in the current context, progress made and future actions.

3. Proceedings

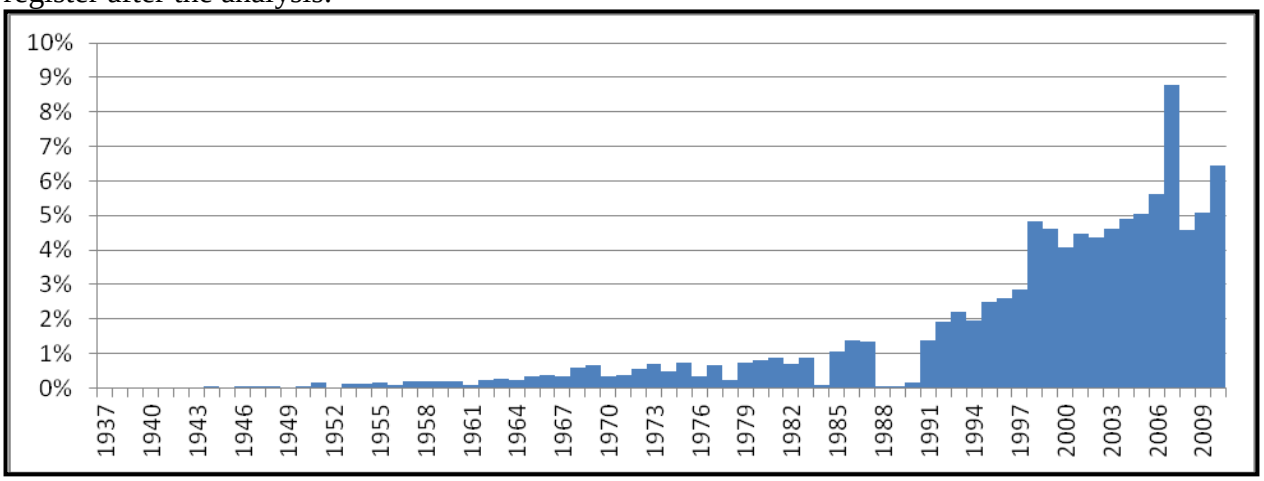
3.1 Co-Chairs - The Seminar was Co-Chaired by Dr.N.E.L.W.Jayasekera President of the College of Medical Administrators of Sri Lanka(CMASL) and Dr. Palitha Abeykoon, Chairman of the Health Management Committee of the Sri Lanka Medical Association(SLMA). (Agenda at Annex I)

3.2 Welcome Address – Dr. Jayasekera, President of the CMASL welcomed all the participants to the advocacy seminar. He said that this is an important activity under the Priority Country Project and happy to see a large number of participants including senior policy makers and managers in the Ministry of Health. He traced the development of the HR Strategic Plan and said that it is very timely that we review it in terms of the progress made so far and the changes needed in the current context and the future directions.

3.3 President of the Sri Lanka Medical Association, Prof. Vajira H.W. Dissanayake addressing the Seminar said "The Sri Lanka Medical Association represents all doctors in Sri Lanka. In 2012, the SLMA conducted a series of island wide conferences which were attended by large numbers of young doctors. They lamented on the lack of postgraduate opportunities and the bottlenecks at postgraduate training level which is only taking into account the vacancies in the Ministry of Health without regard of neither the needs of the country or the aspirations of young doctors.

While in Sri Lanka only around 15% of doctors are consultants, in other countries this number is much higher. In the USA more than 90% of doctors end their carrier as consultants. In UK and Australia there are similar trends. So the only way most of our doctors can aspire to become consultants is to migrate to those countries, a trend in that direction is immerging once again bringing back memories of the 1970s.

In March 2012, the SLMA obtained the register of doctors maintained by the SLMC and analysed those registered up to 2011. The trend was as follows: 80% of doctors in the SLMC register, of over 21,000 doctors, were registered after 1990; 58% after 2000, and 25% after 2005. The distribution is given on the chart below. Vertical axis is the number of doctors registered during the year as a percentage off all doctors in the register. Over 2000 doctors have joined the register after the analysis.



We must also note that many untrained doctors performed specialized tasks. One example is Senior House Officers who have no formal training in Surgery performing Caesarian section operations, even in teaching hospitals. Another is in accident and emergency units, where Senior House Officers with no formal training in Surgery perform neurosurgical procedures. Are these acceptable? There are such examples in other fields as well. This compromises patient safety and quality of care. If this is the case why don't we increase the intake for training? We have to create a future for the young doctors who are joining the medical field at a rate of over 1200 per year. Otherwise another wave of brain drain would begin.

There is an immediate need to increase access to postgraduate training programmes conducted by the PGIM for doctors as well as to allow faculties of medicines to conduct postgraduate training courses which are recognised by the ministry for career progression."

3.3 The Context – Dr. Palitha Abeykoon outlined the global, regional and country context of the HR Strategic Planning.

3.4 Dr. Susantha De Silva Consultant to the Strategic Plan Development Process outlined the HR Strategic Plan Development Process. He said that The Health Master Plan 2007-2016 has identified improvement of the management of human resources for health as one of its key strategic objectives. It recommended development of a human resource strategy to ensure the right people are available with right skills in the right locations at the right time. Based on this principle strategy and with support of WHO the MOH embarked on the task of developing a HRH strategic plan in 2008.

He said that the process was initiated by the Management Development & Planning Unit under the leadership of DDG Planning. A task force was appointed by Secretary Health to have sufficient leadership and oversight. Task force had 18 members(a multi-stakeholder group) with Director General of Health Services as Chairman. A working group was appointed to do the ground work of collecting and analyzing information in order to identify the problems the plan needs to address, to be followed by development of strategies. He distinguished between the HR Strategic planning and operational / workforce planning.

An extensive HRH Situation Analysis was first carried out, and this analysis is published as a supplementary document to the Strategic Plan. It gives the status of HR with an analysis of the factors that influence it. Main challenge was the limitation of information on HR.

Next step was the Development of a Conceptual Framework (Annex II), and identifying the factors influencing the supply and demand of HR: Within and External to health sector. The situation analysis was carried out using several methods:

- Preparation of data collection plans
- Preparation of data collection tools
- Literature reviews- studies, reports, published and unpublished, review of existing policies, norms and standards
- Secondary data analysis from Medical Statistics Unit, data from Provincial Health Administrations
- Assessment tool of MSH Boston adapted to review the MoH organizational capacity for HRD.

Several Consultative Meetings too were held:

- Private health sector
- Underserved areas
- Decentralization
- Rationalizing primary level health care and human resources for it ; 4 consultative meetings

Interviews were held:

- one to one interviews with Directors responsible for HRH of selected categories
- Interviews with stakeholders

- Expert opinion sought in selected areas

Surveys were conducted:

- Survey of 130 health institutions randomly selected from 20 districts - to assess the level of HR availability along with levels of utilization / availability of facilities
- HRM survey of Provincial and District Health Management

HRH issues were listed under 3 major categories.

1) Issues relating to policy development and planning
2) Issues relating to Production/Training
3) Issues relating to Human Resource Management

The process continued with:

- Prioritisation of identified problems/issues
- Objective analysis
- Identification of strategic areas
- Development of a strategic Framework
- Preparation of Draft Strategic Plan
- Stakeholders meeting for presentation of findings and for its feedback
- Finalisation of Strategic Plan

Several outputs were delivered:

- Guidelines for HRH situation analysis
- HRH Situation Analysis Report
- Analytical report of HRH issues
- Challenges and policy analysis report
- Draft Strategic Plan

He also outlined the further work to be done annually:

- Develop a detailed costed operational plan
- Develop a process for Monitoring of outcomes of the strategies
- Establish a "Plan- do- review" cycle to ensure that the plan remains flexible and appropriate This exercise should be repeated annually

He cautioned that:

- Despite best efforts, plans take time to implement
- We see action being taken on Strategic Objective 4 ; Establishment of a HRD Unit in MOH
- It takes a strong leadership to carry this plan forward
- this plan will need few adjustments to bring it up-to-date.

3.5 Dr. Palitha Mahipala, the Director General of Health Services giving the keynote address explained the Objectives, Strategies and policy directions of the HR Strategic Plan. He said the vision is "A skilled and motivated health workforce in right numbers to help achieve equitable access and good quality care, responsive to the needs of the population."

The Mission is to strengthen the mechanisms and capacities in planning, production and management of HRH and develop them to equitably meet the population health needs and demands.

Outlining the Strategic Framework he said that it comprised of :

- 7 interrelated strategic objectives, organized around
- 3 key areas of planning, management and production

Strategic Objectives:

1) Strengthen HRH planning process to respond to the service and population needs
2) Institutionalise HRH planning as an integral part of national health development planning supported by relevant HRH policies
3) Improve the production and quality of training to meet skill and development needs in changing service environments.
4) Develop and institutionalise human resource management systems
5) Address health worker needs to ensure optimal workforce retention and participation
6) Establish a performance management system for HRH, to improve productivity and performance of health workers
7) Ensure effective deployment procedures that minimise distribution imbalances

Outlining the policy directions he said:

- The need to define staff norms and standards for key cadres involved in healthcare delivery.
- The organisational structure that will be advocated in the policy is to have a separate HRH department with a new staffing profile
- To develop a human resource information system as a subsystem of the national health information system.
- Policies related to continuing education / in-service training policy and practice, as well as those related to fellowships have to be defined.
- Career progression structure needs to be developed for every category of health worker.
- Motivation and retention policies relating to incentives and benefit to staff such as housing, transport etc., have to be in place.

He further elaborated the policies on HRH Research:

- A unit in the organisational structure to document best practices and lessons learnt through policy and practice
- Conduct research on related aspects.
- It also requires improvement of HRH problem solving skills and an active role for HRH in Total Quality Management (TQM).
- This unit should play a leadership role in outlining a HRH research agenda and in cultivating a culture and capacity to research human resources.

(Presentation is given in Annex III)

4. Panel Discussion

4.1 Starting the Panel Discussion Dr. Anuruddha Padeniya President of the Government Medical Officers Association discussed the determinants of HR for Health Strategic Plan and International trends. He outlined the Regional trends, National priorities and the feasibility.

Speaking about the International trends he elaborated on:

- New disciplines – sub specialties, super specialists
- Technology Development – Medically related & unrelated
- International Health Priorities
- Cost Reduction
- Quality Improvement
- International Health Trading
- Health Tourism etc

He also discussed the Regional Trends including the Regional Priorities, Trade & non-Trade agreements and the Regional Impacts e.g- Polio

Discussing the National priorities he touched on the Health Priorities and the Government Policies on Health Tourism, "Knowledge hub of Asia" and the Knowledge Economy concepts.

He suggested Baseline assessment of the human resource - identification of the current supply & demand mismatch at all levels, preparing a database for easy accessibility, Setting goals for optimum human resource structure and Optimizing HRD. Discussing the feasibility of these measures he discussed the need for Career oriented HRD programs, Appropriate recruitments, Cost, Issues in public & private sector, Necessary health sector regulatory framework, Retainability and Leadership.

Dr. Padeniya further elaborated on the Draft Foreign Doctors' Evaluation, Specialists' Registry & the Sabbatical Leave. He said that the SAARC Agreement on Trade in Services (SATIS) agreement is already signed and the Comprehensive Economic Partnership Agreement (CEPA) is pending. He emphasized the importance of insight into Trade in Services and Healthcare Delivery. He went to elaborate 4 modes of Trade in Services, namely: Cross border Trade, Consumption Abroad , Commercial Presence, Presence of Natural Persons. He gave examples for each mode of trade. He questioned whether we are ready for this.

Dr. Padeniya proposed the following solutions:

i. Utilization of government sector Medical Officers to provide round-the clock health care service to private sector hospitals.

ii. Interim measures to face the immediate human resource crisis in the private sector hospitals where foreign specialists have been employed without due qualifications

iii. Identification of human resource demands of the health sector from a national view point while appreciating the international and regional trends.

iv. Development of a national strategy to facilitate health related government policy such as promoting health tourism, knowledge economy concepts.

4.2 Dr. Sunil De Alwis Deputy Director General (Education, Training & Research) discussed the current status of the Education & Training of Health Workforce.

4.3 Dr.Aruna Rabel Director of Standards/Processes, Abu Dhabi Health Services & former Medical Director Hemas Hospitals emphasized the importance of all stakeholders, the Ministry of Health**,** the Trade Unions etc. can come to a common forum, and come up with

solution. He further added that producing nurses is not an easy task in the country. Nursing is not an attractive job due to the social standards created by society. How can we overcome this situation? Are we going to look for nurses from cheap sources outside Sri Lanka. None of our nurses can get registration in any other country due to the poor quality and poor standards of training.

The day Obama Plan comes into action and if internationally a common register is created for nurses and medical practitioners, where are we going to stand. This is the question we need to address how state sector and private sector can build a training programme which is acceptable internationally.

4.4 Dr. Anuruddha Padeniya, President of the Government Medical Officers Association pointed out that in a hospital there is a diversity of the doctors, drugs and activities. There is a hotel aspect as well as aspect of human handling. It is a very complicated task, especially if you want to run a private hospital. Everybody has to cooperate and work towards one goal in order to achieve. Therefore it is not easy. On other perspective you cannot have different sets of standards to private and government sector. Government sector specialists have sort of a standard definition but in private sector there is no such definition. Therefore we are introducing an evaluation format & specialist register. So we are trying medical council to govern the definition of a specialist for both sectors. But opposite is taking place in the nursing sector. In legal concept if somebody goes to court and say if nurses did something the court will grand permission to go ahead.
He also answered on the question about why Sri Lankan nurses are not recognized by other countries. Two reasons: –
1. Nurses cannot pass the IELTS exam.
2. There is no accreditation.
Only place that has accreditation is the Open University. All the nurses who qualified from the Open University go abroad. Nowadays it doesn't depend on the referees, it goes by the accreditation. So council should make accreditation with respected international settings is the order of the day. So we'll be able to mobilize the nurses.

4.5 Dr. Sunil Alwis, DDG(Education, Training & Research) said that we need to take into consideration the total national health system i.e. both the public and private sectors, as well as different categories of health personnel. He discussed about the steps taken by the ministry:
1. Made English mandatory in nursing category.
2. Taken some steps to make agreements with foreign universities.
Curricula are made in English. From this year onwards classes are conducted in English medium. But there are protests against this. Some Trade Unions have petitioned.

4.6 Dr. N.E.L.Jayasekera President-CMASL joining the discussion said that, one way of stopping the out-migration of nurses is not to teach them in English, as advocated at a Regional Human Resources Conference recently in Bangkok.

4.7 Dr. Janaki Gooneratne, discussed about the deficiency in human resources in the field of nutrition and dietetics. Sri Lanka is facing a NCD epidemic and everybody is looking for a nutritionist or a dietitian today. In hospitals there is no cadre for dietician.
She also mentioned that there is a huge misunderstanding in Sri Lanka regarding the roles and functions of nutritionist and dietician. In hospitals there has to be dieticians in clinical

settings. In community, a nutritionist should be present to prevent and also to work with

community patients in the field of food and nutrition. In countries like India, Nepal and Bangladesh, they have specialization in dietetics such as renal, DM, pediatric, cancer dietitians. We are 40 years behind regarding this matter.

Dr Visaka Thilakaratne, further added that the theme for this discussion is human resources for health, and "health" means all the related areas of social determinants. "I don't know whether that has been taken into consideration to include all sectors including Ayurvedha, Indigenous Medicine and allied health sciences." She hoped that this plan is taking it into consideration.

4.8 Prof.Malkanthi Chandrasekara pointed out that for past 4 years University Grants Commission allowed to take students according to the Z score to paramedical courses. Over 350 students who have qualified in the paramedical sector including nurses are currently not employed in the health sector. At the UGC where Dr Sunil is a member of the standing committee on medical and dental sciences this was discussed; at the moment Dr. Sunil De Alwis is making suitable arrangements about this matter. In future private sector is planning to do nursing and BSc courses with the involvement of the Ministry of Higher Education and Ministry of Health.

Other problem that she brought to attention is the fact that paramedical students are not allowed to ward work and train in the teaching hospitals. For an example students in Peradeniya are not allowed to go to Peradeniya teaching hospital. Instead they are going to places such as Chilaw, Kurunagala etc

In response, Dr. Alwis mentioned there was no proper agreement on how these people should be recruit to the health system and how they should train to adapt in to the health culture. Outcome of the product is not responding to our requirement, ethics and culture. Some universities have health personal training without proper agreement with the ministry. They have conducted such courses where there is no place in the system. These are the issues that should be discussed in committees. When introducing a course in a university there should be a grouping and a discussion about agreements and compromises. Then it is easy to absorb in to the system. If a course has the standards ministry gives the recognition.

Prof.Vajira Dissanayake said that doctors working in both the public sector and private sector is a double edged sword; there are no proper contracts governing where they should be working. E.g.how many sessions each doctor has to work in private and government. In Sri Lanka there is no proper agreement as such. Even if there are such regulations some still go beyond it.

Dr. Panapitiya, Director, Medical Services compared Sri Lanka's human resource policies to Indian policies . India has banned foreign doctors to work in India and mean time they are exporting doctors to other countries. Sri Lanka is lacking these types of policies. If a graph been produced on production of main categories of health personals for period of 10 -15 years , we can see clearly these health personals have been taken not according to the needs , but by ad hoc decisions . Sri Lanka is lacking good human resource development policies. He also highlighted that Sri Lanka has enough workforce and infra structure but not distributed evenly. He emphasized the importance of properly developing and deploying human resources with proper attitudes. He said that the Ministry don't have a focal point for HRD. Advocacy on HRD is important and there is a need for a HRM unit in the ministry.

4.9 Dr. Alwis talking about HR in the ministry said on one hand HR is nobody's business. On the other every unit has a role to play in HR; Planning Unit develop projections; ET&R is doing training, Recruitment by the Administration Unit; Disciplinary procedures by another unit.
Our training programs are still based on paperwork .Technology is very much needed for training. Some curriculums are 20 years old and need to be changed.
In-service training facilities are very limited mainly for nurses. Medical officers have no training other than post graduate. Paramedical categories don't have a proper professional and carrier development training. They don't have any opportunities, proper system and standard university to do postgraduate studies.

Dr . Alwis said from January the biggest ever batch will be taken for training of all the categories, including 6000 nurses and 2000 PSM categories. Curriculums are in the process of publishing.

stakeholders; It had started to do cadre projections and also developing a data base.

5. Concluding Remarks

Dr. N.E.L.W Jayasekera concluding the seminar, said that it has been a very successful advocacy seminar, and he thanked all the panelists and participants. He thanked the SLMA for joining hands with the CMASL in this endeavor.

Prof. Vajira Dissanayake said that this is his last official function as the President of the SLMA, and thanked everyone for the corporation extended to him during his tenure.

Annex: I

Advocacy Seminar on
Human Resources for Health Strategic Plan

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On Friday 21st December 2012, at 07.00pm

At the Hotel Janaki, Fife Road, Colombo 05.

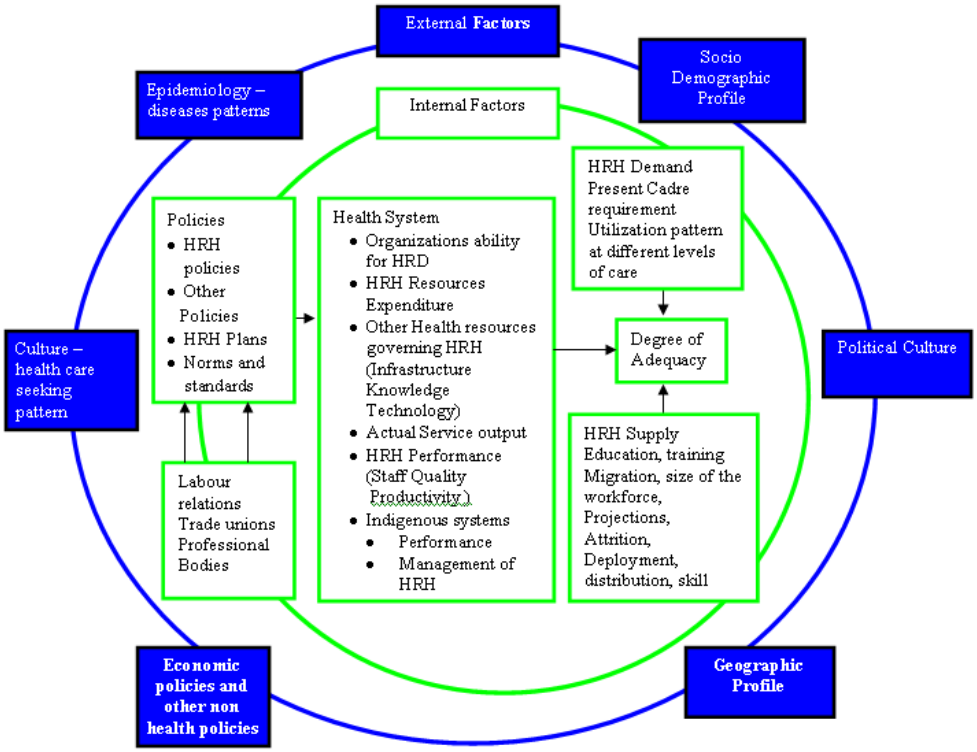
PROGRAMME

1. Welcome Address	- Dr.N.E.L.W.Jayasekera –President CMASL
2. Address by President SLMA	- Prof.Vajira Dissanayake
3. The Context	- Dr.Palitha Abeykoon
4. The Process	- Dr. Susantha De Silva
5. Objectives, Strategies and Policy Directions	- Dr.Palitha Mahipala –DGHS
6. Panel Discussion	- Dr.Anuruddha Padeniya-President GMOA
	- Dr. Sunil De Alwis – DDG(ET&R)/President Elect
7. Vote of Thanks	- Dr. Jayasundera Bandara – Secretary, CMASL

A guide to rapid assessment of human resources for health

World Health Organization 2004

Figure 1: The Conceptual Framework



Advocacy Seminar on
Human Resources for Health Strategic Plan

Human Resources for Health Strategic Plan (2009 - 2018)

Objectives, Strategies & Policy Directions

Dr. Palitha Mahipala
Director General of Health Services

Overview

- **HRH Vision**
- **HRH Mission**
- **Strategic Framework**
- **Strategic Objectives**
- **Policy Directions**

HRH Vision

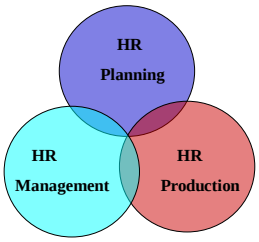
- A skilled and motivated health workforce in right numbers to help achieve equitable access and good quality care, responsive to the needs of the population.

HRH Mission

- To strengthen the mechanisms and capacities in planning, production and management of HRH and develop them to equitably meet the population health needs and demands.

Strategic Framework

The Strategy's framework is comprised of
7 interrelated strategic objectives, organized around
3 key areas of planning, management and production.



The strategies are aimed at achieving the following results:

- A health workforce that is responsive to population health needs;
- An effective and efficient workforce supply;
- Effective workforce management.

Strategic Objectives

1. Strengthen HRH planning process to respond to the service and population needs
2. Institutionalise HRH planning as an integral part of national health development planning supported by relevant HRH policies
3. Improve the production and quality of training to meet skill and development needs in changing service environments.
4. Develop and institutionalise human resource management systems

Contd….

Strategic Objectives contd..

5. Address health worker needs to ensure optimal workforce retention and participation
6. Establish a performance management system for HRH, to improve productivity and performance of health workers
7. Ensure effective deployment procedures that minimise distribution imbalances

Policy Directions

- the need to define staff norms and standards for key cadres involved in healthcare delivery.
- The organisational structure that will be advocated in the policy is to have a separate HRH department with a new staffing profile
- to develop a human resource information system as a subsystem of the national health information system.

Policy Directions

- Policies related to continuing education / in-service training policy and practice, as well as those related to fellowships have to be defined.
- Career progression structure needs to be developed for every category of health worker.
- Motivation and retention policies relating to incentives and benefit to staff such as housing, transport etc., have to be in place.

Policy on HRH research

- a unit in the organisational structure to document best practices and lessons learnt through policy and practice
- conduct research on related aspects.
- It also requires improvement of HRH problem solving skills and an active role for HRH in Total Quality Management (TQM).
- This unit should play a leadership role in outlining a HRH research agenda and in cultivating a culture and capacity to research human resources.

thank you!


GE OF MEDICAL ADMINISTRATORS OF
SRI LANKA