



How to Conduct Competency-based Health Worker Assessment for improved TB and FP/MCH services

A guide for conducting facility-based competency assessment

I. Introduction

Background

Human resources for health form the foundation of an efficient and resilient health system. In the Philippines, significant variations in quality of healthcare service is attributed to uneven capacity of local government units to finance the delivery of quality primary care services, which include Tuberculosis (TB) and Family Planning/Maternal Child Health (FP/MCH) services and manage and develop local health workforce. The fragmented distribution of a confident, fit-for-work and fit-for-practice workforce across the country directly impacts equitable distribution of quality health services among Filipino communities and the Philippines ability to fulfill national and global commitments to improve key health outcomes.

The passing of Republic 11223 or Universal Health Act through its guarantee of delivering quality primary care services to underserved and marginalized Filipinos provides an opportunity for strengthening health workforce planning and management. Section 23 of the UHC outlines Department of Health's mandate to provide policies and strategies for "appropriate reassessment of the health workforce according to changing population health needs" through the National Health Human Resource Masterplan.¹ The master plan identifies strategies for equitable distribution of health workers and promotion of a fit-for-work and fit-for-practice workforce. Such strategies include the development of measures to assess health worker primary care clinical competencies (including TB and FP/MCH).

When looking under the umbrella of primary care services, reports from hospitals, health facilities and other healthcare institutions indicate that a significant portion of health care providers lack the requisite knowledge and skills to deliver quality health services. This was observed in the delivery of priority health programs such as FP and TB services. For instance, the Department of Health notes how the low uptake of family planning services in the Philippines--two in every 10 married Filipinas wishing to postpone their next birth or stop childbearing are not using a family planning method—is linked to limited access to quality family planning service.² This is corroborated by other findings in the 2017 National Demographic Health Survey (NDHS) which report that among women aged 15-49 who are not using contraception, only 14 per cent of them who visited a health facility discussed family planning with a health provider.³ This is despite the guarantee to universal access to family planning information in all public health facilities outlined in the Responsible Planning and Reproductive Health Law (RA 10354).

¹ 2019, Republic of the Philippines, Implementing Rules and Regulations of the Universal Health Care Act (RA 11223)

² 2017 National Demographic Health Survey

³ in the 12 months preceding the survey

Meanwhile, the National Tuberculosis Prevalence Survey in 2016 report showed that the gap between the estimated number of TB cases and those found and notified to the National Tuberculosis Program indicate poor adherence of health providers to national TB guidelines. Furthermore, results from series of focus group discussion among health workers in TB exemplar sites in 2018 report that health workers were not confident in fulfilling their job functions because they did not receive ample preparation during pre-service education.⁴

Developing practice-ready health workforce

Results from USAID HRH2030/Philippines rapid review of national policies relating to health human resource management indicate DOH and stakeholder efforts to establish mechanisms and measures to assess and strengthen health workforce in the country. For instance, DOH has undertaken policy issuances for assessing and managing health workforce competencies and development of competency frameworks and performance management measures such as:

- AO 2006-0031 entitled “Guidelines for operationalizing the Competency-based Human Resources for Health Management and Development (HRHMD) Systems;
- AO 2014-044: “Guidelines for the Installation of HRH Management and Development Systems for Health and Allied Health Professionals Employed within a Service Delivery Network, including the Assessment and Monitoring of Clinical Competencies, Baseline Competencies and Standards”; and
- DOH Competency Catalog for Regional Offices and Rural Health Units, 2017

Likewise, competency assessment is also considered as part of a government employee’s evaluation as prescribed by Civil Service Commission’s Strategic (CSC) Performance Management System (SPMS) Performance Review and Evaluation system. Moreover, the CSC also adds that an employee shall be assessed according his or her strengths in order to identify competency-related performance gaps and the opportunities to address these gaps, career paths and alternatives.

Literature review on health workforce planning and management indicate sparing efforts to establish competency-based health workforce assessments. However, there is little evidence to ascertain whether these initiatives have been implemented or not. Moreover, the DOH Competency Catalog does not account for the expected clinical competencies of health workers at the service delivery level. In addition, while DOH public health nurse and midwifery certification programs have identified competencies for certification, these assessments are undertaken voluntarily by health workers rather than as an established regular performance management measure of the health facility or local health office. Neither do their results used for workforce planning to respond to population health needs⁵.

Overall, the review found that there is a rich environment for the implementation and institutionalization of a competency-based approach to assessing health worker performance. In addition, common themes in assessment/evaluation models indicate a Core, Organization, Leadership, and Technical Competency approach, but lack clinical competencies or a unifying framework. Also, it was found that while gaps exist in the CSC PRIME-HRH Model, the model does provide a strong base to build on. Finally, focus Group Discussion results identify soft competencies to improve quality of care (specifically for TB).

2. What is competency-based assessment?

Competency and competency-based health worker assessments

Different organizations and institutions have proposed varied definitions of the word competency. In general competency refers to demonstration of acquired skills, knowledge and attitudes in performing a specific task or activity. Within the context of quality improvement of health services, we shall refer to **competency** as the

⁴ 2018, HRH 2030, “Development of a Proposed Competency Assessment Tool for Physicians, Nurses, Medical Technologists, and Midwives for the Effective Provision of Tuberculosis and Family Planning Services” (unpublished).

⁵ 2019, HRH 2030, “Rapid Review and Update of HRH Competency Standards and Assessment Policies” (unpublished).

set of related knowledge, skills and attitudes required to successfully perform critical work functions according to established performance outcomes and quality standards, including performing effectively on different occasions and unexpected contexts. Competencies can be measured and assessed to ensure their acquisition. Competencies can be assembled like building blocks to facilitate progressive development. The identification and use of competencies in health human resource management and planning supports good performance, establishing standards and accountability mechanisms, quality improvement of services and managing health workers' performance and continuing professional development.

Competency assessment is defined as any system for measuring and documenting personnel competency. Competency assessments is a means to identify problems with employee performance and to correct these issues before they affect patient care⁶. The regular or periodic conduct of competency-based health worker assessment ensures that the delivery of services correspond to the guaranteed quality of care expected at both private and public facilities. Because it is conducted at regular intervals during an employee's tenure, assessments of competencies allow for the systematic identification of performance gaps that may be addressed either through supportive supervision, mentoring, coaching or task-specific training.

Competency-based health worker assessments focuses on the measurement of health worker's knowledge, skills and attitudes needed to perform a procedure, task or activity under different occasions and unexpected contexts. It also entails the observation of the practice and demonstration of skills associated with minimum standards of quality care. It is also considered as key element for conducting supportive supervision visits and performance review and evaluation as outlined in the CSC's Strategic Performance Management Review and Evaluation.

Once established in the health facility, competency-based health worker assessments shall be undertaken by clinical supervisors, provincial/regional training coordinators and/or municipal health officers, depending on the protocols and guidelines of the facility's human resource management system. The aggregate results of the competency assessment in a health facility may be shared with the provincial and regional health office to inform workforce planning, improvement of health services and identifying continuing professional development. Supervising personnel or assessors shall also be responsible for facilitating interventions to ensure that performance gaps are addressed.

Rationale for measuring health workforce competency

Measuring health worker competencies allows program managers, local health leaders and decision-makers understand the capacity of their workforce to provide quality health services at their facility. Understanding the level of health workforce's competency provides basis for evidence-based workforce planning and management for a fit-for-practice and fit-for-work primary care workforce. Results from the competency-based health worker assessments can help primary care health facilities:

- determine baseline competency of its health workforce
- ensure delivery of quality services and positive TB and FP/MCH outcomes
- Identify performance gaps among health workers to guide human resource managers, supervisors or program managers in setting appropriate training interventions

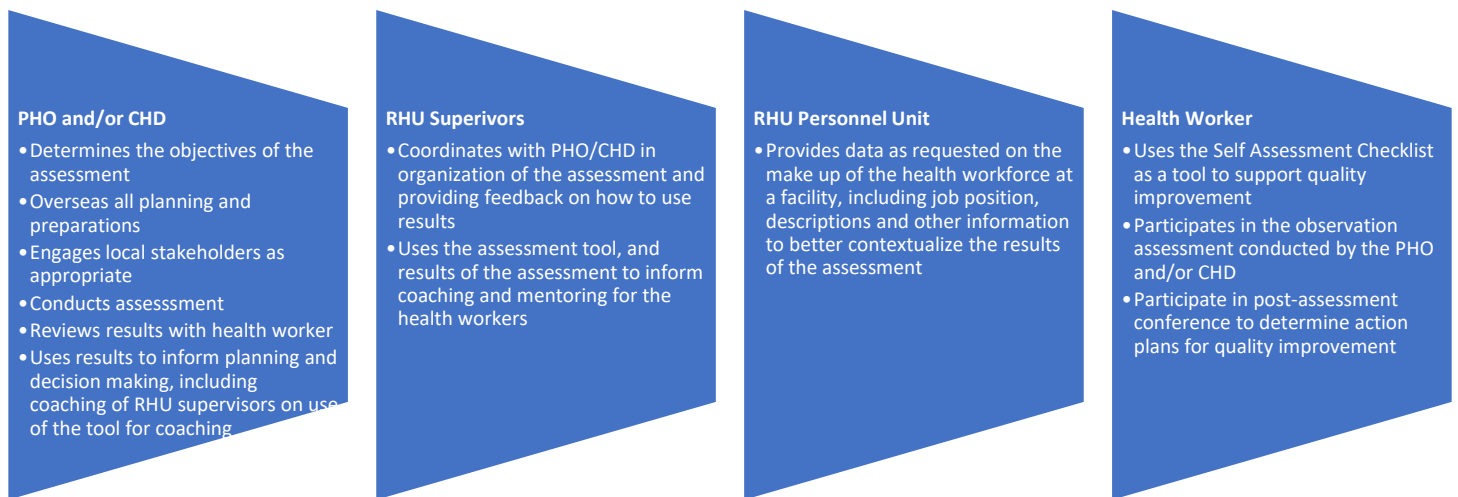
Regular and periodic review of health worker competencies is key in ensuring the quality of health services at the health facility or within the health care provider network. It also provides opportunity to update standards of care and capabilities of the health workforce since 'what it means to be competent' for a service/intervention may change according to population health needs, health sector priorities, health outcomes and even, clinical technologies.

Primary health care facilities that intend to carry out competency-based health worker assessments are encouraged to collaborate with their regional DOH offices, training institutions and local health offices to receive the appropriate support needed and enact accountability flow.

⁶ 2005, World Health Organization. "Laboratory Quality Management System – Information on Competency"

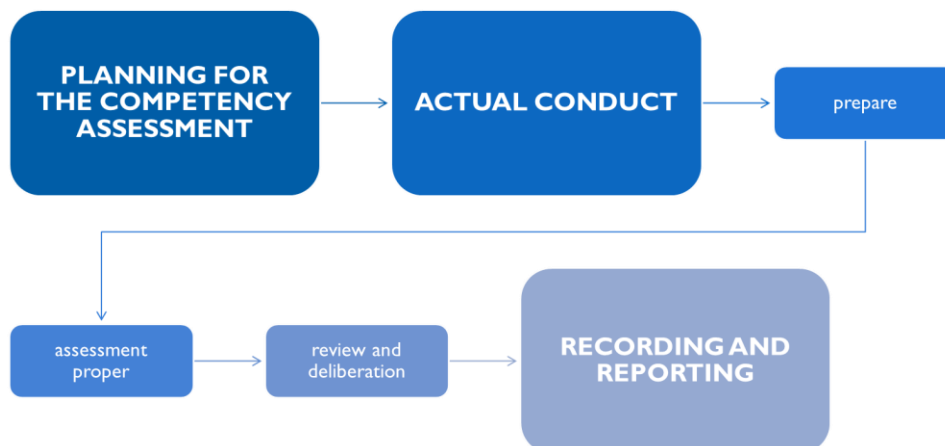
3. Who should participate in a competency assessment?

There are different perspectives and stakeholders that should be engaged in a competency assessment. These include Provincial Health Officers (PHOs), Regional Health Office Center for Health Development (CHD), supervisors of the health worker, representatives from the personnel unit of the health facility and the health workers themselves. Overall, the competency-based health worker assessments should be conducted by the PHO or CHD, though the tool can be used by supervisors of health workers to provide coaching and mentoring. In addition, the tool can be used by the health workers themselves during their own voluntary self-review or in preparation for the PHO led assessment. It shall be conducted by PHO or CHD assessors who have been oriented with the use of Competency Dictionary and Competency Assessment Tools. After the assessment by the PHO or CHD, results will be used by the PHO and CHD to inform the action plan for the health worker, with aggregate results used to inform the planning of trainings for the Province or Region and the immediate supervisor using the results for training and mentoring.



4. Overall Competency Assessment Process

The below flow demonstrates the overall competency assessment process. The areas of **Planning for the Competency Assessment**, **Actual Conduct** and **Recording and Reporting** are documented in detail below.



5. Planning for competency assessment activity in the health facility

Provincial Health Officers are advised to undertake the following steps before scheduling a competency assessment activity:

- a. Conduct a brief facility orientation and briefing on the TB and FP/MCH Clinical Competency Dictionary and Assessment Tools with the personnel unit, supervisors and health workers at the facility. This briefing and orientation session will provide all involved in the process with the opportunity to: appreciate the value of the competency assessment to their professional development, familiarize themselves with the assessment tools that will be used during the assessment. In addition, the workshop will help the PHO, supervisors and the health worker determine how to utilize findings of the competency assessment in improving essential TB and FP/MCH services at the primary care level. Furthermore, tools should be used not only to evaluate the competence of providers but also identify appropriate learning interventions and professional development.
- b. Determine whether health workers have undertaken the fundamental and basic courses on the provision of essential FP/MCH and TB services.
- c. Ensure that facilities have adequate infrastructure to provide essential TB and FP/MCH services. Minimum requirements for these services are: (1) private place for counselling, (2) an adequate number of instruments and logistics to provide service, (3) available information, education, and communication (IEC) materials and job aids, (4) an identified referral protocol and (5) demand generation activities
- d. Review the TB and FP/MCH service delivery accomplishments and statistics of the facility to better understand the workload of the facility.
- e. Determine the frequency of the competency assessment. The frequency of the competency-based health worker assessments should be determined based on the specific needs and resources of the community or facility. DOH's Administrative Order (A.O) 2014-044 prescribes the conduct of performance evaluation twice a year in health facilities. Competency assessment activities can be integrated in the performance review initiatives, during supportive supervision visits or even regular mentoring or self-review/reflection as a strategy for establishing the practice and encouraging behavior change. Likewise, the conduct of competency assessments may be scheduled in line with staff development planning and review, such as planning for trainings.⁷

⁷ 2014, Philippines, Department of Health, "Administrative Order No. 2014-0044: Guidelines for the Installation of Human resources for Health Management and Development Systems for Health and Allied Health Professionals Employed Within a Service Delivery Network, Including the Assessment and Monitoring of Clinical Competencies, Baseline Competencies and Standards."

6. Conduct of Competency Assessment

This section discusses the conduct of competency-based health worker assessment including the preparatory and actual steps to be undertaken during the competency assessment activity.

Remember!

It is important that PHO, CHD, supervisors, health managers and health workers appreciate competency assessment activities as means for quality improvement, workforce planning, career management, and improving health outcomes and not as a punitive measure of performance management. Both supervisors and health workers are encouraged to keep a positive and open attitude towards assessment activities.

Competency assessment activities shall assess health workers on the following areas:

- FP counseling and service provision
- Adherence to principles of Informed Consent and Voluntarism
- Provision of prenatal, labor and delivery and postpartum care
- Screening, diagnosing, provision and managing treatment for drug-sensitive and drug-resistant Tuberculosis
- Provision of patient-centered care

Competency assessments should be considered as an activity that is:

- Driven by evidence: this means the assessment of health worker clinical competencies are supported by validated health facility data such as those collected for the Field Health Service Information System (FHSIS).
- Cognizant of the enabling factors for service provision, such that work environments, infrastructure, supply chain and commodities are considered during the assessment activity
- Results-oriented: assessment focuses on the results of processes and program outcomes. This also entails provision of feedback and updates to providers, and reports to the concerned
- Focused on quality improvement of health services at the facility and, ultimately, of within the healthcare provider network. Assessors or clinical supervisors are advised to impress upon health workers undergoing assessment the value of individual assessment in improving quality of services, addressing client/patient satisfaction and promoting positive health-seeking behavior
- Health worker-focused as periodic competency assessments promotes standardized provider performance based on established standards of practice, professional norm, health sector priorities, population health needs and most-updated clinical evidences.

Below are the recommended steps for health worker competency-based assessments. Since competency assessment require ample time and resources, PHO, CHD, health managers, clinical supervisors and program managers intending to carry out these activities are advised to adapt the procedures according to their capacities, population health needs, health provider capacities and needs, and local health priorities.

PREPARATORY

The preparatory phase for competency assessment should be undertaken during the annual planning session of the local health office or health facility. Doing so allows both clinical supervisors and health workers ample time to prepare and health managers to allocate needed resources. Planning for competency-based health worker assessment includes identifying appropriate tools and methods for competency assessment, roles and

responsibilities, performance goals and schedules to be followed. Facilities should also have adequate infrastructure, regular provision of TB and FP/MCH services, and steady client load.

Suggested actions to be completed during this phase are:

1. **Determine the assessment team and identify the workers** who will undertake the competency assessment. Ideally, each health worker should be assessed while on the job using the Supervisor Observation Tools (See Annex B) and given feedback in a timely manner.
2. **Develop clear objectives** for competency-based health worker. These objectives should be based on the health worker's career development, health workforce needs of the facility, performance goals and overall population health needs of the community. This is important to do to understand how the data will be used. Sample objectives include (but are not limited to):
 - To determine the skills gaps and subsequently training needs for the Province or Region
 - For example, if the training plan for the year is being developed, a competency assessment could help decision makers prioritize what trainings are needed.
 - To measure health worker performance on an individual and aggregate scale
 - For example, if there is a need to understand the individual performance of a health worker for various decision-making needs, the assessment could help analyze in what areas the health worker needs capacity strengthening. This could be aggregated to identify trends within the Region or Province.
 - To identify strengths and weaknesses in current trainings or retention of skills post-training
 - While the competency assessment is not a replacement for post-training evaluation, it could serve as a way for decision makers and managers to assess what is working and what is not working with their current trainings, as well as identify what skills health workers are retaining or not retaining.
3. **Determine the scoring technique** that is appropriate for your context. While the overall process for scoring is described below, it is imperative that those involved in the training planning reflect on their objectives of the assessment the determination of scoring technique. The technique will be different based on how the results are intended to be used. Here are some examples of how the scoring technique could be implemented:
 - To determine the skills gaps and subsequently training needs for the Province or Region
 - Planners could look at aggregate results for each competency area to determine where the critical areas of training are needed. For example, if the average aggregate score for the Provision of Prenatal Care competency area is less than 50%, than a training on this area might need to be prioritized.
 - To measure health worker performance on an individual and aggregate scale
 - Similar to the above, if decision makers are seeing that across all competency areas, health workers are scoring 74%-50%, then perhaps efforts should be invested in coaching and mentoring of the health workforce.
 - To identify strengths and weaknesses in current trainings or retention of skills post-training
 - If trainers are seeing health workers scoring "0" or "Not Done" on any of the skills indicators under the competency area, then the content of the training may need to be reviewed and revised.
4. **Organize the competency assessment activity** according to the following tasks:
 - Review the TB and FP/MCH Competency Dictionary (see Annex A). Because health facilities and communities face different challenges and priorities, managers and supervisors are encouraged to examine the inventory of TB and FP/MCH competencies and identify skill indicators that are most relevant to them

- Review existing monthly reports and findings from previous evaluation activities, if applicable.⁸ Understand which services need strengthening and identify the relevant and corresponding competency area. Draft clear objectives for the assessment based on the facility's and population health needs.
- Determine the date and time of the or period of the assessment, items or equipment and materials and staff compliment that need to be prepared.
- Provide the health workers with the Self-Assessment Checklist (See Annex B) as a way to sensitize the health workers on the content of the up.

ACTUAL ASSESSMENT/ASSESSMENT PROPER

The health worker competency assessment shall be carried out through use of the Observation Tool and Self Assessment Checklist.

During the assessment period:

1. Health workers will be asked to accomplish the self-assessment checklist. Health workers will be asked to objectively appraise their performance against the listed TB and FP/MCH clinical competencies. The self-assessment checklist captures the health worker's perspective on the quality of TB and/or FP/MCH services she is providing and should be used more as a checklist to sensitize the health worker to the next steps with the Observation Assessment tool.
 - a. The self-assessment checklist will be completed using the following steps:

Step #	Action
1	The health worker will review each task/indicator
2	Then, they will reflect on their activities
3	They will then check the column if you do this task/indicator or if you do not do this tasks/indicator
4	Overall, they will use this Checklist as a way to reflect on their activities and workload and prepare for the upcoming competency assessment

2. The PHO/CHD is advised to identify the date and time to conduct his/her observation. She/he must ensure the availability of clients so that provision of the guaranteed primary care services are observed in actual job environment. Both the PHO/CHD and the health worker will ensure that patients are well-appraised of the situation and their right to privacy is duly maintained.
3. The PHO/CHD will use the Observation Tool to assess the health worker's performance of competencies for TB and FP/MCH care. The observation tool contains the questions that are identical to the questions found in the Health Worker Self-Assessment Checklist tool.
 - a. The scoring for the Observation Tool is as follows:

Score	Description	Action
2	Task done	No immediate action, continuous regular monitoring and supervision
1	Task done but needs improvement	Enhanced coaching, mentoring, supportive supervision on entire competency area Coordination of opportunities for lectures/readings to learn more
0	Task not done	Review of the health worker current position, actual activities/role, training/education background. Recommendation of specific trainings/orientations/refreshers

⁸ Health workers coming from the DOH Deployment Program, for example undergo annual Performance Evaluations which can give an indication of the baseline competencies of the health worker

- b. Once the individual competency areas have been scored, an aggregate score can be determined that supports planning for next steps:

Aggregate Competency Area Score	Action
75% and above	Passes competency area
50-74%	Coaching and mentoring needed for the competency area
49% and below	Training needed with supportive supervision for the competency area

REVIEW AND DELIBERATION

After the conduct of the competency assessment, the PHO/CHD and health worker will convene to review and deliberate the results of the assessment. This review and deliberation will be a conversation to determine how the PHO/CHD, supervisor and health worker can work together to help enhance the health workers skills set in the areas identified. They will look at both the health workers self-assessment check list and the PHO/CHDs observation assessment tool. This should be taken as an opportunity to address performance gaps and provide further feedback on the health worker’s performance, as well as for the health worker to provide feedback and insight on their capacity building needs. The supervisor will then assist the health worker in identifying training opportunities that the health worker can participate in, such as eLearning, and coaching/mentoring needs that could be supported by the health workers supervisor. This deliberation will be integrated into an action plan.

7. Planning for next steps

In addition to the individual health worker’s action plan, the PHO/CHD will be responsible for consolidating and aggregating the competency assessment results of the health workers in their area to determine next steps based on the defined objectives of the assessment.

PHO/CHD are advised to:

- Keep record of the results of health worker competency assessment
- Take note of major gap(s) in the service delivery or performance identified during the assessment. Draft staff learning and development plan to address the competency gaps of health workers in their Province and Region to strengthen their capacity to provide quality TB and FP/MCH services. Likewise, the results may also be used as additional basis for improving planning and management of staff.
- Assess adequacy of facility supplies, equipment and commodities; job aids; and IEC materials necessary to provide quality TB care services and comprehensive FP information and services to the community. Facility administrators and local program managers are advised to follow through with equipment and supply problems in a timely manner.
- Communicate and relay the aggregate results with the Health Human Resources Development Bureau and national health program offices. Communicating and sharing the aggregate results to other stakeholders will demonstrate the effectiveness of competency assessment activities in establishing accountability mechanisms, strengthening health worker capacities and, ultimately ensuring quality improvement of primary care services.

Annex A. TB and FP/MCH Competency Dictionary and Assessment Tools



Competency
Dictionary and Assess