International Healthcare Competencies Meeting: January 29th, 2013

Introduction:

This group convened at the Pan American Health Organization (PAHO) Headquarters in Washington, DC on January 29th and 30th, 2013. The group was hosted by Reynaldo Holder and his team at PAHO. The purpose of our meeting was to agree upon some fundamental competencies that should be in place for health service executives, who the target audience for the competencies should be, what those competencies should cover, and how and by whom those competencies should be assessed. We also attempted to determine the role of each organization represented within the group and next steps in terms of preparation to present this framework elsewhere. There were 12 individuals representing 10 different organizations.

List of attendees/organizations represented:
- See Attachment A

Topic 1: Background and purpose
- Objectives for the meeting:
  - Agreement on fundamental competencies that should be in place for health service executives
  - What should these competencies cover (using ACHE’s framework as a model)?
    - Common understanding of themes and areas that seem sensible for everyone
  - How and by whom should competencies be assessed?
    - Process to implement the recognition of these competencies in a system that allows evaluation of the executives
  - What should the respective roles of the organizations be?
  - Oslo IHF meeting in June: expand interface with other organizations
    - Put together a program to present what we have come to in this meeting and share it with the IHF meeting audience

Topic 2: Who is targeted?
- Evidence-based model: assessed competencies in place for those who are trained and delivering the services
  - We need this worldwide: professional management in health services
  - Need to have career development as well: building blocks that allow people to start at a certain level and move towards the horizon that should be reached as healthcare executives
- Need to be clear on why we are doing this (refer to Gruppen et al., Human Resources for Health)
  - Traditional model is based around the provider or profession, not the needs of the community
More contemporary model starts with the health needs of society develops list of outcomes you are trying to achieve with the competencies develops competencies

Consensus: contemporary model is better for our purposes (forces us to examine economic, political, social climate, etc.)

- Are we only talking about competencies for individuals or for teams?
  - Consensus: we need to be focused on individuals for this framework

- Competencies are three components:
  - Knowledge from education
  - Skills coming from practice
  - Abilities coming from personality and experiences from putting skills in place in real situations
  - Consensus: having a diploma is a good foundation, but it’s definitely not sufficient to have competency (must have these three components)

- Who we are focusing on: our target audience
  - Consensus: managers at all levels, not just executives
  - This is not about a role: it is what you can do and that you have built up a set of skills through your experiences in your profession

- Professional standards for health management: being a professional in healthcare management requires:
  - A code of conduct
  - Minimum entry criteria
  - Commitment to ongoing professional development
  - A method to “enforce” the professional use of conduct, etc.
  - Means of reassessing whether or not managers are meeting the standards (recertification): could link up with professional development

**Topic 4: Determining core competencies**

- Focus of the framework:
  - Behaviors, competencies, and practices will all be represented
  - Cannot overwhelm people with too much detail and lose sight of the objective
  - Consensus: when we try to create consensus around the similarities between models, we need to have a broad, higher-level message underpinned by details, complexities, etc.

- Evidence-based competencies:
  - We have empirical evidence: for example, the ACHE model is built around an independently conducted and validated job survey (straight from those running organizations day in and day out)
  - Showing outcomes from investing in enhanced leadership and governance: how it makes a difference (Xavier’s group is coming out with a study on this)
  - Consensus: we should use an evidence-based approach because it adds credibility and shows the science behind the model

- Designing the core competencies:
  - What are we trying to develop with these competencies?
    - Consensus: We are trying to develop well-rounded general managers
  - What will be important to include in the competencies?
- Business knowledge in particular due to focus on costs
- Innovation and change
- Shaping of systems
  - Recognition that everyone must have a constellation of skills and competencies to be qualified in healthcare management
  - Must also build in development areas, areas for improvement, etc. (self-awareness)
  - Must have a threshold: minimum standard that everyone must pass

*Topic 5: Competency Domains and Subdomains*
  - See Attachment B for discussion of domains and subdomains that were added or changed

*Parking lot issues:*
  - Team-based competencies for systems
    - Individual competencies and systems level capacity and capability: very important relationship
    - Team-based competencies would go more along with the systems level capabilities
  - Creating competencies for different levels of the health system:
    - Two levels:
      - Macro: governance, global health
      - Micro: individual health services
    - Managers in many countries have to fluctuate between these levels and the competencies are not the same
    - Need to have capacities as an operational person who can achieve goals that are set up for you: these are core competencies
    - There may be new skill sets needed to manage population health that our executives currently don’t have in the United States
      - Our environment is forcing people to be able to deal with more entrepreneurship, more big data systems, etc.
  - Career development staging system:
    - As people advance through more sophisticated jobs and environments, they may need different competencies (at least more experience)
  - Evolution of health services: what will that require of us going forward?
    - Thinking needs to change in many areas
    - Population care vs. individual patient care
    - Integrated delivery networks for geographic areas versus covering individual patients
    - *Consensus: the evolution of health services must be reflected in our framework at some point*
  - Self-assessment tools could be helpful:
    - Benchmarks, global comparisons, etc.
  - Professional standards:
- Recognize that someone needs to assess those standards and training organizations should adopt these standards
- Health organizations and systems should implement workforce development strategies for leadership in management
- What other professions have created an international benchmark?
  - Ottawa Charter for Health Promotion
  - WHO has led the development of this: defines the scope of work, etc.

Resources:
- Gruppen et al., *Human Resources for Health*
  - Shows why we are changing the model from more traditional to more modern and why this is important