

# BASELINE INDICATORS

20 Goals for a Decade in HRH

# BARBADOS

## 2011

Tracking  
**Regional Goals**  
for Human  
Resources  
for Health

**A Shared Commitment**



**B A S E L I N E**  
**I N D I C A T O R S**  
**20 Goals for a Decade in HRH**  
**B A R B A D O S**  
**2 0 1 1**

Tracking  
**REGIONAL**  
**GOALS**  
for Human  
Resources  
for Health  
**A Shared Commitment**

Washington, DC  
AUGUST 2011



AREA OF HEALTH SYSTEMS BASED ON PRIMARY HEALTH CARE (HSS)  
PROJECT OF HUMAN RESOURCES FOR HEALTH (HR)  
PAN AMERICAN HEALTH ORGANIZATION  
*Pan American Sanitary Bureau, Regional Office of the*  
WORLD HEALTH ORGANIZATION

## **PAHO HQ Library Catalog-In-Publicaton**

Pan American Health Organizaton

“Baseline Indicators - 20 Goals for a Decade in HRH - Barbados 2011. *Tracking Regional Goals for Human Resources for Health: A Shared Commitment*”

Washington, DC: OPS, © 2011

ISBN: 978-92-75-13248-7

### I. Title

1. QUALITY INDICATORS, HEALTH CARE – standards
2. PERSONNEL MANAGEMENT – manpower
3. HEALTH HUMAN RESOURCES EVALUATION
4. PROGRAM EVALUATION – methods
5. HEALTH INEQUALITIES
6. HEALTH HUMAN RESOURCES TRAINING
7. BARBADOS

NLM W76.DB34

© Pan American Health Organization, 2011

All rights reserved. Requests for this publication should be directed to the Area of Health Systems based on Primary Health Care, Project on Human Resources for Health, Pan American Health Organization / World Health Organization, 525 23rd St., NW, Washington, D.C., USA [phone: +(202) 974-3296; e-mail: [goduecha@paho.org](mailto:goduecha@paho.org)]. Requests for authorization to reproduce or translate PAHO publications—whether for sale or noncommercial distribution—should be directed to the Area of Knowledge Management and Communications (KMC) at the above address [fax: +(202) 974-3652; e-mail: [pubrights@paho.org](mailto:pubrights@paho.org)].

The names used in this publication and the presentation of its content do not imply any opinion on the part of the Pan American Health Organizaton about the legal status of countries, territories, cities, or zones or their authorities or about the placement of their borders or boundaries.

The mention of certain commercial enterprises or the trade names of certain products does not imply their endorsement or recommendation by the Organization in preference to others of a similar nature. Save through error or omission, the first letter of the names of patented products is capitalized.

The Pan American Health Organization has taken all reasonable precautions to verify the information contained in this publication. However, the published material is distributed with no guarantee of any type, explicit or implicit. The reader is responsible for the interpretation and use made of this material, and in no case shall the Pan American Health Organization be considered for any harm caused by its use.

---

# Table of Contents

---

<b>Acknowledgements</b> .....	<b>vii</b>
<b>1. Background</b> .....	<b>1</b>
<b>2. Challenges</b> .....	<b>3</b>
<b>3. Objectives</b> .....	<b>5</b>
<b>4. Methods</b> .....	<b>7</b>
<b>5. Notes on Barbados</b> .....	<b>9</b>
Health Sector Information .....	9
Education Sector Information .....	10
<b>6. Goals, Rationale and Comparative Results</b> .....	<b>11</b>
6.1. Challenge 1.....	11
6.1.1. <i>Challenge 1: Results</i> .....	11
6.1.2. <i>Challenge 1: Star</i> .....	15
6.2. Challenge 2.....	16
6.2.1. <i>Challenge 2: Results</i> .....	16
6.2.2. <i>Challenge 2: Star</i> .....	19
6.3. Challenge 3.....	20
6.3.1. <i>Challenge 3: Results</i> .....	20
6.3.2. <i>Challenge 3: Star</i> .....	22
6.4. Challenge 4.....	23
6.4.1. <i>Challenge 4: Results</i> .....	23
6.4.2. <i>Challenge 4: Star</i> .....	25
6.5. Challenge 5 .....	26
6.5.1. <i>Challenge 5: Results</i> .....	26
6.5.2. <i>Challenge 5: Star</i> .....	29
<b>7. Conclusions and Recommendations</b> .....	<b>31</b>
7.1. Findings and Implications.....	31
<b>8. Recommendations Based on Baseline Indicators</b> .....	<b>33</b>
8.1. Strategic Planning.....	33
8.1.1. <i>Issues</i> .....	33

8.1.2. Recommendations .....	33
8.2. Data Collection Process Development .....	34
8.2.1. Issues.....	34
8.2.2. Recommendations.....	34
8.3. Research .....	35
8.3.1. Issues.....	35
8.3.2. Recommendations.....	35
8.4. Evaluation .....	35
8.4.1. Issues.....	35
8.4.2. Recommendations.....	35
8.5. Development of Collaborative Links .....	36
8.5.1. Issues.....	36
8.5.2. Recommendations.....	36
<b>9. References .....</b>	<b>37</b>
<b>Appendix: Presentation on Baseline Indicators of the Regional Goals for Human Resources for Health - Barbados 2011 .....</b>	<b>39</b>

---

# Acknowledgements

---

**T**his project was funded by the Pan American Health Organization and was conducted in collaboration with the Ministry of Health in Barbados. This report is the result of a considerable data collection effort, which would not have been possible without the hard work of Kimberley Watkins at the Ministry of Health. In addition, the project acknowledges the support of all the individuals within the Ministry of Health, the Queen Elizabeth Hospital, the University of the West Indies, Barbados Community College and professional associations who kindly gave up their time to take part in interviews or collate data.

In particular we would like to thank Anne Gill and Kathy Ann Best from Queen Elizabeth Hospital; Gail Best Winfield, Samuel Deane Joy St. John, and Diane Campbell from the Ministry of Health; Cheryl Gilkes and Natalie Belgrave from the Barbados Medical Council; Valerie Pilgrim from the General Nursing Council; Priscilla Richardson from the University of the West Indies (UWI) at Cave Hill; and Cheryl Weekes, and Ms. Mayers from the Barbados Community College.

We also acknowledge the contributions of Gabriel Vivas and Margaret Hazelwood from the PAHO Office in Barbados and Allison Annette Foster from the PAHO/WHO Headquarters in Washington, DC.

The report was prepared by Selvi Jeyaseelan of Clinical Research management, Inc. and Kimberly Watkins of the Ministry of Health of Barbados.





---

# 1. Background

---

The signatory countries of Resolution CSP27/10 of the 27<sup>th</sup> Pan American Sanitary Conference “Regional Goals for Human Resources for Health (HRH) 2007-2015,” have agreed that the 20 goals of the Resolution will signify the achievement of meeting the Five Challenges of the *Toronto Call to Action* (1) to provide a well-trained, well-distributed, and motivated workforce to deliver quality and equitable services based on primary care to all persons of the Region.

To achieve these 20 goals evidence-based policies are required to address the real areas of need in workforce planning. The ability to measure and monitor the status of the country’s workforce with respect to each of the 20 goals is essential to the development of the country’s policies and strategies to improve their human resources.

In Barbados some data pertaining to the goals have already been collected as part of the Core Data Set (2). The Core Data Set was defined during an orientation seminar that was held in Barbados (28-29 September de 2007) and was attended by teams from Jamaica, Belize, Trinidad and Tobago and Barbados/EC, along with relevant PAHO country programme officers. The aim of the baseline measurement project is to build on this core data set and collect additional information to measure the baseline indicators for the 20 goals.



---

## 2. Challenges

---

**T**he five principle challenges to HRH development for the Americas Region, identified through the consensus of the *Toronto Call to Action*, provide the backdrop and thematic framework for the twenty regional goals set out below.

1. Build long-range policies and plans to adapt the work force to the changes in the health system.
2. Put the right people in the right places, achieving an equitable distribution according to the health needs of the population.
3. Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits.
4. Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population.
5. Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals.



---

## 3. Objectives

---

- (A) To strengthen the capacity of the HRH steering role of the Ministry of Health so that the Ministry, with its network of stakeholder institutions, will be able to understand the political context of the 20 goals within the five challenges of the Toronto Call to Action.
- (B) To enable the Ministry of Health to measure, analyze, and monitor these goals according to the definitions and guidelines outlined in the Handbook for Measuring and Monitoring Indicators of the Regional Goals for Human Resources for Health (3).
- (C) To enable the Ministry of Health to use the indicators as evidence to guide strategies and inform policy decisions.



---

## 4. Methods

---

The project comprised two phases:

- **Phase I** - included a workshop to train trainers for the Eastern Caribbean and other Caribbean countries in Barbados so that there is a group of experts in the measurement and monitoring of the 20 goals in HRH in the Caribbean.
- **Phase II** - involved the training, introduction of the project to relevant stakeholders, and the development of a “Task Force” comprising some or all of the following:
  1. Two representatives from the Ministry of Education.
  2. Participant who might be involved in EPI research, curriculum development in health sciences, or public administration programs.
  3. A representative from the education institutions’ bursar/registrar’s office should participate in order to speak to the requirements of admissions, graduates.
  4. One or two representatives from councils who work with licensing and regulations and who can obtain information for various professions.
  5. One person in the Ministry of Health Planning Unit.
  6. Representative from Planning and Analysis in the Ministry of Health.
  7. One person, designated by the Ministry to work with planners on this project, who works in the public administration office that tracks employees, payments, posts, etc., and manages the information systems preferably with access and understanding of SmartStream.
  8. CEOs of major hospitals who will be able to contribute information and experience.
  9. HRH Director of the Ministry of Health.

Unfortunately, Barbados did not take part in the Phase II workshop. Although an initial stakeholders meeting was held, attendees did not meet again. Ms. Kimberley Watkins (from the Ministry of Health Planning Unit) was assigned and trained to collect the data. Where necessary, advice was provided by Mr. Samuel Deane the Chief Health Planner.





---

## 5. Notes on Barbados

---

Barbados is an island in the Eastern Caribbean with a total land area of about 430 km<sup>2</sup> (166 square miles). It is comprised of 11 administrative parishes. With 597 people per km<sup>2</sup>, it is one of the most densely populated nations in the world. The United Nations Human Development Index (a standard measure of human development, focusing on education, healthcare, income and employment) placed Barbados 42<sup>nd</sup> in a league table of 169 nations (4). Barbados had a population at the 2000 census (adjusted for undercount) of 268,790. Accounting for population growth gives an estimated population in 2010 of 276,302 (5).

The Barbados statistical office does not have a definition for “urban” and “rural”. The most densely populated parishes are: St. James, Christ Church and St. Michael.

At the 2000 census the Barbados population was primarily of African descent (93%), and so data stratifications by race or ethnicity were not applicable.

### Health Sector Information

Under Section 12 of the 1969 Health Services Act, the Ministry of Health is responsible for the health of the population of Barbados; it is the executing agency for the delivery of health care. The Ministry provides a steering role, which includes setting the health sector’s vision—defining the strategic direction, policies, regulations, norms, and standards. The Chief Medical Officer is the Ministry’s technical head. However, in 2002 the Queen Elizabeth Hospital Act was passed which allowed the public general hospital to be governed by a management board and not the Ministry of Health. Although, the hospital comes under the auspices of the Minister for Health the Chief Medical Officer does not provide any support and the management board report directly to the Minister for Health.

The island has eight polyclinics that are responsible for the delivery public primary care services, including maternal and child health services, dental services, and general practitioner visits. The only public tertiary hospital is the Queen Elizabeth Hospital.

The Ministry of Health is also responsible for Black Rock Psychiatric Hospital and the Geriatric Hospital and three district hospitals. Additional units are: the Disability Unit, the Police Service, the Prisons Service, the Youth Service, Elayne Scantlebury Centre, Children’s Development Centre, and the Nutrition Service.

Barbados has one private hospital and approximately 55 doctors working solely in private practice, with an additional 197 working in both the private and public health care sector (6).

## Education Sector Information

In Barbados, two tertiary education institutes provide the majority of training for health sector workers: The University of the West Indies (UWI) and the Barbados Community College. The system is complicated somewhat by the five campus model of UWI: three main campuses in Barbados (Cave Hill), Jamaica (Mona), and Trinidad & Tobago (St. Augustine), one further campus in Bahamas, and the Open Campus dedicated to distance education. The UWI courses are campus-specific; any one health-related training course rarely takes place on all three main campuses. Until 2009, much of the health-sector training was offered in Jamaica and Trinidad & Tobago, and eligible Barbadian applicants were sponsored by the Barbados government to attend these courses. The UWI admissions process is organized at the campus-level, and so information on applicants, admissions, and graduates has required access to three administrative centres. Two have provided information (Barbados and Jamaica).

## 6. Goals, Rationale and Comparative Results

### 6.1. Challenge 1

#### 6.1.1. Challenge 1: Results

**GOAL 1 - All countries of the Region will have achieved a human resources density ratio level of 25 professionals per 10,000 inhabitants**

##### **Rationale**

The purpose of this goal is to illustrate the relationship between the population in a country and the number of human resources for health with the aim of highlighting over or under supply. The WHO has suggested that countries require a minimum of 25 health care professionals per 10,000 population in order to provide the minimum acceptable level of health care services to the population. Global studies reported that countries with ratios below this level struggle to reach the health targets detailed in the Millennium Development Goals.

##### **RESULTS**

##### **Data Sources**

Barbados Medical Council – Administrative Officer + Clerical Officer  
 General Nursing Council – Deputy Registrar Ag.  
 Barbados Statistical Service (BSS) (5)  
 Personnel Departments: Ministry of Health – Principal Personnel Officer  
 Queen Elizabeth Hospital (QEH) – Assistant HR Officer

##### **Indicator**

There are 931 physicians, 1,187<sup>a</sup> registered nurses and 255 midwives<sup>b</sup> for a population of 275,719 (at 31/12/2009). This gives a density of 86 health care professionals per 10,000 population, which is in excess of the recommended target of 25, the score is 100%.

a. Unfortunately, the Barbadian nurses working outside the country who register with the General Nursing Council in the country are included in the number of nurses who are working within the country.

b. Midwives are required to be Registered Nurses, and the number who perform both services or only one are not differentiated. Therefore, the total number of nurses and midwives together is larger than the number of actual nurses and midwives working in the country.

**GOAL 2 - The regional and sub-regional proportions of primary health care physicians will exceed 40 percent of the total medical workforce.**

**Rationale**

To improve population health, many countries are focusing on reformed primary health care (PHC) delivery systems and on strengthening overall public health infrastructure. The key feature of PHC reform is a shift from individual, hospital-centered practice to teams of community-based professionals, who are accountable for providing comprehensive, coordinated health services to their patients. As such, it is critical that the workforce be adequately prepared to meet expected changes in the health system and to support primary health care delivery.

As PHC physicians generally represent only about 25 percent of the Region's total medical workforce, it will be necessary to significantly increase physician numbers within the primary health care team. Strengthening the physician component enhances the primary health care teams' overall capacity for collaborative development, innovative deployment and shared leadership, thereby providing a broader, more flexible and effective response to the full range of community health needs and priorities.

**Note**

For some Eastern Caribbean Countries it was suggested that 40% be applied to the whole PHC workforce not just physicians. As physician numbers were predefined in Public Health Policy it was possible for all district health centres to have the necessary complement of medical staff but not reach the 40% target; i.e. there are specific parameters that ensure optimal population coverage (of PHC services not PHC doctors) that are not based on percentages of medical staff.

**RESULTS**

**Data Sources**

Ministry of Health - Personnel Department: Principal Personnel Officer  
Barbados Medical Council – Clerical Officer

**Indicator**

There are 42 primary care physicians based in polyclinics and a further 252 in private practice. The total number of doctors on island is 931. Therefore, primary health care physicians form 31% of the total physician workforce. This is just under the recommended target of 40%. Seventy-eight percent of the target has been achieved.

**GOAL 3 - All countries will have developed primary health care (PHC) teams with a broad range of competencies that systematically include community health workers to improve access, reach out to vulnerable groups, and mobilize community networks.**

**Rationale**

The PHC Team refers to groups of professionals who deliver health services in the community at “primary” or first points of contact between the patient and the health delivery system. The membership of the PHC teams can vary widely and generally reflects the particular health needs of the local community which it serves. The effectiveness of the team is related to its ability to carry out its work and to manage itself as an independent, coordinated, collaborative, self-sufficient health care delivery group.

The Community Health Worker, as a key member of the PHC Team, generally has a familiarity with the population he or she serves, and thus provides a more direct linkage between the health delivery system and the identified health care needs of the community.

**RESULTS**

**Data Sources**

Ministry of Health (Principal Personal Officer) - Job Descriptions for PHC Professionals

Barbados Community College – Curriculum outline

University of the West Indies - Curriculum outline for PHC professionals (7)

**Indicator**

The country scores 67 out of a possible 70 (see table below for questions and responses), therefore the score for this indicator is 96% ( $67/70 \times 100 = 96\%$ )

Question			Score
1	There is a national program in relation to PHC teams	Yes - Barbados has adopted the primary health care (PHC) approach and has an active PHC programme offered through the eight polyclinics. In view of reform proposed in the healthcare system, Barbados has established a Task Force whose mandate is to review the PHC delivery system and make recommendation for the future scope and service direction of PHC in Barbados for the next 5-10 years.	10
2	Percent of the population is covered by the teams.	60-90%	8
3	The PHC program utilizes community networks	Yes – no details available	10
4	The PHC program covers vulnerable populations.	Yes	10
5	List the populations/groups covered by the program	High risk pregnant women, children, elderly, handicapped, mentally ill, Impoverished, cultural groups & ethnic groups (Language not relevant)	9
6	List health professions are included in the PHC team	Physicians, nurses, nursing assistants, dentists & midwives	10
7	List broad competencies that are required of PHC team members.	Diagnosis & management of acute and chronic disease Pre- & post-natal care Prevention of disease & disability Rehabilitation Coordination of health care for high risk populations	10
<b>Total</b>			<b>67</b>

<b>GOAL 4 - The ratio of qualified nurses to physicians will reach at least 1:1 in all countries of the Region.</b>
<b>Rationale</b> The purpose of this goal is to highlight the imbalance that can exist in the production of the medical and nursing personnel that may affect the composition and competencies of health care team. For some countries it is expected that for every physician there will be at least four nurses and in other countries the reverse is true. The minimum goal in this instance is identified as one physician to one nurse. Given the scope of the activities of the PHC Team, the expanded role and credentials of nursing and the benefits of using nurses to their full competency levels (especially in a community health context), having the appropriate number of appropriately deployed nurses enhances health service delivery cost-effectiveness and efficiency.
<b>RESULTS</b>
<b>Data Sources</b> Ministry of Health – Principal Personnel Officer Barbados Medical Council – Clerical Officer General Nursing Council Queen Elizabeth Hospital – Assistant HR Officer
<b>Indicator</b> Number of physicians is 931, with 1,187 nurses. The ratio of nurse to doctors is 1.27:1. This exceeds the recommended ratio of 1:1 so the score for this goal is 100%.

<b>GOAL 5 - All countries of the Region will have established a unit of human resources for health responsible for the development of human resources policies and plans, the definition of the strategic directions and the negotiation with other sectors.</b>
<b>Rationale</b> The purpose of this goal is to call attention to the importance that decision makers at the highest levels with the health care system assign to HRH. This commitment is evidenced by the development and support of a formal planning unit with specific responsibilities for HRH and that links to and is supportive of the strategic direction of the health care delivery sector. This function goes beyond personnel administration to that of a human resources policy and program development and management.
<b>RESULTS</b>
<b>Data Sources</b> Interviews with 3 key informants at the Ministry of Health: Chief Health Planner Deputy Permanent Secretary Principal Personnel Officer
<b>Indicator</b> With a score of 2.3 out of 16 this goal can be described as “In progress” (approximately 14% based on the scoring system - see below for details).

Question	Response	Score
1 Does a formal HR unit exist within the MoH?	3 No	0
2 The HRH Unit has a leadership and advisory role within your organization	3 Yes	1
3 The Unit develops HRH policies for the whole organization	1 Yes 2 No	0.33
4 The Unit plans the number and type of HRH required	1 Yes 2 No	0.33

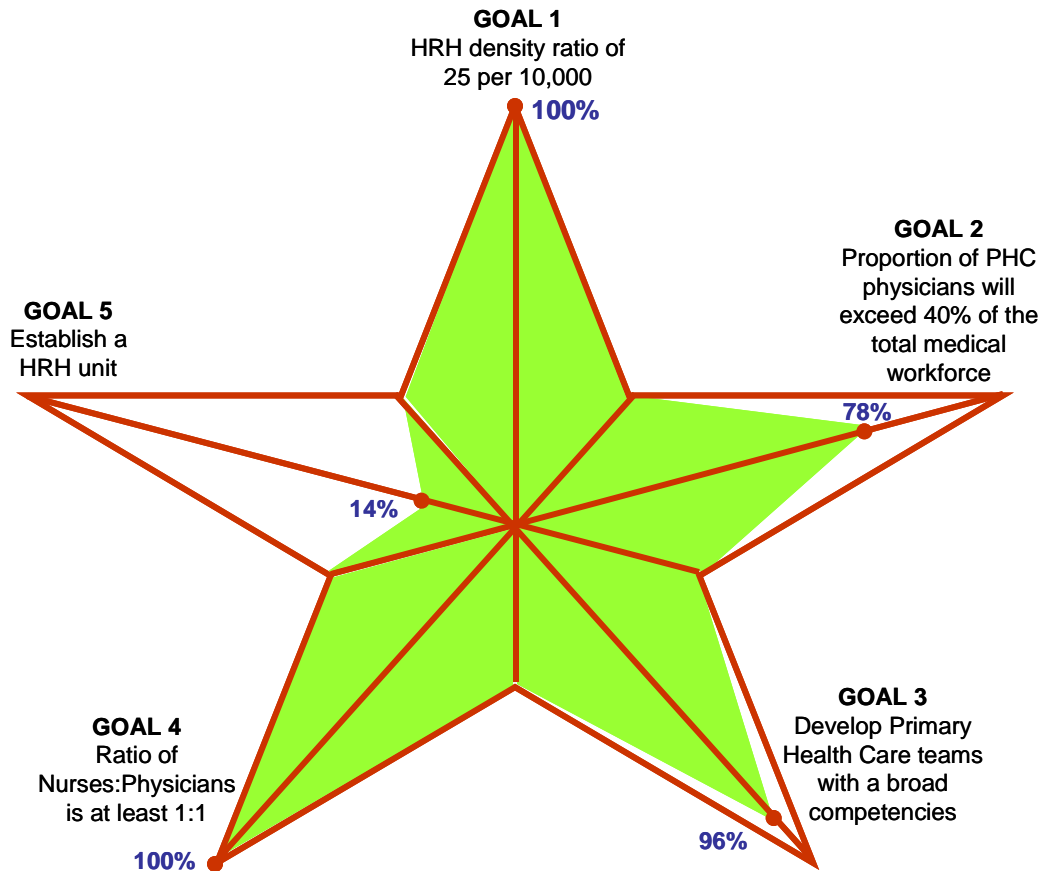
Continues on next page...

Continuation of Goal 5...

Question	Response	Score
5   The Unit provides strategic direction in the management of HRH	1 Yes 2 No	0.33
6   The Unit has a detailed and regularly updated HRH information system	3 No	0
7   The HRH Unit is involved in labour negotiations?	1 Yes 2 No	0.33
<b>Total</b>		<b>2.33</b>

### 6.1.2. Challenge 1: Star

Challenge 1 = Build long-range policies and plans to adapt the work force to the changes in the health system



## 6.2. Challenge 2

### 6.2.1. Challenge 2: Results

<b>GOAL 6 - The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2015</b>
<p><b>Rationale</b></p> <p>Over the past twenty years the rate of population growth for many urban areas in the Region has been double those of rural areas. Similarly, the growth in the number of health care providers has been concentrated in urban areas, contributing to a continued major imbalance in the urban-rural distribution of the health workforce.</p> <p>While physician to population ratios within the Region may be up to four times greater in urban areas than for countries as a whole, the urban physician-to-population ratios may be more than eight times greater than the comparable physician ratios in some rural areas. As a result, rural communities continue to have very limited access to required health care services compared to their urban counterparts.</p> <p>Achieving a more equitable geographic distribution of health professionals throughout the Region—particularly within the context of expanded community-based primary health care teams—would greatly enhance community access to health care services and contribute to the improvement in health outcomes and overall community health status.</p> <p>NOTE: As there are no standardized definitions of “urban” and “rural,” distribution of health personnel can be analyzed based on population density of parishes/health districts. Additionally, for the Eastern Caribbean, it was suggested that in the absence of a census definition, “rural” could be considered parishes without medical centre and it would be up to the country Ministries of Health to set the definition. Another point of note is that some countries have PHC policy based on addressing issues of access to care, in less populated areas. More details are needed about these policies to determine if they are in line with the recommendations of this goal. When reviewing this indicator, it is also important to note the recommendations of 25 health professionals to 10,000 population (Goal 1).</p>
<b>RESULTS</b>
<p><b>Data Sources</b></p> <p>Ministry of Health: Chief Health Planner - Principal Personnel Officer</p>
<p><b>Indicator</b></p> <p>Not applicable.</p> <p>The Barbados Statistics Service does not have an urban/rural distinction. Furthermore, as the polyclinic catchment areas (for PHC services) do not follow urban/rural divide, this distinction was deemed inappropriate. Medical doctors in polyclinics do not attend to all the individuals in the catchment areas. Furthermore, individuals can seek medical attention in any catchment area regardless of where they live. In future it may be possible to monitor this indicator based on a distinction based on population density (sparsely vs densely).</p>



**GOAL 7 - At least 70 percent of the primary health care workers will have demonstrable public health and intercultural competencies.**

**Rationale**

The effectiveness of the PHC Team is contingent upon members having the requisite clinical skills, public health knowledge and intercultural competencies to diagnose patients, administer treatment and monitor outcomes, that are appropriate to and reflective of the health care needs of the diverse (ethnic, linguistic, religious, socioeconomic, etc.) communities that they serve.

Broad-based public health competencies may enhance the capacity of health professionals to provide comprehensive, community-based patient care that is more responsive to the full range of population health needs. These competencies include skills involved in preventing disease, prolonging life and promoting and maintaining health through population surveillance and the promotion of healthy behaviors.

In order to be most relevant and effective, public health strategies must be sensitive to the cultural contexts in which they are being administered. In addition to increasing the size of the health workforce, enhancing the intercultural competencies of those health workers who will be providing the services will improve the access for diverse cultural groups to needed health services.

**RESULTS**

**Data Sources**

Personnel Department – Ministry of Health

General Nursing Council – Deputy Registrar

**Indicator**

At present there is no defined list of public health and intercultural competencies required by PHC workers.

However, these areas are included in the curricula of Medical Students at the University of the West Indies and the Nurses and Midwives at the Barbados Community College.

Based on curriculum content 100% ( $1165/1165^a \times 100$ ) of the primary health care workers have public health competencies and intercultural competencies. Therefore, the target for this goal has been exceeded.

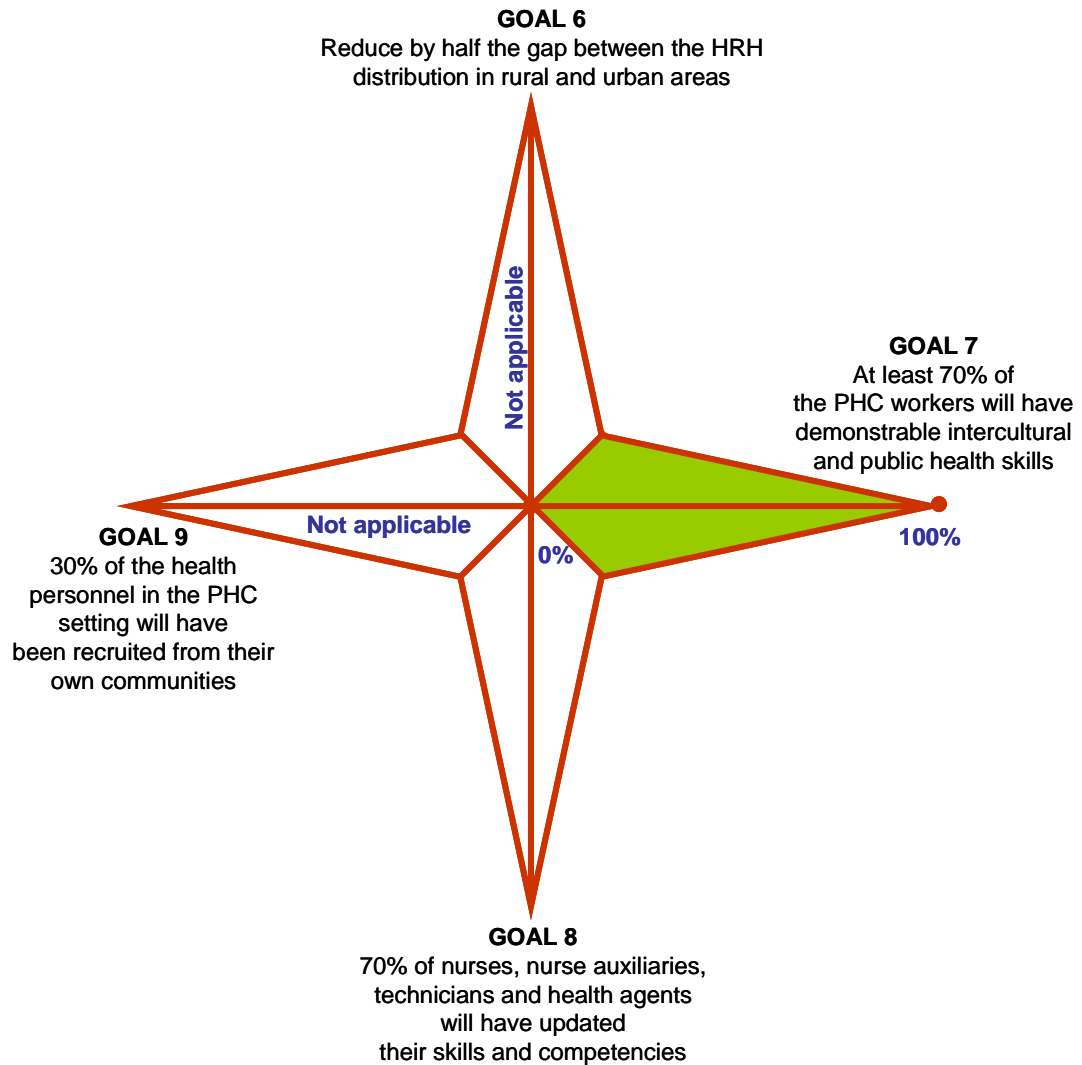
a. This figure includes public physicians, nurses and midwives as well as private physicians.

<b>GOAL 8 - Seventy percent of nurses, auxiliary nurses, and health technicians, including community health workers, will have upgraded their skills and competencies appropriate to the complexities of their functions.</b>
<p><b>Rationale</b></p> <p>In addition to providing the first point of entry to the health system and providing a coordinating function for other health and community services, primary health care recognizes the broader determinants of health. This includes coordinating, integrating and expanding health systems and services to improve population health, to prevent sickness, and to promote health. It encourages the best use of all health providers, through expanding scopes of practice, evolving working relationships and potential new roles within multi-disciplinary teams, in order to maximize the potential of all health resources.</p> <p>It is important for all members of the PHC care team to have the appropriate skills and to work at their full competency levels within multi-disciplinary environments in order to best meet the needs of communities and the technical requirements of evolving health care delivery systems.</p>
<b>RESULTS</b>
<p><b>Data Sources</b></p> <p>Chief Health Planner Deputy Chief Public Health Nurse</p>
<p><b>Indicator</b></p> <p>0% - A policy for continuing nursing education exists, however it is not supported by training institutions.</p>

<b>GOAL 9 - Thirty percent of health workers in primary health care settings will have been recruited from their own communities.</b>
<p><b>Rationale</b></p> <p>Historically, the growth in the number of health care providers has been concentrated in urban areas, contributing to a continued imbalance in the geographic distribution of the health workforce as seen in Goal #6. The urban physician-to-population ratios for some countries of the Region of the Americas are more than eight times greater than the comparable physician ratio in rural areas. Many countries have adopted incentives to attract health care providers to rural areas, but most have only achieved modest, short-term success. While appropriate salaries and stable, safe working environments are key considerations in attracting health care workers to rural areas, matching the right individual to the right job in the right place appears to be equally important.</p> <p>Health care workers who are recruited from their own communities are more likely to return and remain in their communities to work after completing their training than are those who have been recruited externally. Local recruitment further enhances the strength of the primary health care team by enlisting those individuals that already possess the requisite cultural sensitivities and knowledge of community networks, contacts and needs.</p>
<b>RESULTS</b>
<p><b>Data Sources</b></p> <p>Principal Personnel Officer</p>
<p><b>Indicator</b></p> <p>Not applicable.</p>

## 6.2.2. Challenge 2: Star

Challenge 2 = Put the right people in the right places, achieving an equitable distribution according to the health needs of the population



## 6.3. Challenge 3

### 6.3.1. Challenge 3: Results

<b>GOAL 10 - All countries of the Region will have adopted an international code of practice or developed ethical norms on the international recruitment of health care workers.</b>
<p><b>Rationale</b></p> <p>In view of the fact that a global shortage of health care workers currently exists in thirty percent of all countries, substantial increases in the demand for health workers are forecast in higher income countries in the near future and that increasingly competitive health worker migration worldwide will have a significant impact on the workforces lower income countries, the World Health Organization advocates for a global code of practice for the international recruitment and management of health personnel. Developed countries are being encouraged to adopt binding codes of conduct governing ethical recruitment practices, to compensate countries from which health professionals are being recruited and to commit to official policies of health workforce self-sufficiency at the country level.</p> <p>In summary, the adoption of a code of practice would:</p> <ul style="list-style-type: none"><li>i) support a global approach to the issue;</li><li>ii) recognize the rights of individuals to freedom of movement;</li><li>iii) recognize the needs of developing nations;</li><li>iv) exclude active recruitment from nations of highest need and with the greatest disadvantages of achieving them;</li><li>v) establish bilateral agreement principles between identified developing nations, and</li><li>vi) act consistently with and in broad support of the broad goals of select developing nations.</li></ul> <p>The migration of health professionals in the Americas is expected to remain a serious concern for many of the countries of the Region. Inequities in the supply of human resources for health not only vary greatly across the Region, but the gap between countries with high and low densities of health workers continue to grow. The adoption of a code of ethics regarding the international recruitment of health workers would be an important first step in developing broad, collaborative workforce policies to better stabilize and manage the health workforce of the Region.</p>
<p><b>RESULTS</b></p>
<p><b>Data Sources</b></p> <p>Interviews with 2 key Informants from the Ministry of Health (Chief Nursing Officer and Chief Public Health Nurse)</p>
<p><b>Indicator</b></p> <p>The Government of Barbados adheres to the Commonwealth Code of Practice for the International Recruitment of Health Workers adopted at the Pre-World Health Assembly meeting of Commonwealth Ministers Geneva( May 18, 2003). The overarching policy on recruitment in the public sector is contained in the Public Service Act 2007/41. Therefore, all recruitments must adhere to this act. (No further information available).</p> <p>There is a recruiting agreement with the Permanent Secretary - Ministry of Health (St. Vincent) and the Permanent Secretary - Ministry of Health (Barbados) regarding the recruitment of Vincentian nurses. Nurses were recruited from St. Vincent because the number of trained nurses in that country exceeds the number of available post. Immigrant workers rights are respected and the appropriate laws are in place for their protection. These nurses benefit from on-the-job training in specialty programmes including artificial kidney unit and neonatal intensive care. Additionally some Vincentian nurses have received certified training in perioperative care and critical care nursing.</p> <p>Barbados scores 100% for this indicator as it adheres to the Commonwealth Code of Practice for the International Recruitment of Health Workers and has established ethical norms for the recruitment of nurses. For Barbados, nursing is the only professional group that needs to be supplemented with staff from overseas.</p>

**GOAL 11 - All countries of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health**

**Rationale**

It is generally agreed that any long-term sustainable human resources strategy requires a significant investment in national self-sufficiency in HRH. This principle applies to both developing countries who are the primary source of new immigrants, and developed countries which are generally the destination) for migrant health workers.

Developing countries need to work—with the policy and fiscal support of other nations—to reduce the push factors with respect to emigration of healthcare workers, while developed countries will need to reduce incentives and increase barriers to lower the pull factors that attract migrant health workers. A commitment to becoming more self-sufficient requires that developed nations train and retain, through health workforce incentive programs, the appropriate number of health professionals that are required to meet their identified population health needs.

It is recognized that self-sufficiency is a long-term goal for most countries. Adopting self-sufficiency as the policy of first response in HRH program planning, however, would be an important strategic approach to help stabilize the Region of the America's health workforce by encouraging greater investment in workforce capacity and infrastructure development. Utilizing migrant health workers as a demand "buffer", rather than as a ongoing primary source of health care workers, would be an key component of this approach.

**RESULTS**

**Data Sources**

Ministry of Health : Chief Nursing Officer

Queen Elizabeth Hospital: Assistant HR Officer

**Indicator**

Although Barbados does not have a policy specifically to address self-sufficiency it does have guidelines for foreign recruitment and to promote self-sufficiency with regard to HRH. Therefore, the country scores 30% for this indicator. However, it should be noted that this baseline is for nurses only.

**GOAL 12 - All sub-regions will have developed mechanisms for the recognition of foreign-trained professionals.**

**Rationale**

It is important to deepen the pool of the Region's workforce talent and skills by ensuring more successful integration of new immigrants into the economy and into communities. The introduction of common guidelines and mechanisms for the assessment of credentials and competencies of foreign health workers seeking licensure ensures the speedier recognition of foreign credentials and prior work experience and facilitates the assimilation of immigrant health workers into the workforce. This approach would strengthen the human resource capacity of the health delivery system by ensuring that immigrant workers are accepted into the workforce as early as possible and by allowing them to work at their full competency levels. A standardized approach that supports the recognition of foreign credentials helps stabilize the workforce by improving the deployment and long-term retention of immigrant health workers.

**RESULTS**

**Data Sources**

Barbados Accreditation Council (8)

Barbados Medical Council – Clerical Officer

General Nursing Council – Deputy Registrar

Continues on next page...

Continuation of Goal 12...

**Indicator**

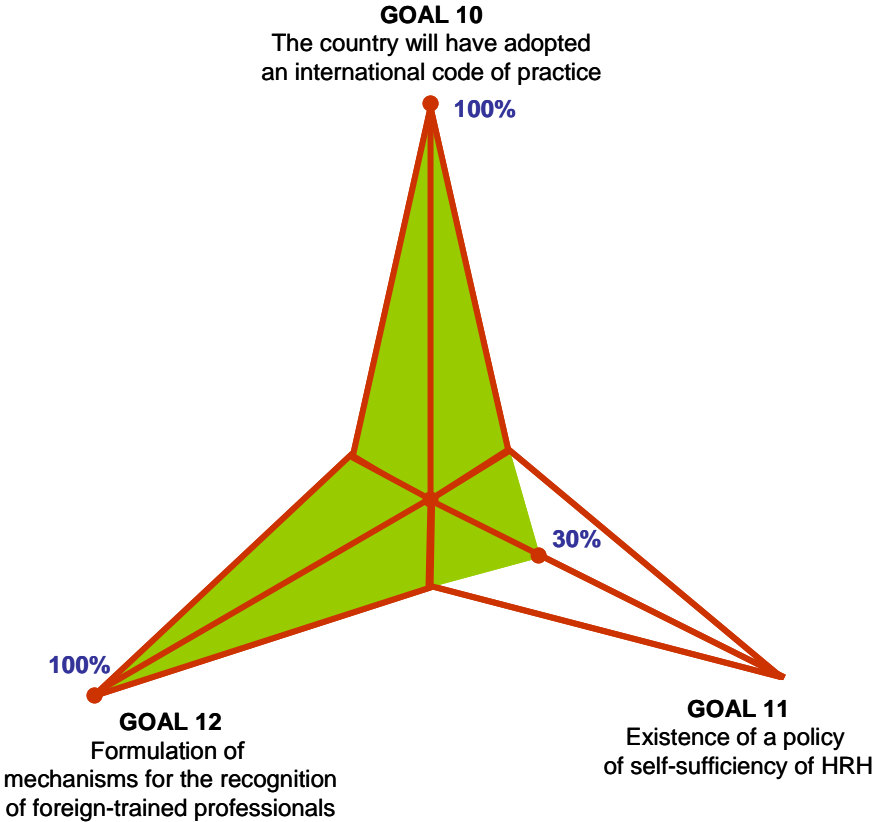
The Certificate of Recognition of CARICOM Skills Qualification (CARICOM Skills Certificate) in accordance with the provisions of the Caribbean Community (Movement of Skilled Nationals) Act, 2006 allows registered nurses and graduates from all recognized universities in the world to work throughout the CARICOM region.

Barbados does have an accreditation body (Barbados Accreditation Council) that collaborates with the General Nursing Council of Barbados in order to certify that persons qualify for recognition as skilled CARICOM nationals. In addition to the General Nursing Council Barbados also has the following councils: Dental Council, Pharmacy Council and Paramedical (for all other health professionals). All health professionals are required to register on an annual basis with the appropriate council – the registration process does not differentiate between nationals and non-nationals.

As Barbados has mechanisms for the recognition of foreign trained professionals, the indicator score is 100%.

### 6.3.2. Challenge 3: Star

Challenge 3 = Promote national and international initiatives for countries affected by migration to retain their health workers and avoid personnel deficits



## 6.4. Challenge 4

### 6.4.1 Challenge 4: Results

**GOAL 13 - The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.**

#### Rationale

An effectively functioning health delivery system is one of the many factors that determine the health of a population. As such, promoting stable working conditions for all healthcare providers is an important strategy for improving population health. Precariously employed workers, such as temporary employees, part-time workers ) and people working in low-wage positions with uncertain prospects for the future, face high levels of job insecurity and frequent short-term employment. The reduction of precarious, unprotected employment for health service providers will enhance the long-term success of health workforce recruitment and retention strategies and increase the overall stability, manageability and effectiveness of the health workforce.

NOTE: Researchers recommend that it may be more efficient to measure the proportion of precarious/unprotected employment on the basis of occupational groups rather than on individual workers, as grouping of occupations is what often forms the basis for deciding on contract type. For example, all cleaning staff may be employed on a "wages" basis which would mean that they would not be entitled to benefits and would have no job security.

#### RESULTS

##### Data Sources

Ministry of Health - Principal Personnel Officer

##### Indicator

Not applicable.

All healthcare workers other than physicians are in pensionable posts in the public sector. However, physicians often opt to be contracted to their post.

**GOAL 14 - Eighty percent of the countries of the Region will have in place a policy of health and safety for the health workers, including the support of programs to reduce work-related diseases and injuries.**

#### Rationale

Unsafe working conditions with risk of physical injury, work overload and workplace stress are also common across many sectors of the health care delivery system. Employee health and safety programs, policies and legislation need to be developed and implemented to provide formal guarantees of consistent, long-term employment protection for all health care workers with respect to general working conditions and workplace safety. Health and safety programs need to be tailored to the specific demands of individual workplaces. Formal programs will enhance workplace security, resulting in improved worker job satisfaction, better workplace performance and greater stability through lower rates of worker absenteeism, turnover, sick leave and general attrition.

#### RESULTS

##### Data Sources

Ministry of Health Principal Personnel Officer

##### Indicator

The Safety and Health at Work Act was passed in 2005 and covers all workers. However the Government of Barbados has not implemented this bill, therefore the country score for Goal 14 is 10%.

**GOAL 15 - At least 60% of the health services and program managers will fulfil specific requirements for public health & management competencies, including ethics.**

**Rationale**

The purpose of this goal is to professionalize the leadership and administration of health services delivery with to enable greater efficiency in management and a greater capacity and commitment for work. The proportion of managers who have formal certification from a university or through an accredited in-service training program is an indicator of progress with respect to this goal.

**RESULTS**

**Data Sources**

Interviews with key informants at the Ministry of Health (MoH) and Queen Elizabeth Hospital (QEH). As data were only available for management training the Principal Personnel Officer (MoH) and HR Officer (QEH) provided the responses to the questions (see Methodological Guidelines Pages 39 40 of Handbook for Measuring & Monitoring the Indicators for the Regional Goals) below in addition to the quantitative data required for this goal.

**Indicator**

Fifty-five out of one hundred and twenty-two (45%) managers have undertaken health management training. Further information is needed regarding public health training. The target is 60% so this indicator is at 75% (45/60 x100).

Question		Response
1	Do certification requirements in management exist for those that lead health service programs?	Yes.
2	Are there records of the number of personnel with these training specifications?	Yes - Records are available through the Ministry's Personnel Section
3	What are the levels of these personnel?	Upper and middle level management
4	Does the state have a permanent training program in management for their direction?	The following courses are available: Diploma in Health Services Management, Masters in Public Health & Doctorate in Public Health. There are also non health management diplomas and degrees e.g. MBA. However there is no mandatory training requirement for promotion. The qualification order mandates management training only.

**GOAL 16 - 100% of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate or resolve labour conflicts and ensure essential services if they happen.**

**Rationale**

The provision of critical health services must be considered an essential service to the public. As such, effective legislation and labour negotiation mechanisms must be in place to resolve labour disputes to ensure that there is no disruption to those health services that are considered necessary to save or sustain life. The thrust of this initiative is not to minimize the importance of labour concerns or to defer ongoing labour negotiations. Its purpose is to establish a formal mechanism to maintain dialogue with workers' labour organizations that allows for the continuing delivery of essential health services while labour disputes are being settled. This mechanism would protect the rights of employees, consistent with local labour codes and union practices, and facilitate patient access to essential health care services.

Continues on next page...

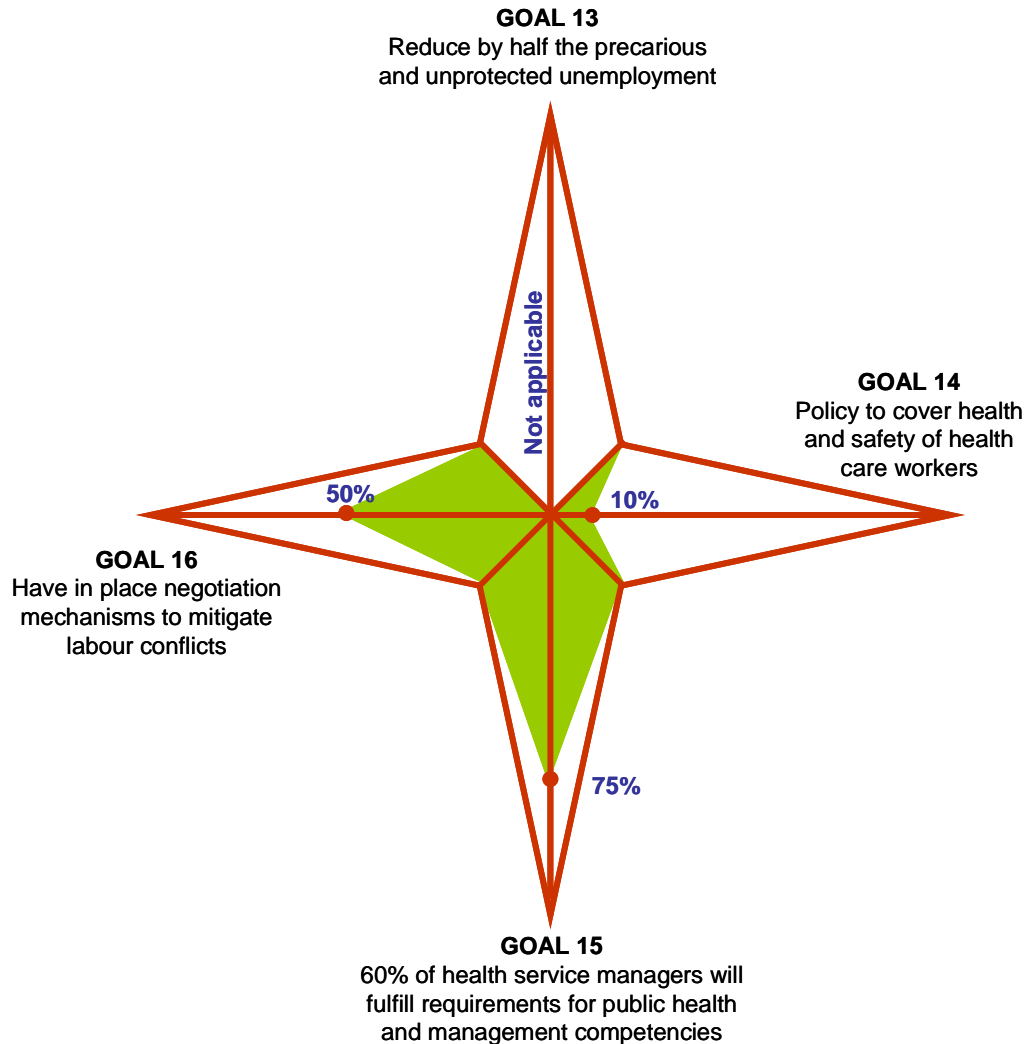


Continuation of Goal 16...

RESULTS
<b>Data Sources</b> Protocol V of the Social Partnership (2005-2007) Public Sector Act 2007 Trade Disputes (Arbitration and Enquiry) Act.1939 (9).
<b>Indicator</b> Barbados has formal mechanisms to resolve labour disputes, which is called the "Trade Disputes: (Arbitration and Enquiry) Act (9). However, the country has no legislation to ensure provision of essential services. Therefore the score for this indicator is 50%.

### 6.4.2. Challenge 4: Star

Challenge 4 = Achieve healthy workplaces and promote a commitment of the health work force with the mission of providing quality services to the whole population



## 6.5. Challenge 5

### 6.5.1 Challenge 5: Results

<b>GOAL 17 - 80% of schools of clinical health sciences will have reoriented their education towards primary health care and community health needs and adopted inter-professional training strategies.</b>	
<b>Rationale</b>	
<p>This goal is included in the reformed concept of PHC that calls attention towards strengthening society's role in reducing health inequalities. As it parts from the concept of health as a human right and highlights the need to face the social and political determinants of health. The full development of PHC requires paying special attention to the role of HRH in this change and the reaffirmation of the part they play in the new models of health care delivery.</p> <p>The goal of community health care is to provide comprehensive and appropriate health care starting with the families and the community as the basis for planning and action.</p> <p>For the PHC team to be effective, they must work together as a team, share common values and approaches, not just with regard to medical issues but social and environmental issues and strategies as well. It is also important within a team environment that staff members are deployed effectively, are utilized to their full levels of competence and understand and respect each team member's role. This allows the team to be as effective and efficient as possible.</p> <p>In order for this collegial culture to develop at the workplace, shared courses and common curricula need to be promoted and developed with respect to inter-professional student training.</p>	
<b>RESULTS</b>	
<b>Data Sources</b>	
<p>Interviews with key Informants at:</p> <p>The University of the West Indies (Director of Medical Education)</p> <p>Barbados Community College (Senior Tutor – Division of Health Sciences)</p>	
<b>Indicator</b>	
<p>Based on the responses from the questions below (see page 45 of <u>Handbook for Measurement and Monitoring</u>), Barbados scored ten out of a possible fifteen Goal 17 is 66% complete.</p>	
Training not based on biomedical model	= 0
PHC included in training curricula	= 1
Training programs have reoriented programs to PHC.	= 3
Training conducted inter-professionally	= 3
Financial support exists to support inter-professional training	= 3
Total Score	= 10

**GOAL 18 – Eighty percent of schools in clinical health sciences will have adopted specific programs to recruit and train students from underserved populations with, when appropriate, a special emphasis on indigenous, or First Nations, communities.**

**Rationale**

This goal seeks to inquire if the Colleges and Schools in Clinical Health Sciences have extended their educational offer to other areas with populations who traditionally have not had access to health services. It is expected that health care providers who are recruited from rural areas and from minority populations are more likely to return there to practice. Furthermore, they are more likely to have the social and cultural sensitivities and the language skills needed in primary health care settings with rural and ethnic communities.

**RESULTS**

**Data Sources**

University of the West Indies (10)  
Ministry of Education (11)

**Indicator**

All students from Barbados with the requisite qualifications are eligible for funding, which is approved by the Ministry of Education. The award of Barbados Scholarships, Exhibitions, and Awards of Excellence, are based on the performance of students in the annual Advanced level G.C.E, C.A.P.E, and Associate Degree Examinations. The requirements for the award of Barbados Scholarships and Exhibitions were set out in the Education (Amendment) Regulations, 2002. These Regulations also provide for the award of Awards of Excellence to Associate Degree students of the Barbados Community College. The score for this indicator is 100%.

**GOAL 19 - Attrition rates in schools of nursing and medicine will not exceed 20%**

**Rationale**

This goal seeks to shed light on the degree of medical and nursing student attrition rates. This rate certainly measures the quality of the educational process and the difficulty in retaining students in health careers, faced to the costs their training entails, repetition of courses and dropout. Studies in countries in the Region of the Americas have found attrition rates that exceed 50 percent, which implies a high level of failure of the educational system to retain possible future health professionals, with consequences on the misuse of resources and impact on the quality of professional training.

**RESULTS**

**Data Sources**

Faculty of Medical Sciences, University of the West Indies (Cave Hill) – Director of Education  
Nursing Department, Barbados Community College

**Indicator**

Attrition rates:  $\frac{\# \text{ entrants} - \# \text{ graduates}}{\# \text{ entrants}} \times 100$

Nursing = 100% based on figures for graduating years 2007, 2008 & 2009.

Completion Rate: 2004 = 88      Enrolled 2007 =  $80/88 \times 100 = 91\%$   
Attrition Rate:  $100 - 100 = 9\%$

Completion Rate: 2005 = 91      Enrolled 2008 =  $87/91 \times 100 = 96\%$   
Attrition Rate:  $100 - 82 = 4\%$

Completion Rate: 2006 = 114      Enrolled 2009 =  $101/114 \times 100 = 89\%$   
Attrition Rate:  $100 - 100 = 11\%$

Medicine - No drop-outs recorded for Cave Hill Campus.

As the attrition rates for both nursing and medicine are less than the target of twenty percent this goal scores 100%.

**GOAL 20 - Seventy percent of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.**

**Rationale**

This goal seeks to enhance the quality, consistency and relevance of education that is provided in the schools of clinical health sciences and public health and their certification on behalf of a recognized accreditation body. The emphasis on service quality is a fundamental principle of the reformed PHC system and is the basis for ongoing changes to health policies and the training of health personnel. Reaffirming and standardizing training through formal program accreditation will improve the capacity of health professionals to meet population health needs and better support the changing models of health care delivery.

**RESULTS**

**Data Sources**

Barbados Community College(BCC) (12)

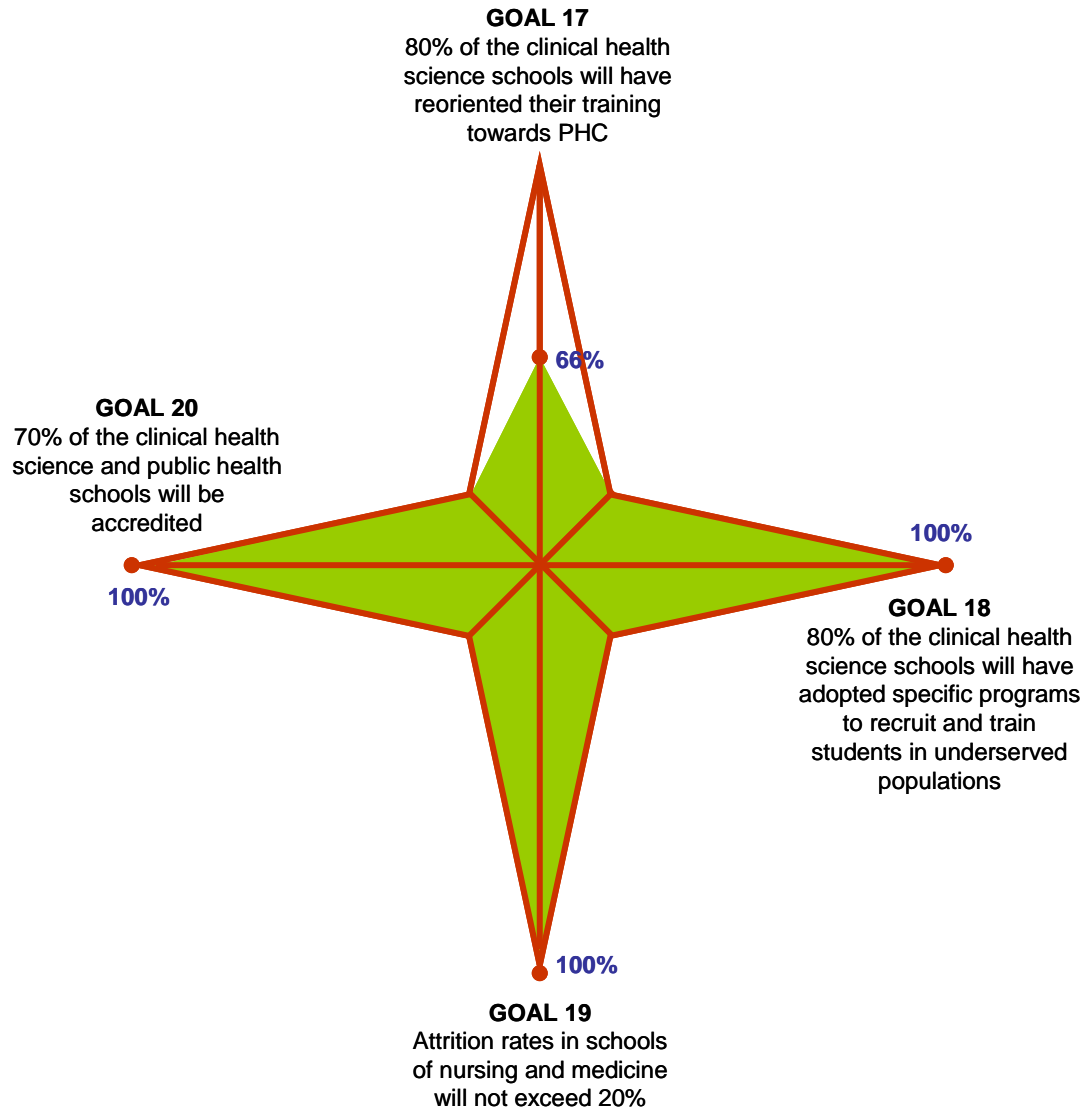
The University of the West Indies (UWI) (13)

**Indicator**

Barbados has one university (UWI – Cave Hill Campus), and nationals also have access to UWI courses offered at Mona and St. Augustine. Cave Hill is responsible for training doctors and social workers and is accredited by CAAM (Caribbean Accreditation Authority for Medicine). Nurses and other health professionals are trained at the Barbados Community College. The nursing course at BCC is recognized throughout the region and if nurses pass the regional certificate exam then they are able to work anywhere within the region. Therefore the score for this indicator is 100%.

## 6.5.2. Challenge 5: Star

Challenge 5 = Develop mechanisms of cooperation between training institutions and the health services institutions to produce sensitive and qualified health professionals





# 7. Conclusions and Recommendations

## 7.1. Findings and Implications

Challenge 1		
Two of the five goals have been achieved and Barbados has sufficient HRH supplies with a good ratio of RNs to MDs. PHC physician numbers need to be increased to strengthen the existing PHC teams allowing equal access to health services. The PHC team capacities are optimal. However, further development is needed to improve the functioning of the HRH Unit. Development of infrastructure for an HRH unit will allow planning in line with Ministry priorities, development of strategic goals as well as increased recruitment & retention capacity and the ability to support health reform.		
Goal	Percentage	Comments
Goal 1	100%	Barbados has 86 health care professionals per 10,000 inhabitants. However, as no electronic data were available concerning nurses, information was obtained by manual counting. Nurses living outside the country are included in the information provided by the council, so the total percentage per inhabitants is skewed. It is recommended that the next count will separate those living outside of Barbados from the total count of nurses, if that is possible.
Goal 2	78%	The number of PHC physicians needs to be increased by 78 for this goal to be achieved.
Goal 3	96%	Barbados has PHC teams with broad a range of competencies covering all relevant vulnerable groups. However, the percentage of the population covered needs to be increased.
Goal 4	100%	Barbados has 1.3 nurses for every doctor,
Goal 5	14%	At present there is no HR unit and only some of the required functions being performed by various government departments or ministries. The establishment of an HR unit (or appropriately trained HR manager) would be a large step towards the completion of this goal.

Challenge 2		
Half of the goals in this challenge have been categorized as not applicable to Barbados. One of the remaining goals is complete while work on Goal 8 has been initiated, although no progress has yet been made.		
Goal	Percentage	Comments
Goal 6	NA	Not applicable
Goal 7	100%	All nurses have inter-cultural competencies, while 70% have PHC competencies.
Goal 8	0%	A policy for continuing nursing education exists, however it is not fully supported by the education institutions
Goal 9	NA	Not applicable

### Challenge 3

This challenge is almost complete, but Barbados needs to develop an overarching policy for self-sufficiency which can underpin existing guidelines for nurses and provide the impetus for these guidelines to be extended to all health care professions. This will enable the challenge to be achieved.

Goal	Percentage	Comments
Goal 10	100%	The country follows the Commonwealth Code of Practice, and although ethical norms are in place, they only apply to the employment of nurses.
Goal 11	30%	Barbados does not have a self-sufficiency policy, but there are guidelines for recruitment overseas and the promotion of self-sufficiency for the recruitment of nurses.
Goal 12	100%	This is a regional goal but on a country level it has been achieved via the registration council criteria.

### Challenge 4

Half of the goals for this challenge are well underway, with Goal 13 deemed not applicable. For Goal 14 to be achieved Barbados will have to implement their Safety & Health at Work Act. Goal 16 can be addressed with the establishment of essential services guidelines and legislation.

Goal	Percentage	Comments
Goal 13	NA	Not applicable
Goal 14	10%	There is specific health and safety legislation (Safety & Health at Work Act - 2005), but this has not been implemented.
Goal 15	75%	75% of managers have health management training. No data were available regarding public health training. The development of accredited in-service/ professional development training could help the achievement of this goal.
Goal 16	50%	This is also a regional goal, but on a country level there are labour negotiation mechanisms but no essential services legislation.

### Challenge 5

This challenge requires Goal 17 to be achieved before it is complete. Although all HRH education institutions are accredited, Some work is needed to develop more collaborative links with the universities responsible for training local HRH both to facilitate ease of data collection and enable Goal 17 to be reached.

Goal	Percentage	Comments
Goal 17	66%	This indicator is based on a score of 10/15. This score can be improved by re-orientating training programs to Primary Health Care and including PHC in the curricula for the training of health professionals.
Goal 18	100%	The Ministry of Education provides scholarships for study at the Community College and the University of the West Indies.
Goal 19	100%	This score is based solely on the attrition rates of the nursing course at Barbados Community College and the medical training at UWI Mona Campus.
Goal 20	100%	Barbados has no offshore universities and nationals have access to UWI and the Barbados Community College. Both institutions have accreditation.



---

## 8. RECOMMENDATIONS BASED ON BASELINE INDICATORS

---

### 8.1. Strategic Planning

#### 8.1.1. Issues

At present, Barbados does not have a designated HR unit, and the necessary HR functions such as HRH policy development and planning of numbers and skills mix, are spread across government departments or are not being fulfilled.

#### 8.1.2. Recommendations

To address this issue, when formulating plans for the future some of the following suggestions could be considered:

- 1) Development of HRH Advisory Group with representatives from relevant ministries and government departments (i.e. those currently involved HR functions), education institutions and the private sector. This Group would review and provide high level support to all HRH initiatives. More specifically, if the group had wide representation it could:
  - Identify emerging issues.
  - Develop recommendations for policy and decision makers.
  - Provide a multidisciplinary forum for discussion of issues.
  - Provide a multidisciplinary and intersectoral forum for information dissemination.
  - Provide oversight and direction to task groups and sub-committees for work—undertaken on the Group’s behalf. (In this critical phase of establishing processes and baselines this function would be very useful).
  - Report annually to policy makers and stakeholders.

- 2) Identify links between the 20 Goals and the country specific strategic health plan. This will help identify key priorities for development in the short-term and provide a focus for initial activities.
- 3) Barbados needs to develop infrastructure to support the necessary HR activities with a view to creating a fully functioning unit. The HRH Advisory Group would provide evidence based guidance for the development of the necessary infrastructure and could even act as a first step towards the development of a unit.
- 4) Expand relevant policies from nursing—e.g. self-sufficiency—to cover all categories of health professionals.

## 8.2. Data Collection Process Development

### 8.2.1. Issues

At present, the quality (reliable, accurate & complete) of the data is not known and there are no standardised processes for data collection. To facilitate data collection for the baseline indicators the most readily available data sources were approached. However, to facilitate appropriate needs based planning in the future; mechanisms will need to be put in place to ensure data quality and standardization of data sources and methods of collection.

### 8.2.2. Recommendations

When developing data collection strategies the following points could be considered:

- 1) Use existing data collection systems where possible (e.g. payroll).
- 2) Provide links between data sources to ensure data quality.
- 3) Develop data sharing processes with relevant education institutions.
- 4) Develop electronic data recording and storage together with data sharing processes with registration councils and professional associations.
- 5) Identification and utilisation of secondary data sources for verification.
- 6) Develop a mechanism for monitoring and recording continuing professional development and in-service training.
- 7) Obtaining data on migration, particularly with respect to bonding of students.

## 8.3. Research

### 8.3.1. Issues

There are several aspects of the data and the associated processes that would benefit from further research. At present the Ministry of Health may not have the capacity to conduct such research. However, collaboration with the appropriate partners with the relevant expertise to develop and conduct the necessary research could provide a productive, symbiotic relationship.

### 8.3.2. Recommendations

Possible areas of further investigation:

- 1) Identification of areas for academic and Ministry of Health relevant research.
- 2) Comparison of data sets from different data sources which would also enable improvements in data quality.
- 3) Development of regional observatory (in collaboration with other Eastern Caribbean countries and the University of the West Indies) - to facilitate data collection on a regional basis and act as a repository.
- 4) In-kind or low cost improvements for HRH distribution and skill set development.
- 5) Possible models to supplement needs based planning.

## 8.4. Evaluation

### 8.4.1. Issues

As this project is a step towards establishing a data collection and monitoring processes, there have been limited opportunities for evaluation. At this early stage some evaluation of critical systems and areas could provide further recommendations for process development.

### 8.4.2. Recommendations

Possible areas for further evaluation:

- 1) Existing curricula and then determine the necessary changes to facilitate adequate skills mix and distribution.
- 2) Existing “production sites” for HRH (i.e. education institutions).

### 3) Current numbers and skills mix of professions.

In light of the fact that Barbados has reached the recommended 25 health professionals per 10,000, the government could consider the optimal balance between the numbers of health professionals being trained and the public expense of this training. An oversupply of health professionals may not be in the public interest given scarce resources. Does the current profile of professions trained meet the needs of the country? Further evaluation to determine current processes as well as appropriateness of skills mix and numbers would result in a more informed decision making and planning.

Barbados follows the Commonwealth Code of Practice and has ethical norms in place, but there is a need for the development of an overarching policy for self-sufficiency which can underpin existing guidelines and provide the impetus for these guidelines to be extended from nurses to all health care professions (see also Strategic Planning).

## 8.5. Development of Collaborative Links

### 8.5.1. Issues

At present data gathering is being hampered by the lack of formal data collection processes. A possible solution to at least part of this problem would be to formalise data access points as well as the processes for obtaining data.

### 8.5.2. Recommendations

When developing data collection processes and collecting data the following possibilities could be considered:

- 1) Development of links with professional associations and registration councils especially for data concerning the private sector.
- 2) A forum for curricula developers and educational institutions - this could start as a data sharing exercise with a view to developing it as a working group that would function under the HRH Advisory Group.
- 3) Development of an information network - all key stakeholders could meet once a quarter to discuss relevant issues concerning data gathering, this network would also serve as a mechanism to disseminate information to stakeholders and data sources.

---

## 9. References

---

1. Toronto Call to Action: <http://www.observarh.org/fulltext/torontocalltoaction.pdf>. (Accessed on August 2011).
2. Core Data Set: [http://www.observarh.org/fulltext/CoreDataSetDescription\\_eng.pdf](http://www.observarh.org/fulltext/CoreDataSetDescription_eng.pdf). (Accessed on August 2011).
3. Handbook for Measuring and Monitoring of the Regional Goals for Human Resources for Health: A Shared Commitment; PAHO/WHO; Washington, DC 2011; ISBN 978-92-75-07423-7.
4. Human Development Index 2010: <http://hdr.undp.org/en/statistics/>. (Accessed on August 2011).
5. Population estimate 2010: <http://www.barstats.gov.bb/>. (Accessed on August 2011).
6. Core Data Set Report: [http://www.observarh.org/fulltext/BAR\\_Database.pdf](http://www.observarh.org/fulltext/BAR_Database.pdf). (Accessed on August 2011).
7. The Faculty of Medical Sciences, Regulations and Syllabuses 2009-2010, University of the West Indies, Barbados: [http://www.cavehill.uwi.edu/resources/documents/faculty/Medical\\_Sciences\\_2009\\_10.pdf](http://www.cavehill.uwi.edu/resources/documents/faculty/Medical_Sciences_2009_10.pdf). (Accessed on August 2011).
8. Barbados Accreditation Council: <http://www.bac.gov.bb>. (Accessed on August 2011).
9. Database of Labour Legislation, Trade Disputes Act: [http://www.ilocarib.org.tt/projects/cariblex/barbados\\_act14.shtml](http://www.ilocarib.org.tt/projects/cariblex/barbados_act14.shtml). (Accessed on August 2011).
10. University of the West Indies, tuition costs: [http://www.cavehill.uwi.edu/financial/undergraduate\\_tuition.asp](http://www.cavehill.uwi.edu/financial/undergraduate_tuition.asp). (Accessed on August 2011).
11. Barbados Ministry of Education: <http://www.mes.gov.bb/pageselect.cfm?page=53&CFID=4031361&CFTOKEN=62167129>. (Accessed on August 2011).
12. Barbados Community College: <Http://www.bcc.edu.bb/Partners/Accreditation-SteeringCommittee.aspx>. (Accessed on August 2011).
13. Accreditation for UWI: <http://www.cavehill.uwi.edu/fms/>. (Accessed on August 2011).



---

## Appendix:

PRESENTATION ON BASELINE INDICATORS OF  
THE REGIONAL GOALS FOR HUMAN RESOURCES FOR HEALTH  
BARBADOS 2011

---

### CHALLENGE ONE

Build Long-Range Policies and Plans to  
Adapt the Work Force in the Health  
System

## GOAL 1

Goal #1	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>All countries of the Region will have achieved a human resources density ratio level of 25 professionals per 10,000 inhabitants.</b>	# MD = 931 # RN = 1187 #MW = 255 Population @ 31/12/2009 = 275,719	Barbados Medical Council  General Nursing Council  Personnel Department: Ministry of Health + Queen Elizabeth Hospital (QEH)  Statistical Service (BSS)	Total MD+RN+MW*10000 Population = health professionals per 10000 population  $931+1187+255*10000= 86$ 275,719  1 = See Notes & caveats	Target 25 per 10,000  Actual = 86 per 10,000  = 100% Goal Achieved

## GOAL 1: Notes and Caveats Information

1. The number of Physicians was provided by the Medical Council.
2. The number of Registered Nurses and Midwives was provided by the General Nursing Council. This information is not computerized and therefore, had to be manually counted.
3. The number of nurses (1,187) includes Registered Nurses who are residing in other countries.
4. A Midwife must be a Registered Nurse who completed a post basic course of twelve months or more and meet the Council's criteria. Therefore double counting may have been done in the calculation of these figures.



## GOAL 2

Goal #2	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>The regional and sub-regional proportions of primary health physicians will exceed 40% of the total medical workforce.</b>	Physicians in Polyclinics= 42 Private Physicians –(Minimal Dataset 2009)= 252 Total Physicians = 931	Personnel Department - Ministry of Health Medical Council	Total PHC Physicians = Y Total Physicians  Y= % of Medical Doctors (MDs) who are PHC Physicians  $\frac{252 + 42}{931} = 31.5\%$	Target 372 or 40% of MDs  Actual 294 or 31.5% of MDs  $\frac{31.5}{40} \times 100 = 78\%$ target achieved

## GOAL 2: Notes and Caveats to Information

- The count of private physicians was taken from the core data set completed in 2009. It must be noted that this figure includes specialists as well as primary health care physicians. The General Medical Council does not keep a record of specialist/PHC physicians.

## GOAL 3

Goal #3	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>All countries will have developed PHC teams w/ competencies that include community health workers in order to improve access, reach out to vulnerable groups and mobilize communities</b>	1) National Prog on PHC exist = Yes 2) % population covered by the PHC teams – 8 pts 3) Does the PHC Prog. utilize community networks = Yes 4) Vulnerable pop -10 pts 5) % Vulnerable Pop covered - 9 pts 6) Inclusion of certain professional groups – 10 pts 7) Broad Competencies required of the PHC teams – 10 pts	Ministry of Health - Job Descriptions of PHC Professionals  Barbados Community College/University of the West Indies - Curriculum Outline of PHC Professionals	1) 10 points 2) 8 points 3) 10 points 4) 10 points 5) 9 points 6) 10 points 7) 10 points	Max Score =70  Actual Score 67  % target achieved: $\frac{67}{70} \times 100 = 96\%$

### GOAL 3: Notes and Caveats to Information

- Language population is not relevant to Barbados as the majority of the population's native language is English. The point is therefore given to the country.
- Barbados has adopted the primary health care approach and has an active Primary Health Care Programme offered through the eight polyclinics. In view of reform proposed in the healthcare system, Barbados has established a Task Force whose mandate is to review the PHC delivery system and to make recommendations for the future scope and service direction for PHC in Barbados for the next 5-10 years.
- The majority of vulnerable groups covered are as follows: High risk pregnant women, Children, Elderly, Handicapped, Mentally ill, Impoverished, Cultural Groups and Ethnic Groups.

## GOAL 4

Goal #4	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
The ratio of qualified nurses to physicians will reach at least 1:1.	#RNs = 1187 #MDs=931	Ministry of Health  Barbados Medical Council  General Nursing Council  QEH	Total RNs = Y Total MDs  Y = Ratio of Nurses to Doctors.  Y= $\frac{1187}{931} = 1.27$	Target 1:1 Actual 1.27:1  Exceeded target  Therefore achieved 100% of Goal

### GOAL 4: Notes and Caveats to Information

- As with Goal 1, data are calculated for the Physicians – Nurses Ratio in the Polyclinics and QEH. Please see as follows:
  - QEH -  $\frac{483}{216} = 2.24$  (2.24 Nurses : 1 MD)
  - Polyclinics –  $\frac{143}{42} = 3.40$  (3.40 Nurses : 1 MD)

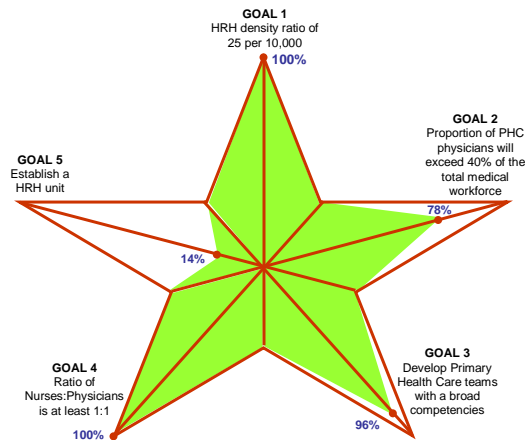
## GOAL 5

Goal #5	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>All countries of the Region will have a unit of (HRH) , responsible for developing HRH policies &amp; plans, the defining of strategic directions, and the integration of HRH with other sectors.</b>	Nature of HRH Function: Responses: Yes -1 No- 0	Interviews with 3 key informants of the Ministry of Health .	Average score from 3 interviews: HRH Unit - 0 Leadership – 1 Policies - 0.33 Planning – 0.33 Strategic Direction 0.33 Inform Systems – 0 Labour negotiations – 0.33	Total Score $(0-6) \times 100 = Y$ 16 $2.3 \times 100 = 14\%$ 16 14% of country target has been achieved.

### GOAL 5: Notes and Caveats to Information

- It is estimated that 38% of the functions of an HR Unit are currently being done by the Personnel Section of the Ministry.
- There is no formal HR Unit. HR Functions are the purview of the Ministry of the Civil Service and the Personnel Administration Division. The Personnel Section of the Ministry of Health functions within the policy direction of the above named agencies.

## CHALLENGE ONE



## CHALLENGE 1: Implications from Evidence

- Although Goal 1 has been achieved – the data on which it is based may not be accurate. It is therefore proposed that electronic registers should be put in place for all the Councils of the Ministry of Health in order to facilitate specific data collection. The issue of data accuracy also applies to Goals 2 & 4.
- 78 more physicians are needed to achieve Goal 2, particularly as this figure includes private physicians, some of whom are specialists.
- As HRM functions are currently split across departments, the first step towards the development of an HR unit would be to coordinate these activities in a strategic manner to ensure HRH needs are met.

## CHALLENGE TWO

PUT THE RIGHT PEOPLE IN THE RIGHT PLACES, ACHIEVING AN EQUITABLE DISTRIBUTION ACCORDING TO THE HEALTH NEEDS OF THE POPULATION

### GOAL 6

Goal #6	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
The gap in the distribution of health personnel between urban and rural areas will have been reduced by half in 2017.	Not applicable – see notes			

## GOAL 6: Notes and Caveats to Information

- Barbados does not have an explicit urban/rural distinction. As it relates to PHC, the polyclinic catchment does not follow an urban/rural divide; therefore to attempt to make the distinction would be misleading. Medical doctors in polyclinics do not attend to all the individuals in the catchment areas. Furthermore, individuals can seek medical attention in any catchment area regardless of where they live.

## GOAL 7

Goal #7	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>At least 70% of the PHC workers will have demonstrable public health and intercultural competencies</b>	# of PHC Workers (Core of PHC team) = Physicians*, Nurses and Midwives) = 294*+ 764+107=1165  # of PHC Workers (core of PHC team – Physicians*, Nurses and Midwives) with public health and intercultural Competencies = 1165	Personnel Department – MOH  General Nursing Council	$\frac{\# \text{ PHC Workers with public health and intercultural competencies}}{\# \text{ PHC Workers}} \times 100$ $= \frac{1165}{1165} \times 100 = 100\%$ <p>Note: This figure does not include any other professional groups. *The figure for physicians includes private physicians</p>	Target=70%  Actual=100%  Exceeded target

## GOAL 7: Notes and Caveats to Information

- There is no defined list of public health and intercultural competencies required by PHC workers.
- However these areas are included in the curriculum of Medical Students at the University of the West Indies and also in the curriculum of Nurses and Midwives at the Barbados Community College.
- The Faculty of Medical Sciences Handbook 2010 – 2011 states – “Cross-disciplinary subject areas such as medical *ethics* and *nutrition* have been worked into the existing courses as themes or strands. These themes are part of the ‘core curriculum’ and are included in the assessment of students. In addition, a theme encompassing *personal and professional development* has been designed to ensure that the attitudinal components of learning considered as important for good medical practice are included in the overall educational process.”
- Health Promotion, Nursing Issues and Nursing Professionalism are some of the courses outlined in the curriculum of the Associate Degree in Applied Sciences – General Nursing. These courses provide graduates with public health and intercultural skills. Nursing Professionalism seeks to develop within the student a heightened awareness of the public’s right to quality nursing care and to assist the student to acquire the skills necessary for professional attitudes and behaviour in nursing. The Health Promotion course is designed to assist the student in understanding the concepts of health and health promotion as they relate to the individual. This course also offers insights into health promotion strategies and health care facilities and agencies, which assist in the promotion of health.

## GOAL 8

Goal #8	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>70% of nurses, auxiliary nurses, health technicians, and community health workers will have upgraded their skills and competencies appropriate to their functions.</b>	A policy for continuing nursing education exists, however it is not backed up by training institutions			0%



## GOAL 8: Notes and Caveats to Information

.

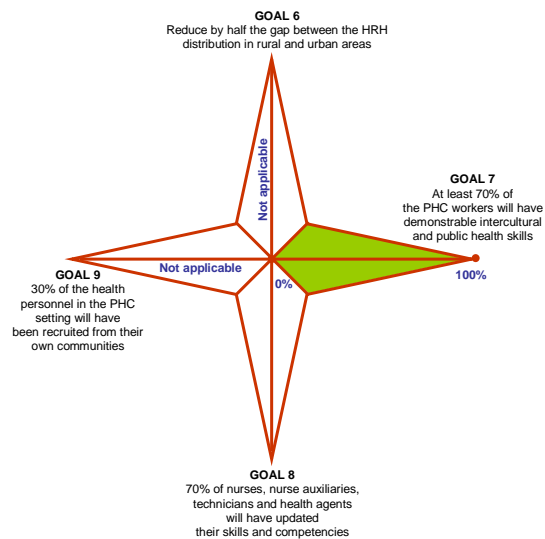
## GOAL 9

Goal #9	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
Thirty percent (30%) of health workers in primary health care settings will have been recruited from their own communities.	N/A			

## GOAL 9: Notes and Caveats to Information

- Not applicable

### CHALLENGE TWO



## **CHALLENGE 2: Implications from Evidence**

- Of the goals that are currently not applicable to Barbados Goal 6 could be adapted to look at HRH distribution in line with population densities, while Goal 9 may become relevant over time.
- Goal 8 could be achieved with the support of academic institutions – therefore a key step would be to engage Barbados Community College and, if necessary, the University of the West Indies, in a manner that will ensure their support of this initiative.

## **CHALLENGE THREE**

**PROMOTE NATIONAL AND  
INTERNATIONAL INITIATIVES FOR  
COUNTRIES AFFECTED BY MIGRATION  
TO RETAIN THEIR HEALTH WORKERS  
AND AVOID PERSONNEL DEFICITS.**

## GOAL 10

Goal #10	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>All countries of the Region will have adopted an international code of practice or developed ethical norms on the international recruitment of health care workers.</b>	Code of Practice exist in country: Yes/No  Ethical Norms exist in the country: Yes/No	Ministry of Health	A) Code of Practice exist in country: Yes – 50%  B) Ethical Norms exist in the country: Yes – 50%  Total A + B = 50 + 50 = 100%	Score 100%  Achieved 100% of Country Goal

## GOAL 10: Notes and Caveats to Information

- Two key Informants of the Ministry of Health were interviewed – Chief Nursing Officer and Chief Public Health Nurse.
- The Government of Barbados adheres to the Commonwealth Code of Practice for the International Recruitment of Health Workers adopted at the Pre-World Health Assembly meeting of Commonwealth Ministers (2003) Geneva May 18, 2003.
- The overarching policy on recruitment in the public sector is contained in the Public Service Act 2007/41. Therefore, all recruitments must adhere to this act.
- There is a recruiting agreement with the Permanent Secretary - Ministry of Health (St. Vincent) and the Permanent Secretary -Ministry of Health (Barbados) regarding the recruitment of Vincentian Nurses.
- Nurses were recruited from St. Vincent because the number of trained Nurses in that country exceeds the number of available posts.
- Immigrant Workers rights are respected and the appropriate laws are in place for their protection.
- These Nurses benefit from on-the-job training in specialty programmes including Artificial Kidney Unit and Neonatal Intensive Care. Additionally some Vincentian Nurses have received certified training in Perioperative Care and Critical Care Nursing.

## GOAL 11

Goal #11	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>Each country of the Region will have a policy regarding self-sufficiency to meet its needs in human resources for health.</b>	Policy on Self-Sufficiency: Yes/No	Ministry of Health  QEH	Although there is no specific policy for self-sufficiency, there are guidelines for international recruitment and the promotion of self-sufficiency.	30% of Goal achieved

## GOAL 11: Notes and Caveats to Information

- ❖ There is no written national policy on self sufficiency regarding human resources for health.
- ❖ The Government of Barbados is committed to self sufficiency in nursing, therefore the Barbados Community College (BCC) was committed to train 120 students per year in the programme for Registered Nurses in 2006.
- ❖ Enrollment Figures of Registered Nurses and Nursing Assistant from 2004 – 2010:

YEAR	2004	2005	2006	2007	2008	2009	2010
General Nurses	88	91	114	111	114	105	77
Nursing Assistants	30	32	—	33	31	35	35

- ❖ The QEH provides financial assistance to Nursing Assistants who have the required qualifications and good work ethic to train in the 3 year General Nursing Programme at the BCC. The Government has a retention policy where persons are bonded dependent on the duration of the programme.

## GOAL 12

Goal #12	Data and Totals	Sources	Equations + Totals/Answers	% of Goal for Star
<b>All sub-regions will have developed mechanisms for the recognition of foreign trained professionals.</b>	Mechanisms to recognize foreign credentials No - 0 Yes – 100%	Barbados Accreditation Council  Medical Council  General Nursing Council	Mechanisms to recognize foreign credentials Yes – 100%	100% of Goal Achieved

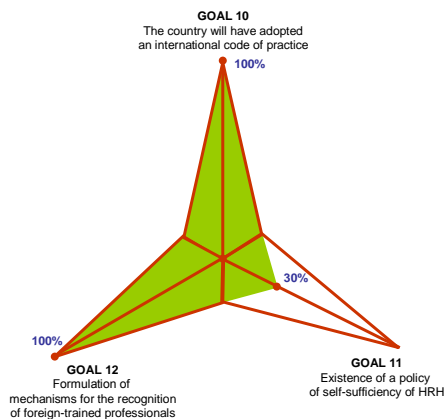
## GOAL 12: Notes and Caveats to Information

- ❖ The Certificate of Recognition of CARICOM Skills Qualification (CARICOM Skills Certificate) in accordance with the provisions of the Caribbean Community (Movement of Skilled Nationals) Act, 2006. These include Professional Nurses and Graduates from all recognized universities in the world.
- ❖ Applicants must appear in person and provide the following general documentation: Birth Certificate, Proof of Citizenship, Marriage Certificate (where applicable), Qualifications, Proof of registration with professional agency, Passport, Two (2) passport size photos, \$100 BDS application fee, Police Certificate (s) of Character. Supporting documentation: Diploma, Bachelor’s Degree or equivalent qualifications, Letter from a General Nursing Council of a CARICOM Member State indicating that the applicant is a nurse and stating the level of nursing for which the degree is registered.
- ❖ The Barbados Accreditation Council collaborates with the General Nursing Council of Barbados in order to certify that persons qualify for recognition as skilled CARICOM nationals.

## GOAL 12: Notes and Caveats Continued

- ❖ The General Nursing Council has guidelines in place for the recognition of foreign trained professionals.
- ❖ The Regional Examination For Nurses Registration CARICOM Countries was established in 1993, and eleven (11) countries including Barbados acknowledge and take part in that examination. Foreign Registered Nurses must provide a Certificate of Registration or initial License from their Nursing Council. A Transcript of Theory and Clinical Hours in Nursing and Related courses must be forwarded directly to the Council from the institution of training except for those persons who have been successful in the Regional Examination For Nurse Registration CARICOM Countries. Additionally notarized copies of all Nursing Certificates/Diploma/Nursing Degrees issued by the Nursing Schools/Universities must accompany the applicant. An interview is also part of the registration process.
- ❖ The Medical Council has a list of recognized universities. If an applicant did not study at any of the listed universities, they are required to take the Caribbean Association of Medical Councils (CAMC) examination. In addition there is a list of requirements for registration, some of these include: copies of qualifications, evidence of internship, police certificate of character, resume amongst others.

### CHALLENGE THREE



### **CHALLENGE 3: Implications from Evidence**

- For this Challenge to be completed, Goal 11 needs to be achieved. This can be done by further developing existing work around self-sufficiency policy development. At present work is centred around nursing services, this could be broadened to include all relevant categories of health professionals.

### **CHALLENGE FOUR**

**ACHIEVE HEALTHY WORKPLACES AND  
PROMOTE A COMMITMENT OF THE  
HEALTH WORK FORCE WITH THE  
MISSION OF PROVIDING QUALITY  
SERVICES TO THE WHOLE  
POPULATION**



## GOAL 13

Goal #13	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>The proportion of precarious, unprotected employment for health service providers will have been reduced by half in all countries.</b>	Please see notes			

### GOAL 13: Notes and Caveats to Information

- All healthcare workers other than Physicians are in pensionable posts in the public sector.
- On the other hand Physicians usually opt to be contracted to their post.

## GOAL 14

Goal #14	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
80% of the countries of the Region will have a policy of health & safety for the health workers, including programs to reduce work-related diseases and injuries.	Policy to cover the Health and Safety of health workers – See notes & caveats		Safety and Health at Work Act was passed in 2005 , however the Government of Barbados has not implemented this bill. This act will cover all workers in Barbados.	10%

### GOAL 14: Notes and Caveats to Information

- The [Factories Act, Chapter 347](#) provides the basic legislative framework for the administration of Occupation Safety Health in Barbados. The Factories Act is however, limited to establishments defined as factories. [The Accident and Occupational Diseases \(Notification\) Act, Chapter 338](#), also has provisions for safety and health. It also has a wider coverage than the Factories Act as it applies to all workplaces except for domestic employment and the Armed Forces. Under this Act, accidents causing loss of life or worker absenteeism for more than 3 days, must be reported to the Chief Labour Officer. The Chief Labour officer also has to be notified if there is a suspected case of an occupational disease listed in the Third Schedule of the Accident and Occupational Diseases (Notification) Act. These diseases include pneumoconiosis, bronchopulmonary diseases and occupational asthma.

## GOAL 15

Goal #15	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>At least 60% of the health services and program managers will fulfill specific requirements for public health and management competencies, including ethics.</b>	<p># managers leading health units or program = 122</p> <p># managers with appropriate health management training = 55</p>	<p>Interviews with key informants : Ministry of Health</p> <p>QEH</p>	<p># Health Managers with <u>appropriate courses</u> Total health managers</p> <p>= Y %</p> <p><math>Y = \frac{55}{122} = 45\%</math></p>	<p>Target = 60%</p> <p>Actual= 45%</p> <p>For Goal <math>\frac{45}{60} \times 100 = 75\%</math></p>

## GOAL 15: Notes and Caveats to Information

- Definition of Manager – A person in charge of a unit/department who has responsibility for the planning, organising and coordination of policy direction for the unit/department. Manager in this context also relates to middle managers who are responsible for supervisory function and oversight of day-day operations of the unit/department.
- The following is used as a guide – Specific requirements for public health and management competencies: The requirements, which will include ethics training, require certification in public health and management whether through a university course or in-service training. The content of these courses develop public health and management competencies, and greater comprehension of ethical principles necessary for the effective performance of those management function.
- Senior Medical Officers of Health and the Medical Officers of Health are required to have a qualification in Public Health Management which is the Masters in Public Health . Other managers hold Masters in Public Health, Masters in Health Service Administration as well as Diplomas in Public Health Manager.
- There are 67 Consultants at the QEH who are Managers, but do not have management qualification. This accounts for 54% of the Manager is the public health sector.

## GOAL 15: Notes and Caveats Continued

**Key Informants Provided information on the following questions:**

- Do certification requirements in management exist for those that lead health service programs? **Yes.**
- Are there records of the number of personnel with these training specifications?  
**Yes**

**Records are available through the Ministry's Personnel Section**

- What are the levels of these personnel?

**Upper and middle level management**

- Does the state have a permanent training program in management for their direction?

**The state allows access to the training in the Diploma in Health Services Management and the Masters in Public Health and Doctorate in Public Health. There are also non health management diplomas and degrees e.g. MBA. However there is no mandatory training requirement. In order to be promoted the qualification order demands management training.**

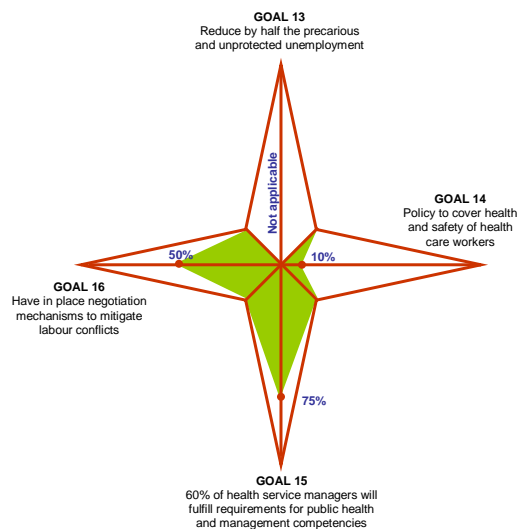
## GOAL 16

Goal #16	Data	Sources	Equations	%
<b>100% of the countries of the Region will have in place effective negotiation mechanisms and legislation to prevent, mitigate, or resolve labor conflicts &amp; ensure essential services if conflicts happen.</b>	Essential service legislation currently exists: No	PROTOCOL V (2005-2007) Protocol V of the Social Partnership		Target- 100%
	Formal negotiation mechanisms currently exist: Yes	Public Sector Act 2007		Actual - 50%

## GOAL 16: Notes and Caveats to Information

- Essential Service Legislation does not currently exist however, Protocol 5 of the Social Partnership which includes: The Government, Employer’s Representatives and Workers’ Representatives provides an agreement that during any period of industrial unrest, mechanisms be put in place to protect the human rights of all parties. Implied in this statement is that in the case of healthcare institutions, the rights of patients to medical care should not be jeopardised.
- Protocol Five of the Social Partnership 2005 – 2007, page 20 point 6.2 (b) “The Social Partners thus agree that the maintenance of industrial harmony equally demands the safeguarding of the employers’ viability, the stability of the government’s programme and the security and protection of the workers’ tenure, as well as it demands the adoption of the workers and their representatives as important consulting partners in decision making, and in the development of democratic practices at the workplace in furtherance of this objective”.
- Formal negotiation mechanisms currently exist through Labour Representatives.
- The Public Sector Act 2007 sets out the process of negotiations.

### CHALLENGE FOUR



## **CHALLENGE 4: Implications from Evidence**

- Goal 13 – At present this goal is not applicable but should be monitored to see if conditions for non-established posts/temporary contract workers changes.
- For Goal 14 to be achieved the Safety and Health at Work Act (passed in 2005) will need to be implemented.
- Goal 16 can be achieved with the development of legislation to ensure provision of essential services

## **CHALLENGE FIVE**

**DEVELOP MECHANISMS OF  
COOPERATION BETWEEN TRAINING  
INSTITUTIONS AND THE HEALTH  
SERVICES INSTITUTIONS TO PRODUCE  
SENSITIVE AND QUALIFIED HEALTH  
PROFESSIONALS**

## GOAL 17

Goal #17	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>80% of schools of clinical health sciences will have re-oriented their education towards primary health care and community health needs and adopted inter-professional training strategies.</b>	No/Yes	Key Informants-	Biomedical Model (Nurses, Environmental Health Officers, Physicians, Obstetricians)-No -0	TOTAL = 10
		University of the West Indies	PHC Curriculum-Yes-1	$\frac{10}{15} \times 100 = 66\%$
		Barbados Community College	Reorientation to PHC-Yes-3	
			Inter-professional training –Yes -3	
			Financial support for inter-professional training – Yes-3	

## GOAL 17: Notes and Caveats to Information

- **UWI Faculty of Medical Sciences (Cave Hill Campus)** contains the following training programmes for physicians:
  - Undergraduate training leading to the **MBBS** Degree
  - Postgraduate training leading to **DM**
  - Postgraduate training leading to the **MPH**
- In all training programmes, the curriculum reflects a focus on the biomedical model, inter-professional training, primary care, and public health issues.
- There are several discrete courses focused on the above including a 4<sup>th</sup> year clerkship in community health, a course in health care concepts, environmental health, a family practice course, and others.
- The curriculum is designed to be an integrated approach to health and disease that encompasses social, environmental and preventive medicine.
- Inter-professional training occurs with the MPH and MBBS courseware in which the undergraduate students benefit from the faculty in Public Health and the Public Health students benefit from the preclinical faculty.

## GOAL 18

Goal #18	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>80% of schools in clinical health sciences will have programs to recruit and train students from under-served populations with, when appropriate, an emphasis on indigenous, or First Nations, communities</b>	Please see notes	University of the West Indies	All students from Barbados with the requisite qualifications are eligible for funding which is approved by the Ministry of Education. The award of Barbados Scholarships, Exhibitions, and Awards of Excellence, are based on the performance of students in the annual Advanced level G.C.E, C.A.P.E, and Associate Degree Examinations. The requirements for the award of Barbados Scholarships and Exhibitions were set out in the Education (Amendment) Regulations, 2002. These Regulations also provide for the award of Awards of Excellence to Associate Degree students of the Barbados Community College.	Target 80%
	There are no specific programmes for students from indigenous populations, or students with a low socioeconomic status or who are living in geographically inaccessible areas.	Ministry of Education		Actual 100%

## GOAL 18: Notes and Caveats to Information

- The Government of Barbados sponsors the tuition fees of MBBS students to a maximum intake of fifteen (15) students at the Mona Campus of the U.W.I, and ten (10) students at the St. Augustine Campus of the U.W.I. on an annual basis. UWI has no admission policy relating to ethnicity or gender.
- The total enrolment of Clinical students to the Faculty of Medical Sciences at Cave Hill for the first time in September 2008 was 39. 35 or 85% received national government sponsorship and 5 or 13% received Regional government sponsorship.
- The following persons are eligible:-
- (a) Citizens of Barbados, (b) Children of citizens of Barbados, (c) Children of persons who are domiciled in Barbados and who have been residents in Barbados for a period of not less than seven (7) years.
- Provision is made for the award of a number of National Development Scholarships to candidates pursuing courses considered critical for national development.
- These scholarships are offered to provide training in scarce specialist areas and in areas identified as priorities in the socio-economic development of the country. The Scholarships are usually available in May of each year.



## GOAL 19

Goal #19	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>Attrition rates in schools of nursing and medicine will not exceed twenty percent (20%).</b>	# Medical students (Mona) enrolled in 2004 =114	Faculty of Medical Sciences University of the West Indies (Cave Hill)	<u>Medical students Attrition Rate</u> No fall out was recorded for the period	100%
	# Medical students graduated in 2009 = 114		<u>Nursing students Attrition Rate</u>	
	# Nursing Students (NS) in 2004, 2005, 2006 = 88+91+114	Nursing Department - Barbados Community College	2004-2007: $\frac{8}{88} \times 100 = 9\%$	
	# Nurses graduated (NG)in 2007, 2008, 2009 =80+87+101		2005- 2008: $\frac{4}{91} \times 100 = 4\%$ 2006-2009: $\frac{13}{114} \times 100 = 11\%$	

## GOAL 19: Notes and Caveats to Information

- Duration of Medical School – Mona Campus = 5 years (Doctors)
- Duration of Associate Degree in Nursing – Barbados Community College (BCC) = 3 years (Registered Nurse)
- Information was taken from the Report for Academic Year: September 1, 2008 – August 30,2009 Mona Campus
- In order to practice as a General Nurse in Barbados, the graduates from the BCC must first sit and pass the Regional Examination For Nurses Registration CARICOM Countries, this examination takes place twice yearly – October and April.
- The following table outlines the overall % passes of the Regional Examination For Nurses Registration CARICOM Countries from 2008 - 2010:

Year	No of Candidates	Overall % Passes
2008 April	54	65
2008 October	74	51
2009 April	53	68
2009 October	96	40
2010 April	75	52

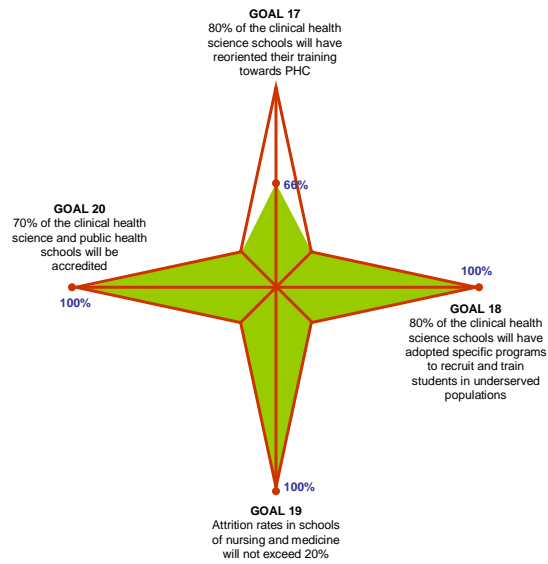
## GOAL 20

Goal #20	Data and Totals	Sources	Equations and Totals/Answers	% of Goal for Star
<b>Seventy percent (70%) of schools of clinical health sciences and public health will be accredited by a recognized accreditation body.</b>	# of Accredited Universities and Colleges - 2	Barbados Accreditation Council	University and College are Accredited – Yes	Target 70%
	Total number of universities and colleges - 2	Barbados Community College  University of the West Indies	# of Accredited Universities + Colleges $\times 100 =$ Y%  Total # of universities + colleges  $Y = \frac{2}{2} \times 100 = 100\%$	Actual 100%  100% of Goal Achieved

## GOAL 20: Notes and Caveats to Information

- The Ministry of Education is presently the accrediting body of the Barbados Community College, and its courses and programmes of study. In June, 2004, the Barbados Accreditation Council was established by an Act of Parliament, the Barbados Accreditation Council Act 2004 -11 with two (2) broad roles: Firstly, the registration and re-registration of institutions offering post-secondary or tertiary education and training, and the accreditation and re-accreditation of programmes of studies and institutions in Barbados and related functions, such as recognition and equivalency of foreign-based qualifications to local awards, articulation and conferral of institutional titles. The College has begun the registration process to comply with Government's requirements that all institutions offering post-secondary or tertiary education and training meet the Council's guidelines and procedures for institutions seeking accredited status for particular programmes.
- The University of the West Indies MBBS programmes are fully accredited by the Caribbean Accreditation Authority for Medicine and other Health Professions (CAAM-HP), the regional (CARICOM) accreditation Board, analogous to the GMC of the UK. The UWI Medical Programmes have been accredited by CAAM-HP until 2012.

## CHALLENGE FIVE



## CHALLENGE 5: Implications from Evidence

- For this challenge to be completed Goal 17 needs to be achieved. This may be considered a medium-long term goal which will require discussion with the relevant training institutions.

ISBN 978-92-75-13248-7

