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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science
Office of International and Refugee Health
Rockville, MD 20857

December 12, 1997

Dr. Olive Shisana
Director General
Ministry of Health
P.O. Box 3879
Cape Town 8000
South Africa

Dear Olive:

As a follow up to the February 1997 Gore-Mbeki Binational Committee (BNC), Health Working Group (HWG) meeting held in Cape Town, the U.S. Department of Health and Human Services (DHHS) agreed to review and comment on your Ministry's Human Resource Development Plan. Dr. S. Hendricks mailed the plan to us just before our IIWG meeting in Washington, D.C.

Enclosed please find final comments from two of our agencies - the Health Resources and Services Administration (HRSA) and Agency for Health Care Policy and Research (AHCPR) on your plan.

If you need any further clarification and/or explanation of these reviews, please let me know.

Sincerely,

Linda A. Vogel
Director
Office of International and Refugee Health

enclosures

cc: Dr. Hendricks
Dr. Moore



DEPARTMENT OF HEALTH & HUMAN SERVICES
Bureau of Health Professions

Public Health Service

Health Resources and
Services Administration
Rockville MD 20857

NOTE TO: GEORGE B. DINES

RE: HRSA Review of Human Resource Development Plan - South Africa

In response to your request, attached is information regarding the educational requirement by discipline of U.S. health care providers. A source of additional information for each discipline is also included. Also attached are several publications which provide information regarding the U.S. health professions workforce: 9th Report to Congress: Health Personnel in the United States and Factbook: Health Personnel, United States.

In addition, we have reviewed the "Draft National Human Resource Development Policy for the Health Sector, South Africa." Many of the issues addressed in this plan are similar to those that exist in the United States — recruitment and retention of health care providers in underserved areas; primary health care focus with less emphasis on specialty care; the need to increase the diversity of the workforce; cultural and linguistic competence of the workforce; emphasis on working in interdisciplinary teams; foreign health professional graduates; and the use of new technology in education, training and practice. It is probably appropriate that the approach planned for South Africa is often different from the approach applied in the United States.

To augment the issues included in the South Africa plan, some consideration may also be given to the following:

1. **Faculty Development.** While the plan demonstrates a need for education and continuing education of health professionals, little emphasis is placed on the development of faculty essential to providing such training. In the United States, faculty development might include training in pedagogical skills, program administration, the design and conduct of research, grants writing, and the preparation of articles suitable for publication in peer reviewed journals.
2. **Critical Skill Areas.** BHP has identified areas in which either an insufficient number of providers have been prepared or existing providers do not have sufficient training. These areas include HIV/AIDS, geriatrics, substance abuse, ambulatory care and managed care. The specific areas of need are likely to be different for South Africa, but identification of these areas provides a framework for curriculum development at the basic level as well as for continuing education.

We hope that this information provided will be helpful.

A handwritten signature in black ink, reading "Neil H. Sampson", is written over a horizontal line.

Neil H. Sampson
Acting Associate Administrator for Health Professions

Basic Educational Requirements for the Major Health Care Disciplines.

Attached is a brief summary of the educational requirements for the major health care disciplines and some sources of additional information. It should be noted that unlike most other countries the United States does not have a national licensure system. Licensure is the prerogative of each state and laws may vary. Many occupations have professional associations which offer voluntary certification exams, and in many situations employers prefer to hire individuals who have such certification. Some states will, for some occupations, even accept successful completion of a certification examination in lieu of the state licensure exam.

1) Physicians--Requires 4 years of undergraduate education followed by 4 years of education in an accredited medical school. This is followed by residency training which lasts from 3 to 8 years, depending on the medical speciality chosen. Must acquire a license to practice.

Sources of Additional Information:

Association of American Medical Colleges
Section for Student Services
2450 N St. N.W.
Washington, D.C. 20037-1131

2) Podiatrists--Requires a minimum of 90 hours of undergraduate work followed by 4 years in an accredited podiatric medicine program similar to other schools of medicine. Most graduates serve a 1 to 3 year residency in podiatric medicine. Must acquire a license to practice.

Sources of Additional Information:

American Association of Colleges of Podiatric Medicine
1350 Piccard Drive, Suite 322
Rockville, MD 20850-4307

3) Optometrists--Requires at least 3 years of pre-optometry study at an accredited college or university, followed by 4 years in an accredited optometry program. One year post graduate clinical residency is available for those wishing to specialize. Must acquire a license to practice.

Sources of Additional Information:

Association of Schools and Colleges of Optometry
6110 Executive Boulevard, Suite 690
Rockville, MD 20852

4) Dentists--Requires at least 2 years of college level pre-dental education (most applicants have

a bachelors degree) followed by 4 years in an accredited dental school. Additional training is necessary for those wishing to specialize. Must acquire a license to practice.

Sources of Additional Information:

American Association of Dental Schools
1625 Massachusetts Ave. N.W.
Washington, D.C. 20036

5) Chiropractors—Requires at least 2 years of undergraduate study followed by 4 year of study in an accredited chiropractic college. Must acquire a license to practice. Almost all states require completion of a specified number of hours to remain licensed.

Sources of Additional Information:

Council on Chiropractic Education
7975 North Hayden Road, Suite A-10
Scottsdale, AZ 85258.

6) Dietitians—Requires a baccalaureate from an accredited dietetics program and 900 hours of clinical practice equal to 9 to 12 months in a full time program or 2 years in a part time program. About 37 States require licensure.

Sources of Additional Information:

The American Dietetic Association
216 West Jackson Boulevard
Chicago, IL 60606-6995.

7) Occupational Therapists—A baccalaureate degree from an accredited program is required as is completion of 6 months of a clinical internship. About 41 states require a license to practice.

Sources of Additional Information:

The American Occupational Therapy Association
4720 Montgomery Lane
P.O. Box 31220
Bethesda, MD 20824-1220

8) Pharmacists—At least 5 years of post high school education in an accredited program is

required to become a pharmacist. Most colleges require at least 2 years of pre-pharmacy education. A license is required to practice in all states.

Sources of Additional Information:

American Association of Colleges of Pharmacy
1426 Prince Street
Alexandria, VA 22314

9) Physical Therapists--A baccalaureate degree in physical therapy from an accredited program is the minimum entry requirement for this occupation. A master's is quickly becoming the preferred entry level degree, however. A license is required in all states.

Sources of Additional Information:

American Physical Therapy Association
1111 North Fairfax Street
Alexandria, VA 22314-1488.

10) Physician Assistants--A 4 year baccalaureate degree from an accredited Physician Assistant programs is the most common educational requirement for this occupation, although there are accredited programs that offer certificates, 2 year associate degrees and masters degrees. Prerequisites often include 2 years of college and some experience in the health care field. All States but Mississippi require PA's pass a certifying exam open only to graduates of an accredited program.

Sources of Additional Information:

Association of Physician Assistant Programs
950 North Washington Street
Alexandria, VA 22314

11) Registered Nurses--There are three major paths to becoming an RN: 2-year associate degree programs; 4-year baccalaureate programs; and 3 year diploma programs, which are located in hospitals. Generally, graduates of these programs qualify for entry level positions. A license is required to work in all states, and graduates of these programs qualify to sit for licensure.

Sources of Additional Information:

American Association of Colleges of Nursing
1 Dupont Circle, Suite 350
Washington, D.C. 20036

12) Respiratory Therapists—Most accredited respiratory therapy programs last 2 years, although there are some 4 year programs. Training is offered in hospitals, medical schools, colleges and universities, trade schools, vocational-technical institutes and the armed forces. Shorter 1 year programs lead to becoming respiratory therapy technicians. Thirty eight states license respiratory therapy personnel—therapists and technicians. Voluntary certification is also available and is sought by many employers.

Sources of Additional Information:

The National Board for Respiratory Care, Inc.
8310 Nieman Road
Lenexa, KS 66214

13) Speech Language Pathologists and Audiologists—A master's degree in speech-language pathology or audiology from an accredited program is the standard for entry in this field. In addition, 300-375 hours of supervised clinical experience, a passing score on a national examination, and 9 months of post-graduate professional experience are required. Currently, 45 states regulate this discipline; 27 states have continuing education requirements for licensure renewal.

Sources of Additional Information:

American Speech-Language Hearing Association
10801 Rockville Pike
Rockville, MD 20852

14) Dental Hygienists—The vast majority of dental hygienists are trained in 2 year programs, although some programs award a baccalaureate. Candidates must graduate from an accredited program and pass both a written and clinical examination. All states require licensure.

Sources of Additional Information:

American Dental Hygienists Association
Division of Professional Development
444 N. Michigan Avenue, Suite 3400
Chicago, IL 60611

15) Licensed Practical Nurses—Most LPN programs are 1 year in duration and are found in technical and vocational programs or in community and junior colleges. Training includes both

classroom and supervised clinical experience. A license is required to practice in all states.

Sources of Additional Information:

**National Association for Practical Nurse Education and Service
1400 Spring Street, Suite 310
Silver Spring, MD 20910.**

16) Nuclear Medicine Technologists--Education in this discipline can range from 1 to 4 years. One year programs are for individuals already in the health field and who are seeking to change jobs or specialize. All others must attend either a 2 year certificate or associate degree program or a 4 year baccalaureate program. About half of all states require licensure.

Sources of Additional Information:

**American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3917**

17) Radiologic Technologists--Preparation for this occupation range in length from 1 to 4 years and lead to a certificate, associate or a baccalaureate. Many 1 year programs are for individuals already in the health field. Formal training is available in radiation therapy, radiography, and sonography. Voluntary certification is offered for these occupations. In addition, 31 states require radiographers to be licensed and 26 states require radiation therapists to be licensed.

Sources of Additional Information:

**American Society of Radiologic Technologists
15000 Central Avenue, S.E.
Albuquerque, NM 87123-3917**

18) Surgical Technicians--Training in this discipline last from 9 to 24 months and leads to a certificate, diploma, or and associate degree. Programs are located in community and junior colleges, vocational schools, universities, hospitals, and the military. Voluntary certification is available and must be renewed every 6 years and requires continuing education or reexamination.

Sources of Additional Information:

**Association of Surgical Technologists
7108-C S. Alton Way
Englewood, CO 80112**

19) Clinical Laboratory Technologists and Technicians--These disciplines are also known as medical laboratory technologists and technicians. Technologists require a baccalaureate degree

while technicians require an associate degree. Training is available in colleges, universities, hospitals, vocational and technical schools and in the military. An unknown number of states require individuals to be licensed or registered.

Sources of Additional Information:

American Society of Clinical Laboratory Pathologists
Board of Registry
P.O. Box 12277
Chicago, IL 60612

In addition to the above occupations, there are a large number of less technical occupations such as nursing aides, home health aides, electrocardiograph technologists, and physical and occupational therapy aides who do not require formal education and are trained on the job. In general these individuals perform tasks that have little chance of impacting a patients health or are directly supervised by a health care professional who must assume responsibility for the actions of these support personnel.



DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

**Agency for Health Care Policy
and Research
Rockville MD 20852**

DEC -8 1997

To: Associate Director for Development Support and African Affairs, OIRH

From: AHCPR International Health Coordinator

Subject: AHCPR Comments on South Africa Human Resource Development Plan

Attached are AHCPR comments on the South Africa Human Resource Development Policy for the Health Sector. They were drafted by David Lanier, M.D., Center for Primary Care Research, and were reviewed and approved by Dr. Eisenberg.

If I can be of further assistance, please contact me at 301/594-1455, ext. 1043.

Kathryn M. Rickard

Attachment

cc: Dr. Lanier

**Comments of the U.S. Agency for Health Care Policy and Research on the
Draft National Human Resource Development Policy for the Health Sector
South Africa**

This is a very ambitious, thoughtful plan that provides a framework for the provision of high quality, universally accessible healthcare for all South African citizens. It is multi-dimensional and considers providers, managers, and consumers of healthcare while keeping the focus on the public good. Our ability to assess the adequacy and completeness of the plan is somewhat hindered by our limited knowledge regarding the history of healthcare in South Africa and of the changes that have occurred since the end of Apartheid. In particular, we lack a good understanding of how the public and private (and professional and traditional) healthcare sectors interact or complement/duplicate one another and how the proposed plan will affect that situation. With these limitations in mind, we can offer the following comments:

- (1) The individuals charged with implementing this plan will quickly identify a pressing need for more complete definitions and data.

The document strongly endorses healthcare that is "effective," "efficient" and "appropriate." It is not at all clear, however, what these terms mean to the authors of the plan or how such concepts are to be operationalized. To say that health care is "effective" is to say that evidence exists proving its effectiveness. An often quoted statement in the U.S. is that only about 20% of medical practice is in fact evidence-based. In other words, clinicians in 1997 are frequently operating in a "grey zone" in terms of effective vs potentially ineffective treatments. Moreover, to define "efficient" care, one must compare the economic impact of alternative treatments; the relative effectiveness of each alternative must be known before these comparisons can be made. The South African ministry may intend to sidestep some of these issues -- particularly the thorny issue of defining appropriate care -- by simply importing clinical practice guidelines written in the U.S. or elsewhere. However, the ministry should understand that, given the limits of our evidence of effectiveness, many of the recommendations included in U.S. guidelines are based on clinical opinion rather than scientific evidence. Clinicians and managers in South Africa must carefully consider whether (or not) recommendations appropriate for the U.S. medical system are in fact equally appropriate for South Africa.

The authors appear to be aware to some extent that data will be required to implement this plan. For example, mention is made under section 3.1.1 (page 4) of national audits of health personnel and institutions that will be undertaken to guide future health personnel development. However, the plan fails to address longer-term data needs. For example, how will managers monitor progress/trends/problems of personnel development in an on-going way? If the quality (and effectiveness) of care is to be monitored, what attempts have/will be made to define and measure patient outcomes? In the section 3.2.1, the implication is that the composition of primary care teams will be driven by a consideration of the "common conditions" in primary care. Are data available (or is the collection planned) to identify these common conditions? We would strongly encourage the ministry to think about larger up-front investments in computerized mechanisms to collect pertinent health-related data. There is no doubt that on-going data collection will prove endlessly valuable to future healthcare practice and policy development.

(2) The cover letter to this plan indicates an interest by the ministry of health in comparing the current healthcare workforce situation in South Africa (300,000 professionals serving 45 million people) to statistics in the U.S. While numbers of U.S. healthcare professionals, by category, are available (HRSA can provide these figures), we would advise the ministry to be very careful in using U.S. statistics as any sort of benchmark for South Africa. For example, while we can say that there are about 123 specialist physicians in the U.S. for every 100,000 citizens, we must quickly add that even most specialists agree that this ratio is much too high. By contrast, we have only around 60 generalist physicians for every 100,000 citizens (a ratio that many observers consider inadequate). The point to recognize is that the U.S. healthcare workforce is not the result of any systematic workforce plan. It has developed largely in response to market factors that have been distorted by the insurance system and an emphasis on hospital based medicine. The workforce has also been shaped by an inflexible, hospital based and specialty focused education system.

The concept of healthcare teams, especially the innovative use of advance skilled nurses, is relatively new in the U.S. and has largely grown in spite of (rather than in synchrony with) the development of the healthcare workforce. A distinct advantage of the proposed healthcare system in South Africa will be its ability to formulate healthcare teams whose composition and functions correspond to local healthcare needs. The decentralization of management authority should complement the flexibility and local responsiveness of the teams. The aim of national education and training programs in South Africa should therefore be the supply of appropriate staff for such local teams, rather than the achievement of imposed, theoretical quotas of each category of professionals. On-going accumulation of data related to workforce needs will be crucial to this effort. However, if South Africa is successful in establishing high quality teams that are responsive to local healthcare needs, the lessons learned should be quite instructive to the U.S.

(3) The attempt to create a caring professional ethos and to improve the communication skills of healthcare personnel is to be applauded. Much work has been done in the U.S. (largely by medical sociologists and anthropologists) on what has been termed "cross-cultural medicine." Implicit in this concept is that the provider of healthcare will often (in fact, usually) have a different racial/cultural/ethnic background from the individual being cared for, and that providers must be taught how to bridge these gaps in order to meet the patient's needs. If the ministry is unfamiliar with the work that has been done in this field, references can be provided.

(4) It should be noted, however, that communication is a two-way street. While the proposed plan addresses the communication skills of healthcare providers, no mechanisms are proposed for educating South African citizens to be informed consumers of healthcare. It's crucial for the authors of this plan to get beyond the idea of the patient as a passive recipient of healthcare services. A part of the plan should be efforts to encourage active involvement of patients in decisions concerning their own healthcare (e.g., how to ask important questions of their healthcare provider) as well as efforts to educate patients about appropriate lifestyle changes or preventive measures that will improve their healthcare status.

We hope these comments are of some benefit to the authors of this very excellent document.