



ENGAGING REGULATORY BODIES TO ACHIEVE ACCREDITATION

Author: Balarabe

Engaging regulatory bodies as part of all efforts is a critical success factor in achieving accreditation of Health Training Institutions.

The Challenge

Unlike other tertiary Institutions such as polytechnics and Universities, the health training institutions are regulated by professional councils. These councils are charged with ensuring that the public has access to competent health care providers. They are therefore responsible for ensuring that nurses, midwives and other allied health providers receive a quality education that prepares them to provide safe, competent and ethical care.

These councils are by law responsible for the establishment, accreditation, and quality of teaching of the health training institutions, as well as the registration/licensing of graduates to practice. They adopt criteria and develop procedures for evaluating institutions and programmes to determine whether they are operating at these basic levels of quality.

This explains why, even though the states own the health institutions, they cannot determine what the schools do when it comes to the intake of students, the curriculum etc. It is therefore crucial that the Health Training Institutions maintain a strong relationship with the regulatory bodies, such as the Nursing and Midwifery Council, for the Schools of Nursing and Midwifery, and the Community Health Practitioners Registration Board, for the Schools of Health Technology, and that the Councils maintain an interest in the development of each of the schools in all areas of the country. Insufficient involvement of the regulatory bodies in helping to guide the state government in the affairs of the Health Training Institutions can lead to mis-prioritization by the institutions and eventually make it difficult to achieve or maintain accreditation.

At the inception of Women for Health, of the 16 Health Training Institutions involved in the programme, only one had full accreditation, 10 had provisional accreditation and five had denied accreditation status. Three of the five institutions with denied accreditation status were Schools of Midwifery. All the

16 institutions had various issues related to failure to achieve accreditation. These issues included: lack of establishment of functioning committees; inadequate infrastructure; inadequate teaching aids and models, poor staffing; poor linkage between schools and clinical placement sites; insufficient number of practical sites; and poor student outcomes. Moreover, the relationship between the Councils and the Health Training Institutions in the northern states of Jigawa, Kano, Katsina, Yobe and Zamfara was not strong.

The Response

Women for Health engaged with the state Governments and oriented them to the need for engaging with the regulatory bodies. As soon the need was established the states were supported to conduct advocacy visits to all the relevant regulatory bodies. These visits successfully clarified and mitigated existing misconceptions and reduced the communication gap that existed between the state and the regulatory bodies.

Based on the suggestions by the Councils, W4H supported the States to establish or re-activate state council committees or zonal council committees which provide a medium for communication between the Schools and Regulatory bodies. This included the regular submission of progress reports to the regulatory bodies.

With a good relationship and channel of communication in place, Women for Health then supported the states to invite the regulatory bodies to pay advisory visits to the state Health Training Institutions. These visits helped to identify any existing gaps in the schools that could hinder achievement or maintenance of accreditation.

The gaps identified served as a baseline guide for negotiation between Women for Health and the States to develop implementation plans, which clearly stated which areas the programme would support and which the State government was expected to implement.

Results

As a result of the increased involvement of the regulatory bodies, the following has been achieved:

- The relationship between the state and regulatory bodies has improved
- The schools are much clearer on what they have to do to gain accreditation
- The State/Zonal council committees have become more functional
- Five health institutions that lost accreditation regained provisional accreditation
- Four additional schools have received full accreditation
- Currently only one school has denied accreditation



- A School of Midwifery has been established at Yobe, after a previous decades of efforts by the State with no results
- The Councils have increased their awareness of and interest in the northern states, especially the Women for Health implementation states.

Lessons Learnt

The above results demonstrate the importance of identifying the key players/stakeholders and their role or stake in the programme at the start of any new initiative. Mapping out who does what and for what reason and levels of importance and influence helps the programme to ensure that all stakeholders are appropriately involved and contribute positively to the programme objectives. For a health institution initiative, such as Women for Health it is crucial that the regulatory bodies be fully involved right from the start, even in the design of the programme.

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For further information contact:
W4H National office: No 1 Adamu Dankabo Close,
off Tukur Rd, Nassarawa GRA, Kano, Nigeria

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