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# TASK SHIFTING: GOOD FOR WOMEN BUT WHAT ABOUT THE PROVIDERS?

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# Outline

- Advanced Associate Clinicians
- Task shifting for EmOC
- Zambian MLP Research
- Findings
- Implications



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# Advanced Level Associate Clinicians

A professional clinician with advanced competencies to diagnose and manage the most common medical, maternal, child health and surgical conditions, including obstetric and gynaecological surgery (e.g. **caesarian sections**). Advanced level associate clinicians are generally trained for 4 to 5 years post-secondary education in established higher education institutions and/or 3 years post initial associate clinician training. The clinicians are registered and their practice is regulated by their national or subnational regulatory authority

- Assistant medical officer (Tanzania)
- Clinical officer (Malawi)
- Medical licentiate practitioner (Zambia)
- Health officer (Ethiopia),
- Physician assistant,
- Surgical technician,
- Medical technician,
- Non-physician clinician



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# Task Shifting for CEmOC: Increasing access to c/sections

- Acute human resource shortage
- Inequitable distribution: focus on rural deficits
- Many countries have failed to meet MDG 4
- Strategies to address HR shortages have included task shifting for c/sections



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# Implementation Research Goal

To develop implementation guidance notes to support national level decision makers in countries seeking to implement task shifting to increase access to caesarean section.



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# Zambia

- Population: roughly 14 million
- MMR: 280
- C/section rate: 3%
- Skilled birth attendance: 47%
- Health worker gap: 56-59%



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# Medical Licentiate Practitioner (MLP) Research

## Who are they?

- Clinical Officers with at least 3 years of clinical practice in a rural facility
- Until 2014 there was an advanced diploma course – now a BSc is awarded
- 3 years training in advanced clinical skills:
  - pediatrics,
  - obstetrics & gynecology
  - Internal medicine
  - Surgery (including c/section)



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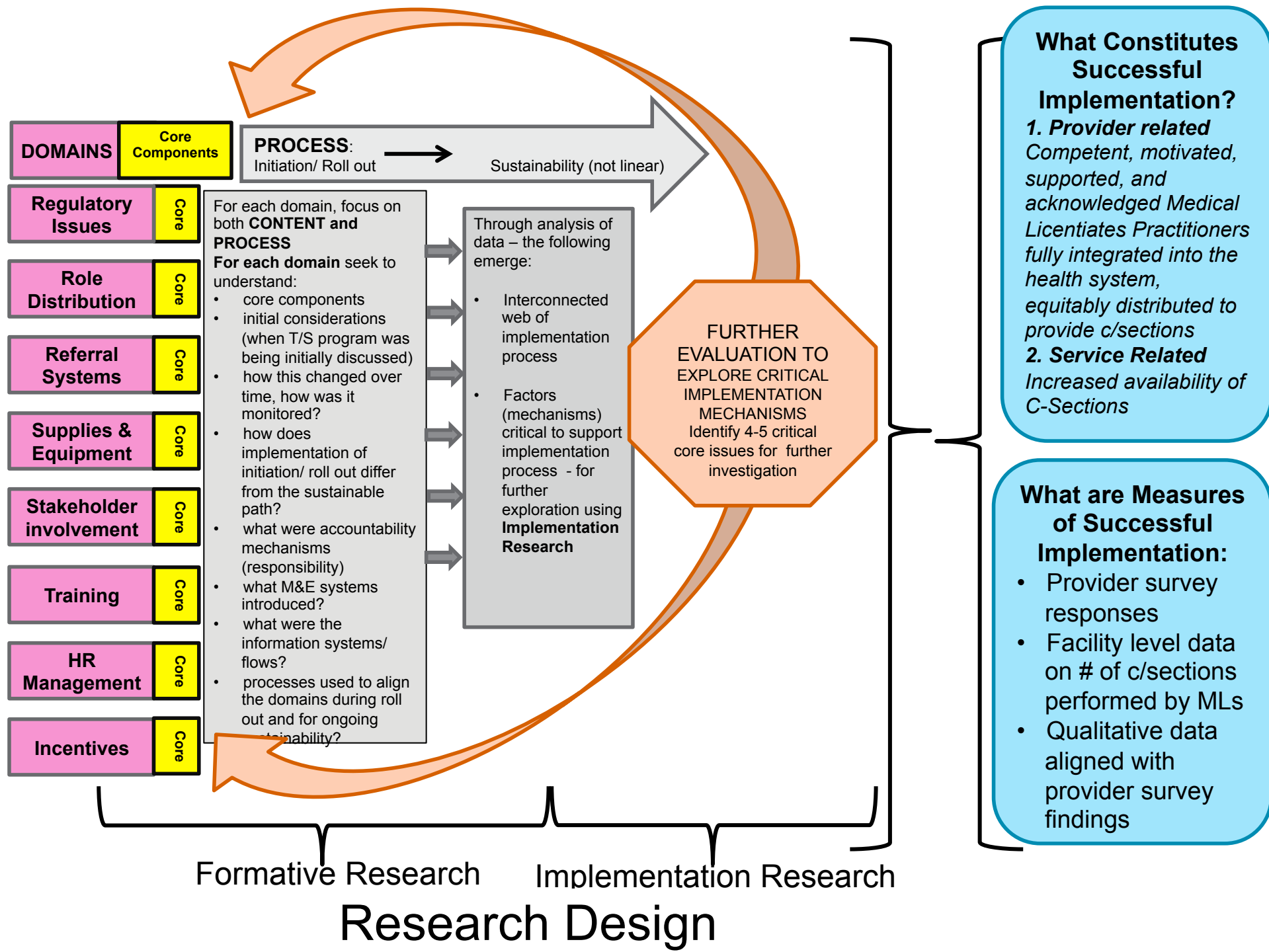
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# Definition of Successful Associate Clinician Program

**Provider related:** *Competent, **motivated**, supported and acknowledged Medical Licentiates fully integrated into the health system, equitably distributed to provide quality care*

**Service related:** *expanded access to EmOC and other critical clinical health services*







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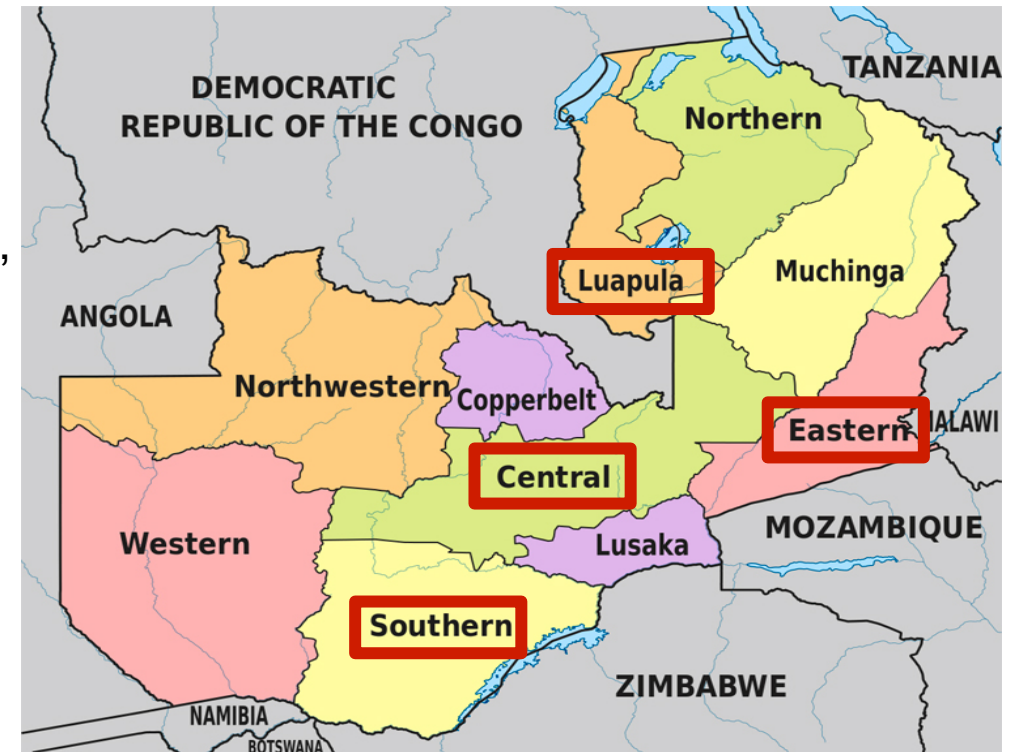
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# Mixed methods approach

- Qualitative Data Collection (61 total):
  - 4 provinces
  - Key informants included: MLPs, District Medical Officers, Provincial Medical Officers, MLP supervisors, Trainers/lecturers, interns, professional associations, MOH representatives, and the regulatory bodies.
- MLP Provider Survey
  - 97 completed surveys, 76.4% response rate
- Facility C-Section Data
  - 11 facilities





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# Results



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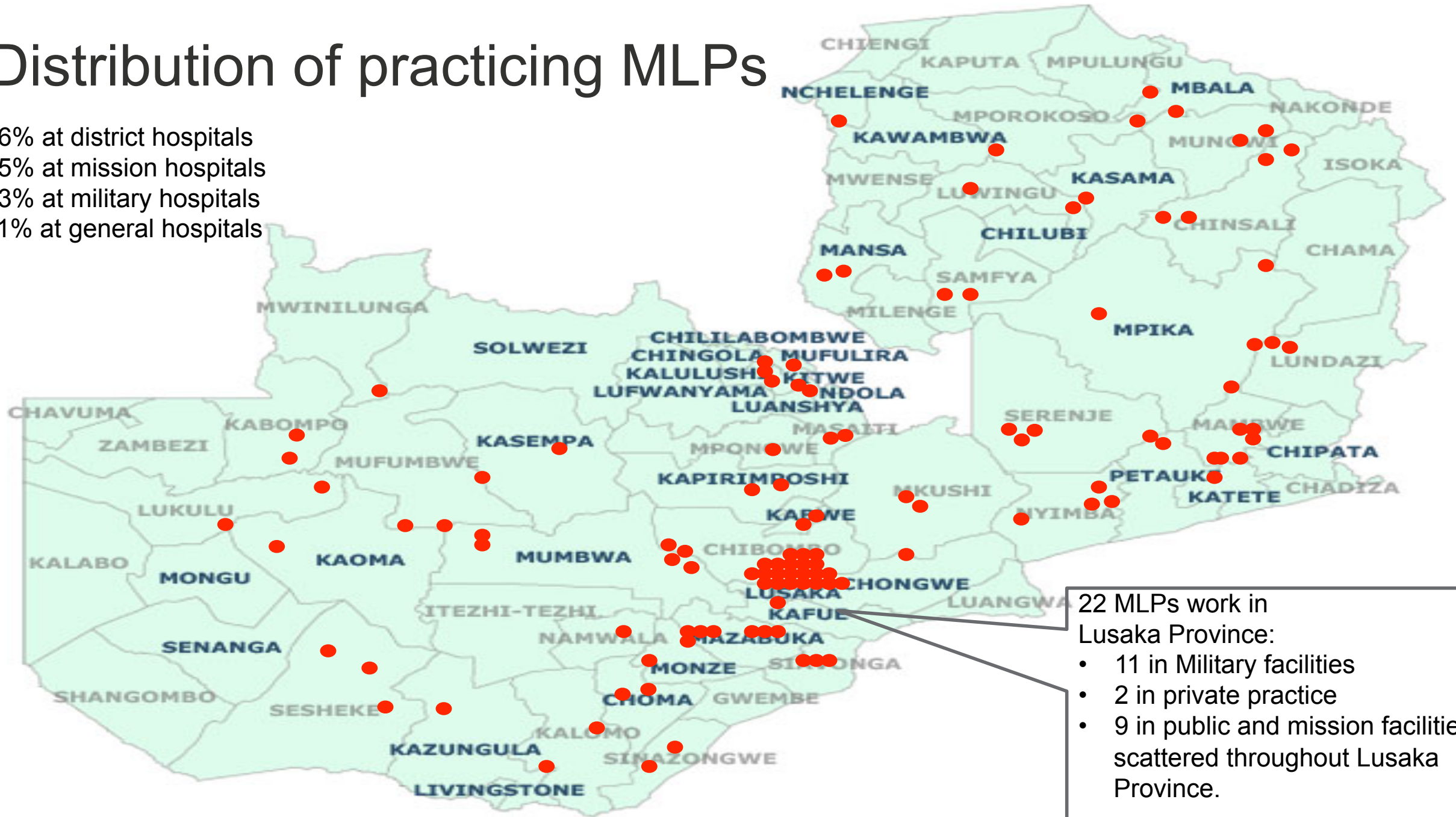
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# Preliminary Results: Who are the MLs?

- 84% male
- **Average age 42 years**
- Average of 8.5 years practicing as Clinical Officers
- 85% felt they had received adequate training during diploma course
- **Work an average of 56.3 hours/week**
- Serve as the only clinician at the facility for 7.8 days/month
- **Were 'on call' 11 days/month**

# Distribution of practicing MLPs

36% at district hospitals  
25% at mission hospitals  
13% at military hospitals  
11% at general hospitals







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# Signal Functions Conducted in the Last 3 Months

Procedure	MLP Yes (%)
<b>Perform c/section</b>	<b>70.5%</b>
<b>Repair ruptured uterus</b>	<b>49%</b>
Perform vacuum aspiration for retained products with electric or manual suction/vacuum, or curettage for retained products	67.7%
Perform manual removal of placenta	73.7%
Perform forceps or vacuum delivery	65.3%
Newborn resuscitation with bag and mask	76%
Administer blood transfusion	69.1%
Administer magnesium sulphate or anticonvulsants for management of pre-eclampsia/eclampsia	72.9%
Administer parenteral (intravenous or intramuscular) antibiotics	82.8%



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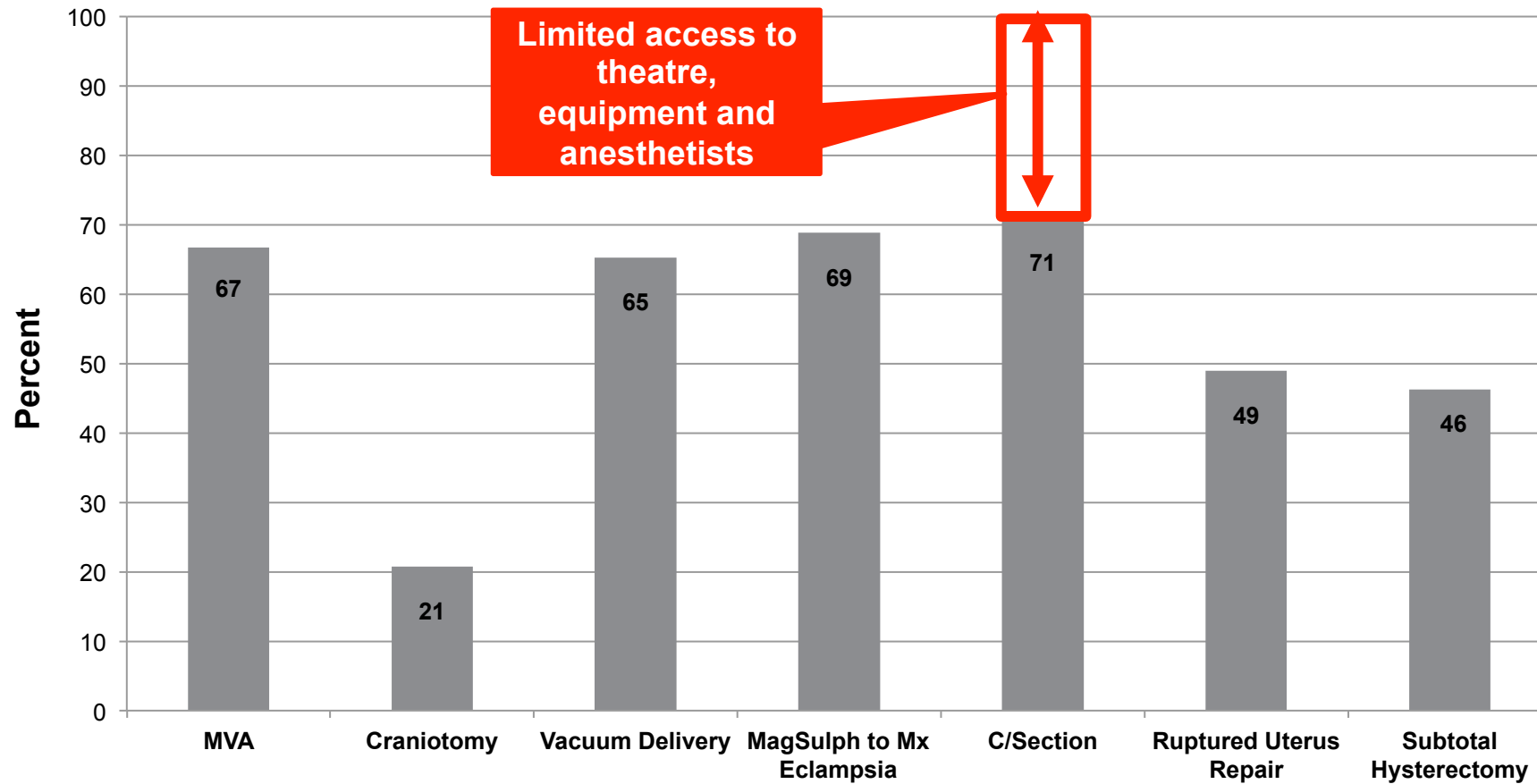
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# Improved Efficiencies in Health System

## Obstetric Procedures performed by MLs in past 3 months





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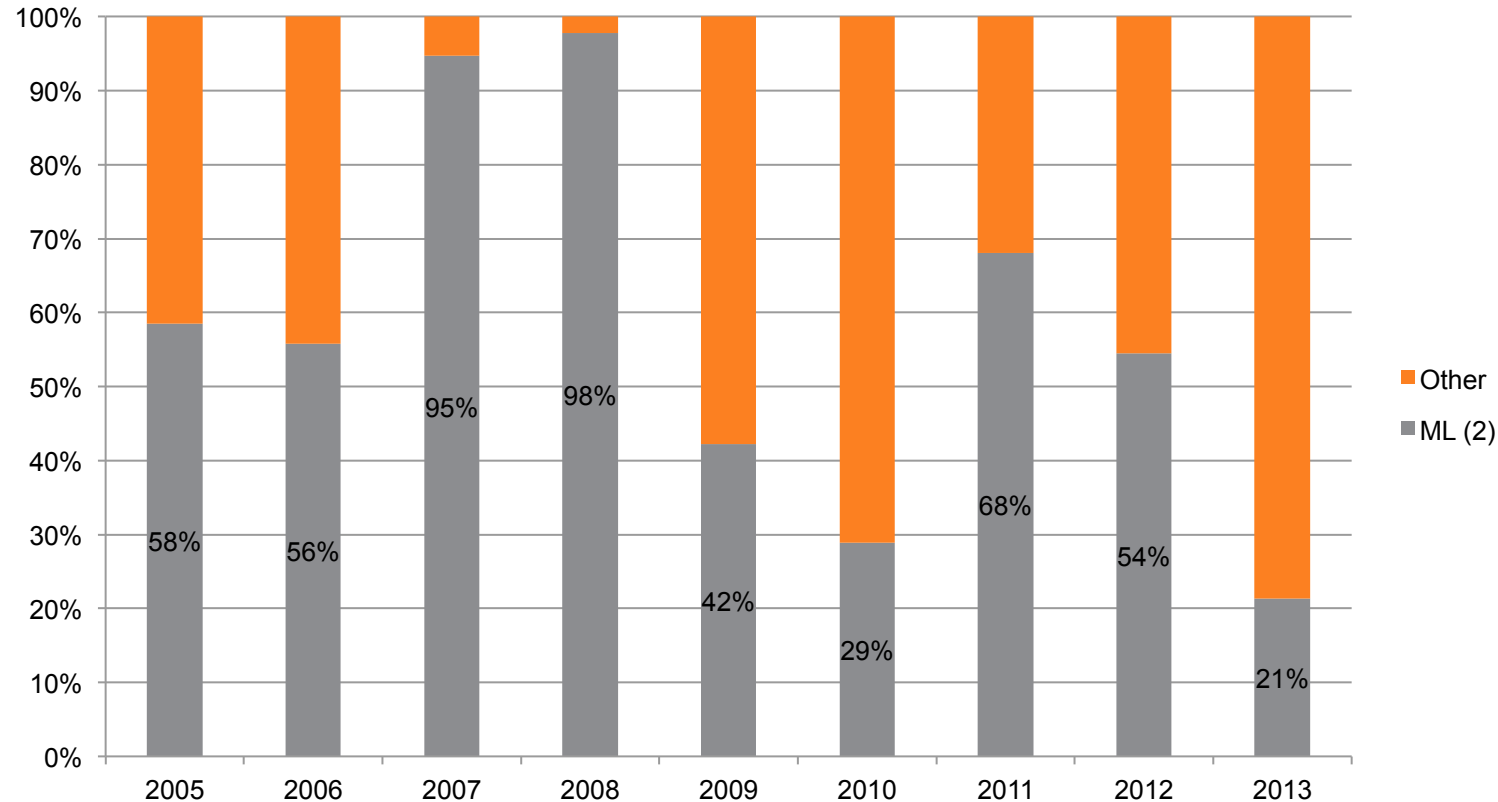
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# C-Section Data

**% of C-Sections by Staff**







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# Enabling Environment for Effective Service Delivery

**Local strategies were developed** to ensure MLPs had the necessary drugs, supplies, and staff to be able to provide c/sections and other emergency surgeries.

<b>Equipment</b>	n	%
Vacuum Extractor	38	39.2%
<b>Oxygen</b>	38	39.2%
Resuscitaire	34	35.1%
Incubator	23	23.7%
CTG	12	12.4%
Suction	8	8.2%
<b>Supplies</b>	n	%
<b>Gloves</b>	44	45.4%
Cotton/Gauze	17	17.5%
Sutures	14	14.4%
Blood	9	9.3%
<b>Drugs</b>	n	%
Magnesium Sulphate	28	29%
Antibiotics	17	18%
Misoprostol	14	14%
Oxytocin	12	12%
Hydralazine	8	8%
Naloxone	8	8%



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# Legal and Regulatory Issues

1. Lack of legal clarity regarding MLP official scope of work - MLPs feel legally unprotected.
2. **HPCZ lack effective mechanisms** to:
  - monitor the quality and completion of Continuing Professional Development (CPD) of MLPs
  - track the location of MLPs as they move across permanent establishments.
3. **ZMLPA has played a pivotal role** in advocating for an enabling statutory and work environment for MLPs.



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# Job Satisfaction

- In general, I am satisfied with this job

**68% Agree**

- I find that my opinions are respected at work

**93% Agree**

- I am satisfied with the recognition I get for the work that I do

**59% Agree**



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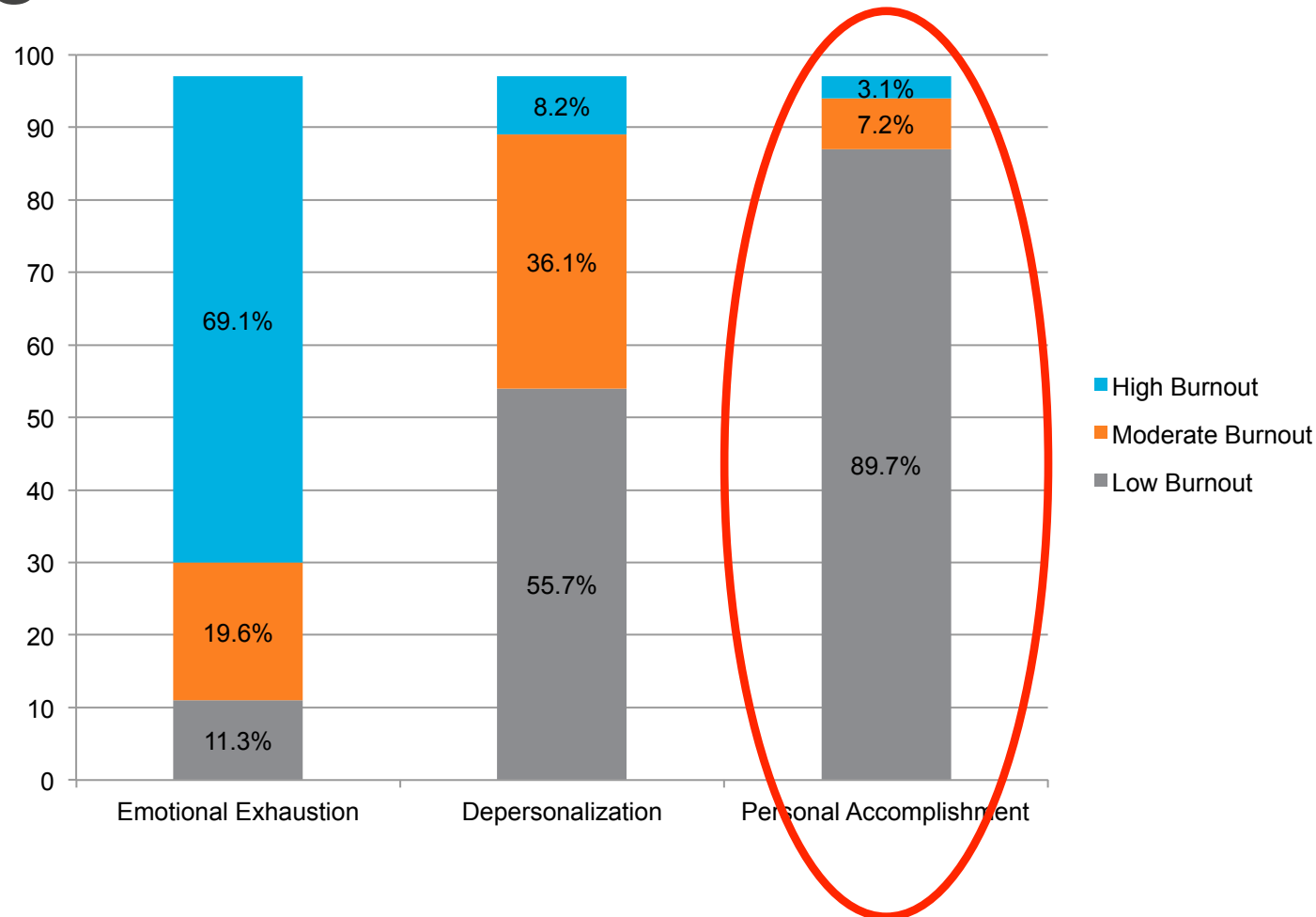
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# Assessing ML Burnout Levels





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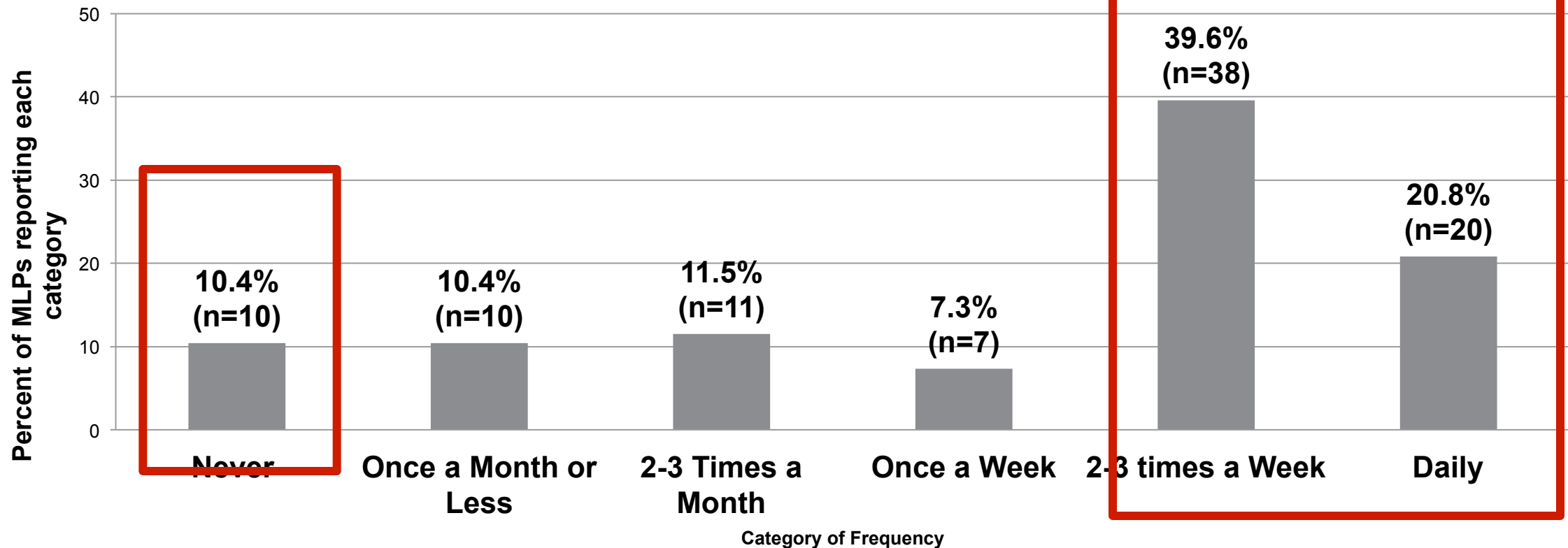
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# Frequency MLPs Reported Being On-Call in Past 6 Months





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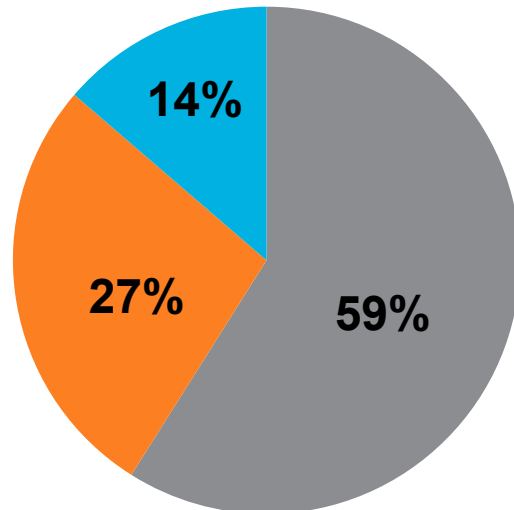
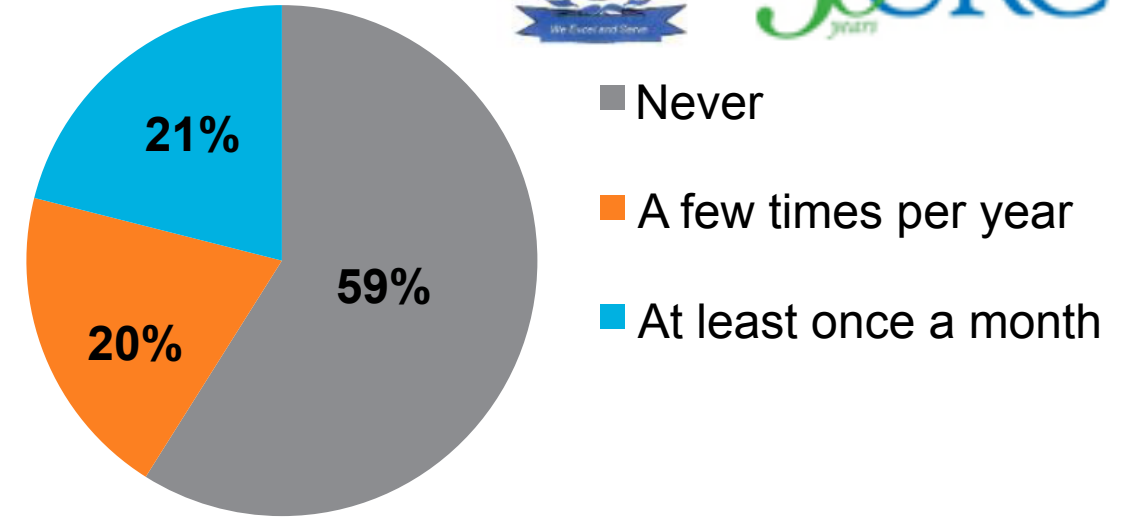
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# I regret my decision to become an ML



# I think of giving up clinical work for another career

- Never
- A few times per year
- At least once a month



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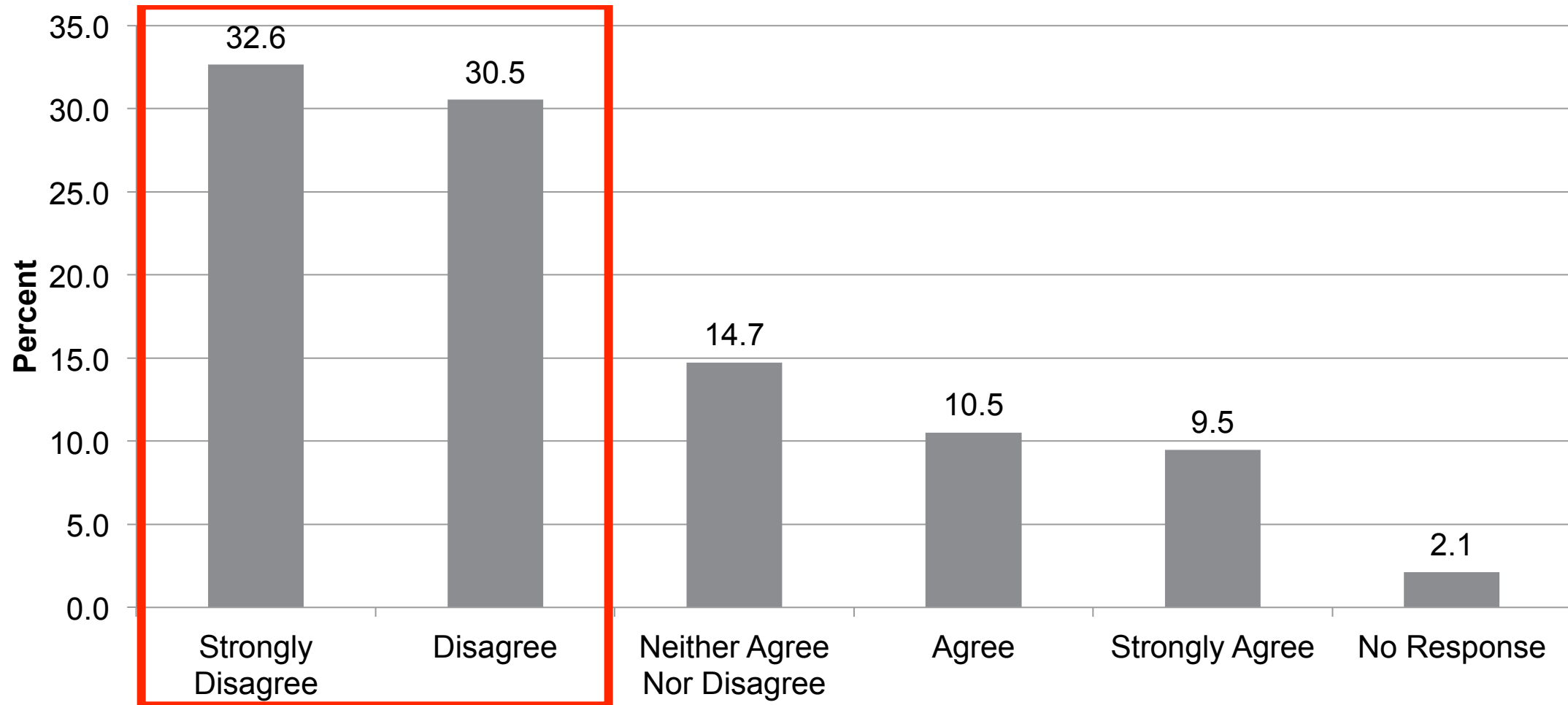
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# Retention

I am actively seeking other employment





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# Individual Motivating Factors

1. The main motivating factor for MLPs to apply to the program was the desire to **have the skills necessary** to provide reproductive health services to women in the rural areas where they had been working.

*“...I applied because I wanted to improve my skills, and just to build some job satisfaction there, because I knew just being a Clinical Officer I was not doing much. **I reached a stage where I would refer certain conditions to someone else**, but if I have those expertise I would deal with that problem myself. So that’s what compelled me to really go for this training.” (MLP\_18)*





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# Individual Motivating Factors

2. **Level of motivation** closely linked to the presence of a **supportive enabling environment**, including when:

- roles were clearly understood
- skills were appropriately utilized
- MLPs is **appreciated by colleagues at district and facility level**, and are regarded as vital and motivated members of the health professional team.



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# Drivers of the motivation

- Working for the community they once served as Clinical Officers
- Being respected and valued by facility staff and clinical teams
- Being able to treat more complications



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# Individual Demotivating Factors

- Lack of appreciation of MLP at the national policy level
- Inadequately defined roles and responsibilities
- ‘Dead end’ career pathways



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# Short term and long term view



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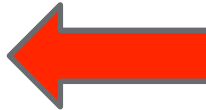
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## Short term

- Have accurate JDs and SOW for the cadre 
- Ensure regulatory bodies match regulation with training 
- Stock the district level facilities with all necessary supplies/equipment
- Match the placement of MLPs to facilities with theatres
- Give district level more autonomy to place MLPs where needed



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## Long term

- Training those already working in rural areas is crucial component
- Enact policies to clearly support and place MLPs in the health system
- Institute an on-call policy for MLPs
- Create a career pathway for MLPs that is transparent and feasible
- Identify ways to better support MLPs in rural facilities for CPD and retention
- Ensure adequate funding is available for hiring and retaining clinicians for the MLP training college
- Address the continuing changes to the needs/demands of next generations



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# Challenges to sustainability

- Motivators are not always financial and depend on context of working environment and individual
- Current leaders of the MLP association are near retirement – new generations bring different perspectives
- Training is not the solution: recruitment, retention and career progression matter a lot more
- The demotivating factors are largely health systems problems
- Mobility and urbanization



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- TRAction





**"Opening the uterus and  
extracting a live baby.  
Great joy."**





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# Thank you

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