

## **TRAINING OF NEW MIDDLE LEVEL CADRE FOR THE HEALTH SECTOR**

### ***Priority policy intervention***

A key recommendation made by the HR task team is that the sector needs to focus on the production of the appropriate cadres. The development of the Midlevel Health care cadre has been identified as the priority policy intervention to focus on within the short to medium term. It is known that the production of middle level cadre will ensure adequate skill mix, reduce the wage bill of the Health sector and ensure higher productivity.

#### **a) Operational definition of middle level cadre:**

A middle level cadre is the person trained to support the highly trained health professional and can hold the fort in the absence of the professional.

- That cadre needs supervision from the professional

#### **a) Operational definition of a professional:**

Those who have been trained through standardized programmes and have been certified by a professional regulatory body. They must have:

- Basic entry requirements.
- Being through a period of training.

#### **b) Role of Professional groups**

- All professional groups without regulatory bodies should institute a regulatory body.
- Professional bodies that are being assisted by middle level cadre should give proper recognition to the category of middle level cadre.

Examples of these cadres are as follows:

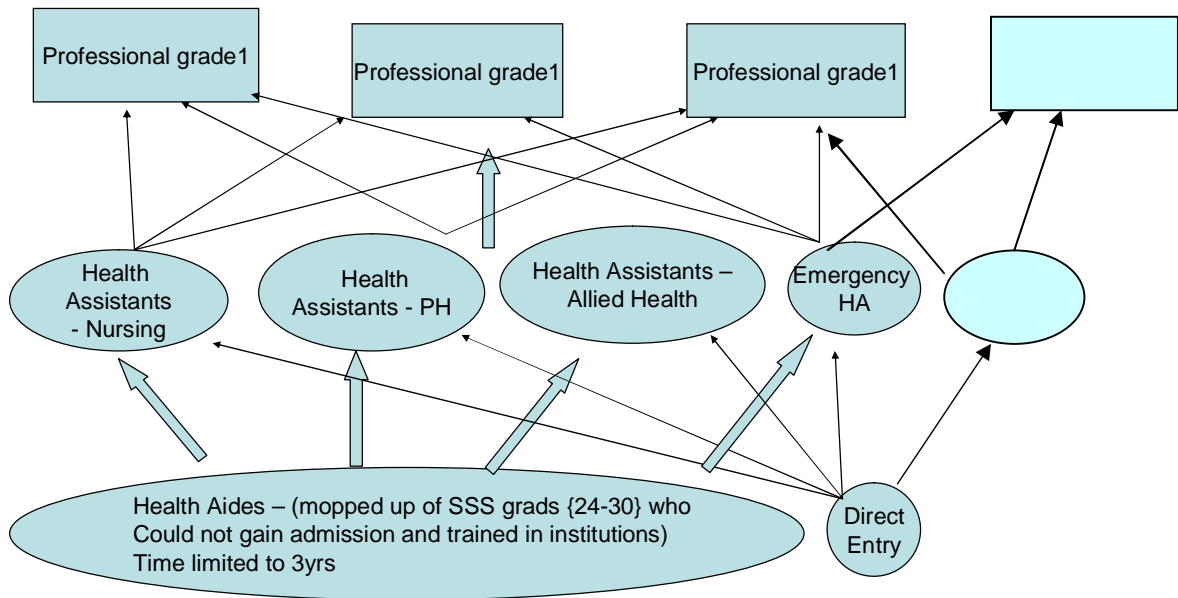
1. Medical assistants
2. Clinical Assistants
3. Community Health Nurses
4. Allied Health Care Assistants
5. Environmental Health Assistants

### ***Category and line of supervision***

Figure 1.

Definition Level of Operation or	Categories of Midlevel Officers	Supervising Authorities	Regulating Bodies-existing and New ones
Physician Level	<ol style="list-style-type: none"> <li>1. Medical Assistants</li> <li>2. Physician Assistants</li> <li>3. Nurse Practitioners</li> </ol>	Doctors	MDC Eventually have own regulatory Bodies
Nursing Level	<ol style="list-style-type: none"> <li>1. Clinical Assistants</li> <li>2. Reproductive Health Assistants</li> <li>3. Community Health Nurses</li> </ol>	Nurses	Nurses and Midwives Council
Technician level (Allied Health)	<ol style="list-style-type: none"> <li>1. Field Technical Assistants</li> <li>2. Lab Technical Assistants</li> <li>3. Technical Officers Nutrition</li> <li>4. Imaging Technicians Assistants</li> <li>5. Physiotherapy Assistants</li> <li>6. Community Oral Health technical Assistants</li> <li>7. Prosthetics Assistant</li> <li>8. Emergency Medical Assistants</li> <li>9. Dental Clinic Assistants</li> <li>10. Health Promotion Assistant</li> <li>11. Environmental Health Assistants</li> </ol>	Technical Officers	Allied Health
Pharmacy Level	<ol style="list-style-type: none"> <li>1. Dispensing technician</li> </ol>	Pharmacist	Pharmacy council
Auxiliary Staff	<ol style="list-style-type: none"> <li>1. Health Aides</li> <li>2. Volunteers</li> </ol>		

## Strategies for Rolling out the Mid-level Cadre



## Specific Levels

**Physician Level: Medical Assistant / Clinical Officer/Physician Assistant (others)**

**Location / what do they do?**

- Assist Medical Officers
- At all facilities and seen as part of the Medical Team. Prioritized for the District and Sub district facilities

**Quantities**

- Proportions
- Propose All Health Centers be manned by MA's
- Determined by HR Plans and Norms
  - Agencies to determine the norms and
  - Ministry determine numbers to be trained based on needs

**Qualification**

- SSS aggregate 24 or better
- Three years + 1 yr internship
- Come out with a diploma/certificate

## **Selection and Sponsorship**

### **Selection**

- Based on needs as defined by number of facilities, sponsorship
- Should be based on the District Health Plan and the National HR Plan.

### **Sponsorship**

#### Local Government

- District Assembly sponsorship based on District Plans. Establish a quota system for the District Assemblies, Local Areas, traditional leaders, Churches, NGO's and others

### **Training Sites**

- Kintampo
- Fomena –medium to long
- Development of other sites in the long term such as UDS and Cape Coast – Advanced Diploma, Degree

### **Regulation**

- MDC
- Or Appropriate Regulatory Bodies

### **Progression**

- Possibility to progress along career paths and with additional qualifications move into Medical School.
- In the long term request a concession for shortened professional training for the cadre – all categories

#### Tutors

- Use the Kintampo model in the short to medium term for Fomena and other new sites to be developed.

### **Deboardinization**

- Encourage, when possible, day schools
- Convert Boarding houses into classrooms and other facilities in the long term

## ***Financing and Sponsorship***

- Government support
- Local Sponsorship e.g. Local Government or faith based/Chieftainship
- Private sponsorship – fee paying

Review allowances and feeding subsidies

## **Bonding**

- Streamline the bonding systems for each cadre –
- According to total training cost-plus interest.
- Bond sum is scaled down according to the years served

Bond duration should be 5years

## **Nurse Level**

### **Categories:**

**Health Assistants – generic name for all categories  
Eg HA- Clinical, HA – Public Health, HA-**

### **Location / what do they do?**

- Assist Nurses in the facilities and other locations etc....
- At all facilities, under and seen as part of the Nursing Team.
- Based on Needs of facilities and location.

### **Quantities**

- Determined by HR Plans and Norms
  - Agencies to determine the norms and
  - Ministry determine numbers to be trained based on needs
- Proportions 60/40 'rule of thumbs'

### **Qualification**

- SSS aggregate 25-30
- Two years training
- Come out with a certificate

### **Selection and Sponsorship**

#### **Selection**

- Proportions 60/40 'rule of thumbs'
- Based on need as defined by no of facilities, sponsorship
- Should be based on the District Health Plan and HR Plan.

#### **Sponsorship**

##### **Local Government**

- District Assembly sponsorship based on District Plans. Establish a quota system for the District Assemblies, Local Areas, traditional leaders, Churches, NGO's and others

#### **Training Sites**

- Existing Training Schools in the short term plus new schools in the medium to long term
- Approved/ Accredited Private Schools with supervision from the NMC

## ***Regulation***

- NMC

## **Progression**

- Possibility to progress along career paths and with additional qualifications move into Nursing /other Professional Training Schools.
- In the long term request a concession for shortened professional training for the cadre – all categories

## ***Tutors***

- Use the Existing Tutors and preceptor in the regions –
- Encourage Retired Staff and
- Train additional Preceptors.

## ***Deboardinization***

- Encourage, when possible, day schools
- Convert Boarding houses into classrooms and other facilities in the long term

## ***Financing and Sponsorship***

- Government support
- Local Sponsorship e.g. Local Government or faith based/Chieftainship
- Private sponsorship – fee paying

Review allowances and feeding subsidies

## **Bonding**

- Streamline the bonding systems for each cadre –
- According to total training cost-plus interest.
- Bond sum is scaled down according to the years served

Bond duration should be 3years

## **Allied Level**

### **Categories:**

**Health Assistants – generic name for all categories**

**Eg: HA- Lab, HA – Physiotherapy, HA-Imaging, HA-Prosthetics & Orthotics, HA-Oral Health, Environmental Assistants etc**

### **Location / what do they do?**

- Assist Technical Officers in the facilities and other locations etc....
- At all facilities, under and seen as part of the Technician Team.
- Based on Needs of facilities and location.

### **Quantities**

- Determined by HR Plans and Norms
  - Agencies to determine the norms and
  - Ministry determine numbers to be trained based on needs

### **Qualification**

- SSS aggregate 25-30
- Two years training
- Come out with a certificate

### **Selection and Sponsorship**

#### **Selection**

- Proportions 60/40 'rule of thumbs'
- Based on need as defined by no of facilities, sponsorship
- Should be based on the District Health Plan and HR Plan.

#### **Sponsorship**

##### **Local Government**

- District Assembly sponsorship based on District Plans. Establish a quota system for the District Assemblies, Local Areas, traditional leaders, Churches, NGO's and others

## **Training Sites**

- Existing Training Schools in the short term plus new schools in the medium to long term
- Approved/ Accredited Private Schools with supervision from the Relevant regulatory bodies
- KATH, KBTH and Cape Coast Hospital to start developing training programmes for Physiotherapy, A&E, etc
- Explore possibility of Polytechnic Schools offering the specific courses

## **Regulation**

- Relevant Regulatory Bodies

## **Progression**

- Possibility to progress along career paths and with additional qualifications move into appropriate Professional Training Schools.
- In the long term request a concession for shortened professional training for the cadre – all categories

## **Tutors**

- Use the Existing Tutors and preceptor in the regions –
- Encourage Retired Staff to take up training
- Train additional tutors and Preceptors.

## **Deboardinization**

- Encourage, when possible, day schools
- Convert Boarding houses into classrooms and other facilities in the long term

## **Financing and Sponsorship**

- Government support
- Local Sponsorship e.g. Local Government or faith based/Chieftainship
- Private sponsorship – fee paying

Review allowances and feeding subsidies

## **Bonding**

- Streamline the bonding systems for each cadre –
- According to total training cost-plus interest.
- Bond sum is scaled down according to the years served

Bond duration should be 3years

## **Pharmacy Level**

**Categories:**

**Health Assistants – generic name for all categories**

**Eg: HA- Dispensing**

***Location / what do they do?***

- Assist Pharmacists to provide services on in the facilities and other locations eg pharmacy shops etc
- At all facilities, under and seen as part of the pharmacy services.
- Based on Needs of facilities and location.

## **Quantities**

- Determined by HR Plans and Norms
  - Agencies to determine the norms and
  - Ministry determine numbers to be trained based on needs

## **Qualification**

- SSS aggregate 25-30
- Two years structured modular training
- Come out with a certificate

## **Selection and Sponsorship**

### **Selection**

- Based on need as defined by no of facilities, sponsorship
- Should be based on the District Health Plan and HR Plan.

### **Sponsorship**

Short Term – sponsored by government

Local Government

District Assembly sponsorship based on District Plans. Establish a quota system for the District Assemblies, Local Areas, and Traditional Local Areas, traditional leaders, Churches, NGO's and others

### **Training Sites**

- Existing Training Schools in the short term plus new schools in the medium to long term
- Approved/ Accredited Private Schools with supervision from the Relevant regulatory bodies
- Explore possibility of Polytechnic Schools offering more clinically oriented courses in that field.

### **Regulation**

- Pharmacy Council

### **Progression**

- Possibility to progress along career paths and with additional qualifications move into appropriate Professional Training Schools.
- In the long-term request a concession for shortened professional training for the cadre.

### **Tutors**

- Use the Existing Tutors and preceptors in the regions –
- Encourage Retired Staff to take up training
- Train additional tutors and Preceptors.

### **Deboardinization**

- Encourage, when possible, day schools
- Convert Boarding houses into classrooms and other facilities in the long term

### **Financing and Sponsorship**

- Government support
- Local Sponsorship e.g. Local Government or faith based/Chieftainship
- Private sponsorship – fee paying

Review allowances and feeding subsidies

## **Bonding**

- Streamline the bonding systems for the cadre –
- According to total training cost-plus interest.
- Bond sum is scaled down according to the years served

Bond duration should be 3years

## **New and Emerging Categories**

**Categories:**

**Health Assistants – generic name for all categories**

**Eg: HA- Emergency**

***Location / what do they do?***

- Assist Paramedics to provide emergency care on site, ambulances and in the facilities and other locations eg Fire etc
- At all facilities, under and seen as part of the Emergency Team.
- Based on Needs of facilities and location.

**Quantities**

- Determined by HR Plans and Norms
  - Agencies to determine the norms and
  - Ministry determine numbers to be trained based on needs

**Qualification**

- SSS aggregate 25-30
- Two years structured modular training
- Come out with a certificate

**Selection and Sponsorship**

**Selection**

- Based on need as defined by no of facilities, sponsorship
- Should be based on the District Health Plan and HR Plan.

## **Sponsorship**

Short Term – sponsored by government

Local Government

District Assembly sponsorship based on District Plans. Establish a quota system for the District Assemblies, Local Areas, and Traditional Local Areas, traditional leaders, Churches

Churches, NGO's and others

## **Training Sites**

- Existing Training Schools including Fire Academy Training School in the short term, plus new schools (eg Fomena) in the medium to long term
- Approved/ Accredited Private Schools with supervision from the Relevant regulatory bodies
- Hospitals to be developed as training sites
- Explore possibility of Private schools in the long Term

## **Regulation**

- Relevant Regulatory Body

## **Progression**

- Possibility to progress along career paths and with additional qualifications move into appropriate Professional Training Schools.
- In the long term request a concession for shortened professional training for the cadre – all categories

## **Tutors**

- Use the Existing Tutors and preceptor in the regions –
- Encourage Retired Staff to take up training
- Train additional tutors and Preceptors.

## **Deboardinization**

- Encourage, when possible, day schools
- Convert Boarding houses into classrooms and other facilities in the long term

## ***Financing and Sponsorship***

- Government support
- Local Sponsorship e.g. Local Government or faith based/Chieftainship
- Private sponsorship – fee paying

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## **Bonding**

- Streamline the bonding systems for each cadre –
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- Bond sum is scaled down according to the years served

Bond duration should be 3years

## **Stages of implementation**

Short Term

Medium Term

Long Term

## **CONSTRAINTS**

Possible constraints that could serve as barriers to the implementation of the above policy interventions are:

- Professional protectionism
- Lack of political will
- Inadequate resources
- Inadequate number of tutors

## **Opportunities**

- The sector is facing Human Resource crisis and this unfortunate situation should propel the sector into implementing the interventions identified with total commitment.
- There are already existing programmes that the sector could learn lessons from.
- The country has abundant Human Resource base that could be trained to help achieve the goals.

**ANNEX.....**

**Bonding for sponsored Programmes in the Ministry of Health**

Duration	Programme	Bond Duration	Training Cost (\$)	Default in years (25% interest)				
				\$				
				1	2	3	4	5
1 year	(Post Basic) PHN, CCN, PON, MIDW, OPH, NSG, Medical Assistant	3 years	3,334	4,168	5,209	6,512		
2 years	CERT CHN, FT (Kintampo), SOH (TAMALE/HO), MIDW(ATIBIE, HOHOE, MAMPONG)	3 years	4,110	5,138	6,422	8,027		
3 years	DIP RGN, RMN,MIDW,SRN, TO (Kintampo), SOH (ACCRA), CHN	5 years	8,472	10,590	13,238	16,547	20,684	25,854
3 years	RADIOLOGIC TECHNOLOGY	5 years	8,468	10,585	13,231	16,539	20,674	25,842
3 years	MEDICAL LABORATORY TECHNOLOGY	5 years	8,207	10,259	12,823	16,029	20,037	25,046
3 years	BA, BSC NURSING, BSC MEDICAL LABORATORY/RADIOGRAPHY	5 years	9,600	12,000	15,000	18,750	23,438	29,297
4 years	PHARMACY	5 years	18,748	23,435	29,294	36,617	45,771	57,214
5 years	MEDICINE	5 years	40,705	50,881	63,602	79,502	99,377	124,222
> 1 year	EXTERNAL FELLOWSHIP	2 years	10,000	12,500	15,625			
1 year	EXTERNAL FELLOWSHIP	3 years	25,000	31,250	39,063	48,828		
1 year	LOCAL FELLOWSHIP (MPH, MPHIL, , MA HRM)	3,years	6,400	8,000	10,000	12,500		
2 years	LOCAL FELLOWSHIP (MPH, MPHIL, , MA HRM)	3 years	12,800	16,000	20,000	40,000		
1year	LOCAL FELLOWSHIP (SANDWICH, MA, HRM, HRD.)	2years	4,000	5,000	6,250			
1year	LOCAL FELLOWSHIP (MA. EDUCATIONAL ADMINISTRATION)	2years	3,000	3,750	4,688			
2years	LOCAL FELLOWSHIP (DIPLOMA HEALTH SCIENCE EDUCATION)	3years	3,500	4,375	5,469	6,836		
3years	LOCAL FELLOWSHIP (SANDWICH B.ED, HEALTH SCIENCE	5years	4,500	5,625	7,031	8,789	10,986	13,733
1year	LOCAL FELLOWSHIP (POSTGRADUATE DIPLOMA, EDUCATION)	3 years	2,000	2,500	3,125	3,906		
2 years	EXTERNAL FELLOWSHIP	3 years	50,000	62,500	78,125	97,656		

