

IMPROVING FUNCTIONS



IN THIS SECTION:

This section addresses the essential functions of a health professional association as described by its goals and objectives.

WHAT IS MEANT BY A HEALTH PROFESSIONAL ASSOCIATION'S FUNCTIONS?

The **functions** of health professional associations relate to their 'raison d'être' or the reasons for which they exist. They are usually described in the association's objectives, laid out in their governing documents, and may vary from country to country. Common functions may include: registration, licensure, continuing professional development, standards of practice, codes of ethics, advancement of the profession, fee schedules, disciplinary issues and others. Being membership-led, health professional associations usually have a dual role of assuring protection of the public's safety through the promotion of standards of practice while also representing the interests of their members.

In the OCIF, a health professional association's functions are addressed through the following capacity areas:

- **Membership services;**
- **Promotion of quality and standards of care;**
- **Advancement of professional practice;**
- **Influence on medical practice and health policy.**

RECOMMENDED PRACTICES

A health professional association that assumes its functions:

- Establishes and maintains a membership data management system that permits them to effectively and efficiently manage the information related to their members (*see Tool 6.3*).

- Strives to ensure that its programmes/projects and services meet the needs of their members.
- Recognises the importance of continuing medical education for the promotion of standards of care and implements activities in support of these.
- Develops and nurtures collaborations with other professional associations involved in women's health.
- Contributes to policy work at the national level.

ACTIONS TO MOVE FORWARD

- Integrate opportunities for members to participate and provide feedback during the strategic planning exercise, particularly in regards to the association's mission, vision, objectives and strategic priorities.
- Identify and promote the association's rewards, benefits and compensation as a means to recruit and maintain membership (*see Tool 6.1*).
- Adapt and ratify the code of professional conduct of its international body (e.g. FIGO) if the association does not have a code of professional conduct and disseminate widely.
- Invite the President of other health professional associations to your annual scientific congress. Similarly, respond to invitations by other health professional associations to participate in their meetings or events.
- Consider opening your scientific congress and CME activities to members of other health professional associations.

▲ **VIGNETTE:** *In an effort to contribute to improved standards and quality of care, la Société des Gynécologues et Obstétriciens du Burkina (SOGO) is currently involved in an initiative which seeks to improve the delivery of maternal and newborn care by sensitising health care workers to the importance of compassionate care. The association's decision to focus on this specific issue was informed by the results of a national forum, which identified the lack of compassionate care, skilled attendance at birth and essential newborn care as major barriers to improved maternal and newborn care in the country. Among the strategies adopted by SOGO and other key stakeholders to address these issues are the development and signing of a joint statement which recognises the importance of 'the caring behaviour', skilled attendance and essential newborn care and, in collaboration with Family Care International, the development and piloting of a training programme aimed at strengthening health providers' caring behaviours. Along with SOGO, this work is supported by WHO, UNFPA, UNICEF and l'Association des Professionnels de la Santé du Burkina Faso, an organisation which brings together the health professional associations of ob/gyns, midwives, pediatricians, anesthesiologists, pharmacists and nurses.*

► **FOCUS: Health professional associations as advocates for reproductive, maternal and newborn health**

Health professionals, and by extension their professional associations, are considered essential partners in the global movement to improve reproductive, maternal and newborn health. Their knowledge, skills and influential position facilitate their role as effective and powerful advocates for improvements in the field at national, regional and community levels. The following are a few examples of advocacy efforts that they can lead in support of improved reproductive, maternal and newborn health outcomes:

- Amendments, enforcement and new legislation (making maternal deaths a reportable event, ensuring the availability of midwives and skilled attendants at the primary care level, ensuring access to information, providing sexual and reproductive health services to adolescents, etc.);
- Amendments, enforcement and new policies (authorising midwives to administer core sets of life-saving interventions, prevention and control of malaria during pregnancy, etc);
- Amendments, enforcement and new clinical practice guidelines and protocols;
- Changes and updates to pre- and in-service training programmes (e.g. integration of new evidence-based interventions);
- Greater investment in reproductive, maternal and newborn health;
- Better access and quality of services to under-served groups, including adolescents, unmarried women and poor women;
- The scaling up of cost-effective interventions.

See also Tool 6.4

► **FOCUS: The role of health professional associations in influencing policy**

Health professional associations active within the Partnership for Maternal, Newborn and Child Health (PMNCH) have committed to play a vital role 'in ensuring that health professionals are well-prepared for their important roles in achieving MDGs 4 & 5'.¹ Among their many contributions to the field is their ability to influence policy in order to improve the health of women, newborns, children and adolescents.

Health professional associations can influence policy in a number of different ways by:

- Participating as informed stakeholders in health policy development processes;
- Initiating discussion or dialogue for the purpose of changing existing or developing new policies;
- Monitoring and evaluating the impact of health policies.

▲ **VIGNETTE:** *The Society of Gynaecology and Obstetrics of Nigeria (SOGON) is currently leading an initiative that seeks to introduce Maternal Death Reviews (MDRs) in the country as a means for improving access to quality maternal and newborn care. SOGON initiated its work in this specific area following consultations with the Federal Ministry of Health who intends to roll out this quality improvement programme throughout the country. To date, SOGON has carried out a comparative analysis of the different tools and processes used in MDRs both within Nigeria and in other countries (e.g. UK, South Africa and Ethiopia) and have used these findings to develop draft tools and processes for Nigeria. These are currently being reviewed by the National Maternal Death Review Committee, which brings together a broad range of key stakeholders involved in maternal and newborn health.*

ACCOMPANYING TOOLS

- 6.1 – Example: Promotional material to recruit members (SOGC)
- 6.2 – Tool: Development process and structure of a clinical guideline
- 6.3 – Template: Membership data management system
- 6.4 – Tool: Basics of advocacy
- 6.5 – Example: Position statement (FIGO/ICM)
- 6.6 – Clinical guideline development – Understanding and Finding Evidence

OTHER USEFUL RESOURCES

Advocacy and lobbying training manual Boston: Disability Rights Fund; 2005. Available: <http://www.disabilityrightsfund.org/node/502>.

ADAPTE Collaboration. *The ADAPTE process: resource toolkit for guideline adaptation*. Version 2.0. Berlin: Guideline International Network; 2009. Available: http://www.g-i-n.net/document-store/adapte-resource-toolkit-guideline-adaptation-version-2/at_download/file.

Broughton R, Rathbone B. What makes a good guideline? [What is... series vol 1, no 11]. London: Hayward Medical Communications; 2001. Available: <http://www.medicine.ox.ac.uk/bandolier/painres/download/whatis/whatareclinguide.pdf>.

Clinical practice guidelines. Open Clinical; 2012. Available: <http://www.openclinical.org/guidelines.html>.

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Datta A. *Strengthening World Vision policy advocacy: a guide to developing advocacy policies*. London: Overseas Development Institute; 2011. Available: <http://www.odi.org.uk/resources/docs/7261.pdf>.

Development of RCOG Green-top Guidelines: consensus methods for adaptation of Green-top Guidelines [Clinical governance advice no 1d]. 2nd ed. London: Royal College of Obstetricians and Gynaecologists; 2010. Available: <http://www.rcog.org.uk/files/rcog-corp/CGA1dConsensusMethods.pdf>.

Fervers B, Burgers JS, Haugh MC, Latreille J, Mlika-Cabanne N, Paquet L, et al. Adaptation of clinical guidelines: literature review and proposition for a framework and procedure. *Int J Qual Health Care* 2006;18(3):167-76. Available: <http://intqhc.oxfordjournals.org/content/18/3/167.full.pdf>.

WHO handbook for guideline development. Geneva: World Health Organization; 2012. Available: http://www.who.int/iris/bitstream/10665/75146/1/9789241548441_eng.pdf.

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