

COMPETENCY BASED FRAMEWORK FOR MEDICAL DOCTORS

2020

1st Edition



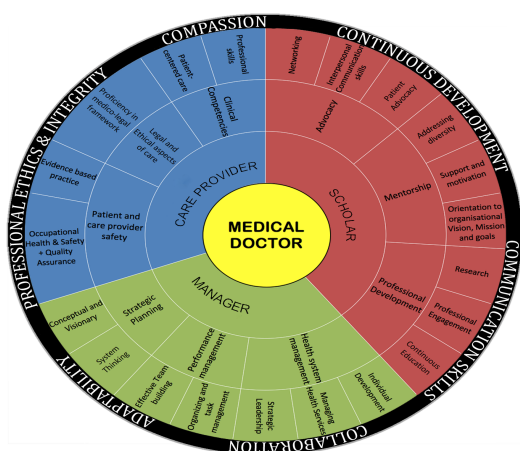
Royal Civil Service Commission
Royal Government Of Bhutan



Ministry of Health
Royal Government Of Bhutan

COMPETENCY BASED FRAMEWORK FOR MEDICAL DOCTORS 2020

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Note: To understand the framework the readers are expected to have read and understood the concept of CBF. The guideline is available on the RCSC website: www.rcsc.gov.bt



“It’s easy to begin any work and even easier if we want to achieve mediocrity. However, if we want to see steady progress and constant improvement, we have to be prepared to shoulder greater responsibility. Healthcare is very important for each and every person, and we cannot fail in our endeavor to continuously improve the quality of our healthcare services.”

His Majesty’s address at the 1st Convocation of KGUMSB on 25th April 2019

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ABBREVIATION

ACLS	Advanced Cardiac Life Support	IMNCI	Integrated Management of Neonatal and Childhood Illnesses
ALSO	Advanced Life Support in Obstetrics	IT	Information Technology
ATLS	Advanced Trauma Life Support	JDWNRH	Jigme Dorji Wangchuck National Referral Hospital
BCSE	Bhutan Civil Service Examination	KGUMSB	Khesar Gyalpo University of Medical Sciences of Bhutan
BCSR	Bhutan Civil Service Rules and Regulations	KPI	Key Performance Indicator
BHSQA	Bhutan Healthcare Standard for Quality Assurance	MBA	Master in Business Administration
BHC	Biennial Health Conference	MBBS	Bachelor of Medicine Bachelor of Surgery
BHU	Basic Health Unit	MBBS MD	MBBS Doctor of Medicine
BHW	Basic Health Worker	MBBS MS	MBBS Master of Surgery
BI	Behavior Indicator	MIH	Master in International Health
BMHC	Bhutan Medical and Health Council	MO	Medical Officer
CBF	Competency-based Framework	MOH	Ministry of Health
CME	Continuing Medical Education	MOIC	Ministry of Information and Communication
CMO	Chief Medical Officer	MPA	Master in Public Administration
CRRH	Central Regional Referral Hospital	MPH	Master in Public Health
DG	Director General	MS	Medical Superintendent
DHO	District Health Officer	NEWARS	National Early Warning, Alert and Response Surveillance
DRA	Drug Regulatory Authority	NHS	National Health Service (UK)
ES	Specialist, position level after P1(S) in Civil Service Structure	OAG	Office of the Attorney General
EX	Executive: Position level after P1(M) in Civil Service Structure	ODE	Organizational Development Exercise
FGD	Focus Group Discussion	OJT	On the Job Training
FIT	Foundational In-service Training	OSA	Officer on Special Assignment
FY	Fiscal Year	PA	Professional Allowance
FYP	Five Year Plan	PALS	Pediatric Advanced Life Support
GDMO	General Duty Medical Doctor	PhD	Doctor of Philosophy
GP	General Practitioner	QASD	Quality Assurance and Standardization Division
HA	Health Assistant	RCSC	Royal Civil Service Commission
HCC	Healthcare Centers	RG	Registrar General
HOD	Head of Department	RGOB	Royal Government of Bhutan
HR	Human Resource	RIGSS	Royal Institute for Governance and Strategic Studies
HRA	House Rent Allowance	RIM	Royal Institute of Management
HRC	Human Resource Committee	SIY	Search Inside yourself
HRD	Human Resource Department	SMO	Senior Medical Officer
ICT	Information and Communication Technology	TNA	Training Need Analysis

TVET	Technical and Vocational Education and Training
UNICEF	United Nations Children’s Fund
WISN	Workload Indicators of Staffing Need

1. BACKGROUND and RATIONALE

The Royal Civil Service Commission (RCSC) in collaboration with Singapore Polytechnic International with funding support from Temasek Foundation International launched the Competency-based Framework (CBF) for Public Service Program on 6th August 2018. The CBF aims to guide an organization to identify skills needs of employees, assist continuous development and professionalization of civil servants to deliver responsibilities effectively and enhance efficiency. It ensures that employees, in general, have a common understanding of the organization's values and expected performance behaviors, and enables an organization to assess its workforce capacity based on competencies. It provides a structured way of developing an organization's workforce by incorporating the required values, capabilities and competencies through identifying the right skills. These skills are skills required for continuous development of public servants to deliver responsibilities effectively and efficiently.

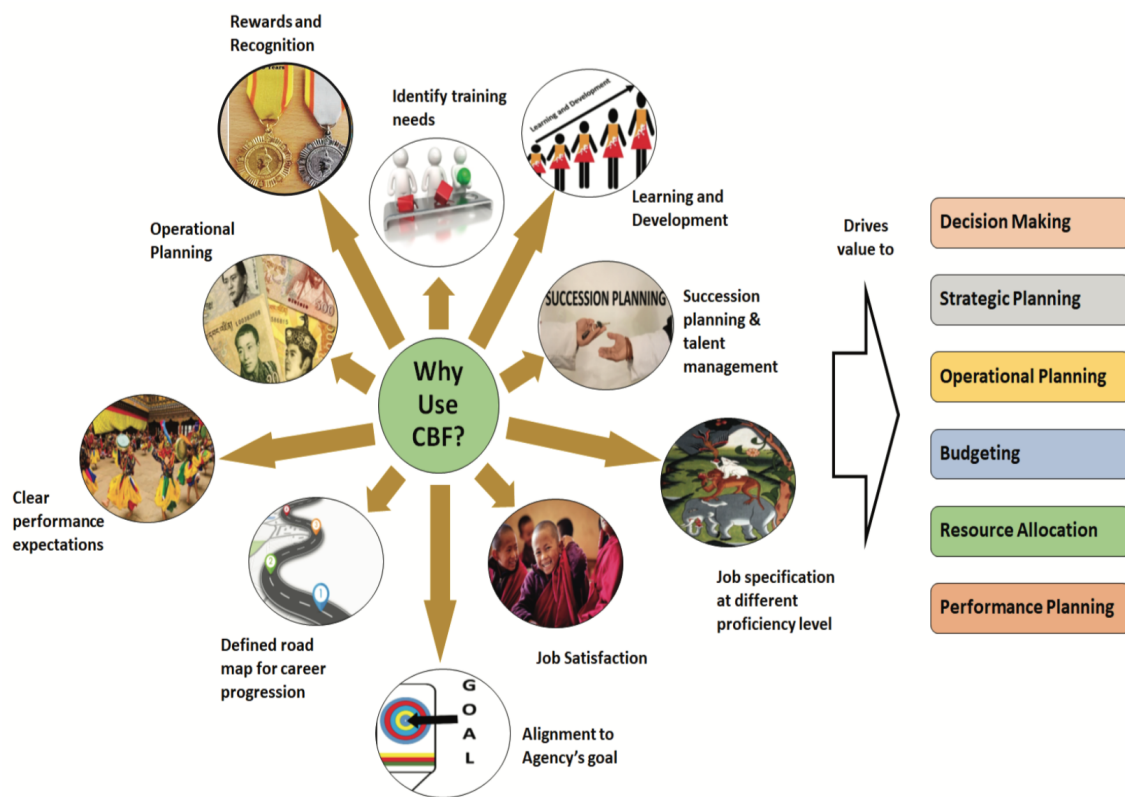


Figure 1: Merits of the Competency-based Framework

The RCSC started the program by identifying seven professional groups (Clinical Nurse, Forestry Officer, Financial Officer, Principal, TVET Trainer and Immigration Officer) to develop and implement the CBF. These piloting occupational groups were trained in stages to develop CBFs over a period of 6 months, under the guidance of expat facilitators from Singapore. Taskforce members for CBF of Medical Doctors were trained during the third cascading workshop, from 19th to 23rd August 2019, along with six other occupational groups (Tax Officer, Human Resource Officer, Fire and Rescue Officer, Employment Officer, Education Officer and Mines Inspector). The team constituted of Medical Doctors from District and National Referral Hospital, Human

Resources Officers from National Referral Hospital and Ministry of Health, and an official from Bhutan Medical and Health Council (BMHC).

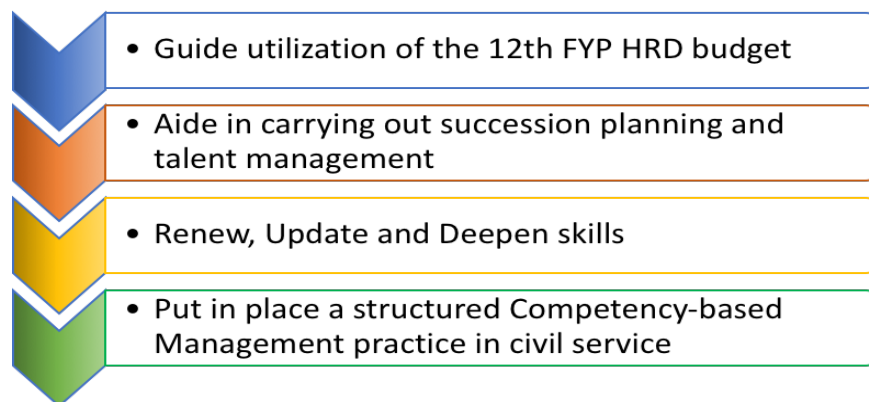


Figure 2: Main Purpose of Competency-Based Framework for Bhutan Civil Service

CBF for Medical Doctors was initially developed for “Medical Officers” (a term presumed to be synonymous with MBBS only doctors by Health Professionals and actually a Position Title for MBBS doctor with 4-8 years of experience in Position Directory of RCSC). Later, as per the directives from the RCSC, the framework was amended to incorporate competencies for all categories of Medical Doctors, including MBBS and MBBS MD/MS/MPH.

In accordance to CBF Guideline, this CBF has been developed to enable Medical Doctors to contribute towards the Ministry of Health’s vision of “A Nation with the Best Health”, by fulfilling the needs of their main customers: Patients, Community, Policy Makers and other Health Workers. It employs heart on, hands on and heads on approach where developers empathize with doctors and engage them in co-creation and synthesis of comprehensive CBF through an open mind and divergent thinking in pursuit of enhanced public service delivery.

Since the conduct of 3rd Cascading workshop in August 2019, this framework has evolved through a series of meetings, consultations and analysis of survey responses. The final framework includes 3 Key Roles, 9 Competency Areas, 21 Key Competencies and 44 Behavior Indicators (BIs). Overview of the framework is attached as Annexure I.

2. OVERVIEW OF THE MINISTRY OF HEALTH

The Ministry of Health (MOH) is the central authority responsible for providing preventive, promotive, curative and rehabilitative services in the country and aims to improve the quality of care to the people through:

- Formulation of policies, strategies, standards and guidelines;
- Provision of technical support for implementation of the program activities;
- Supervision and monitoring of the implementation of health services at all levels; and
- Mobilization of financial resources.

There has been a tremendous progress in healthcare service delivery and infrastructure development during last seven decades of planned development progress. Today, for a population of 727,475, there are 32 hospitals, 23 BHU Grade I and 185 BHU Grade II. The number of health workers, although still low as per international standards, has also improved drastically.

		2015	2016	2017	2018
1	Doctors	251	299	345	337
2	Nurses	1070	1185	1264	1202
3	Pharmacists	15	23	36	44
4	HA&BHW	643	658	636	604
5	Drungtshos (Indigenous Physicians)	47	54	55	53
6	sMenpas	100	105	113	113

Table 1: Total number of different categories of Health Human resource of Bhutan 2014-2018 (Source: Annual Health Bulletin 2019, MOH website)

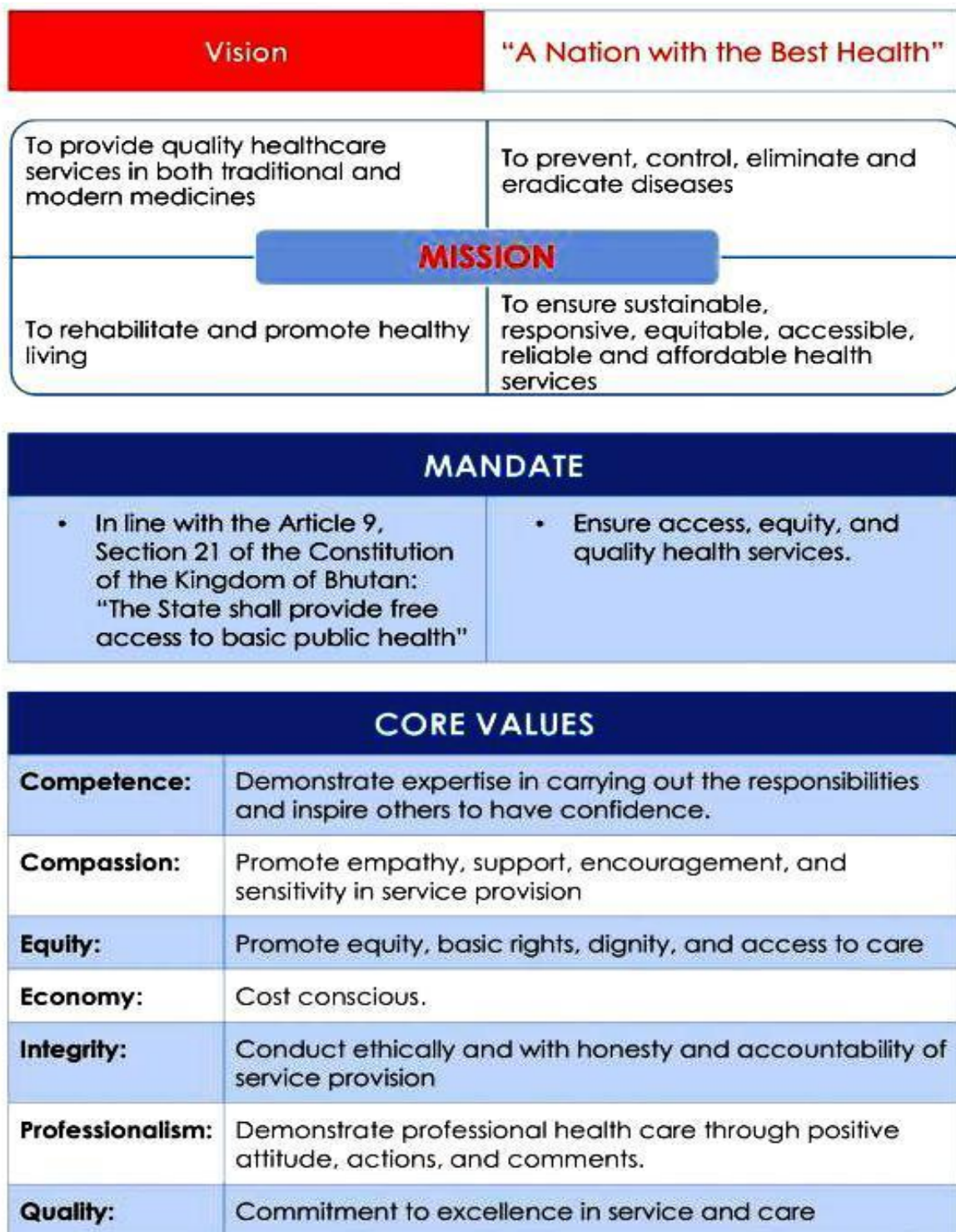


Figure 3: Vision, Mission, Mandate and Values of Ministry of Health (Source: MOH Website)

3. EVALUATION OF CURRENT SITUATION

Medical Doctor is the third occupational group amongst health professionals to develop CBF with support from RCSC. This group, although constituting only 5.20% (275/ 5285) of the total health workforce and less than one percent of civil service workforce (29,442), is considered a major occupational group since their performance has a huge impact on individual patient and overall health system outcome/expenditure (Note: these figures are from Annual Health Bulletin 2019 and Annual Report 2018-2019: State of the Royal Civil Service and it does not include Dental Surgeons). Aside from professional clinical leadership role of Medical Doctors in Clinical Case Management, Medical Doctors in Bhutan have historically played a critical Leadership role in progress of Modern Medicine in Bhutan thus far. In fact, even today all hospitals and Grade I BHUs are being managed by them. Moreover, literature shows that approximately 70% of healthcare costs are directly or indirectly controlled by their decisions. Therefore, their role as a team leader of case management team, hospital manager and policy maker, while fulfilling their duty as a care provider is very complex and needs systemic approach.

3.1 Existing strength of Medical Doctors

As of November 2019, there were 309 Medical Doctors in civil service. (Source: Civil Service Information System.) Their distribution across the health centers and various position levels in civil service as per qualifications are shown in the figures below.

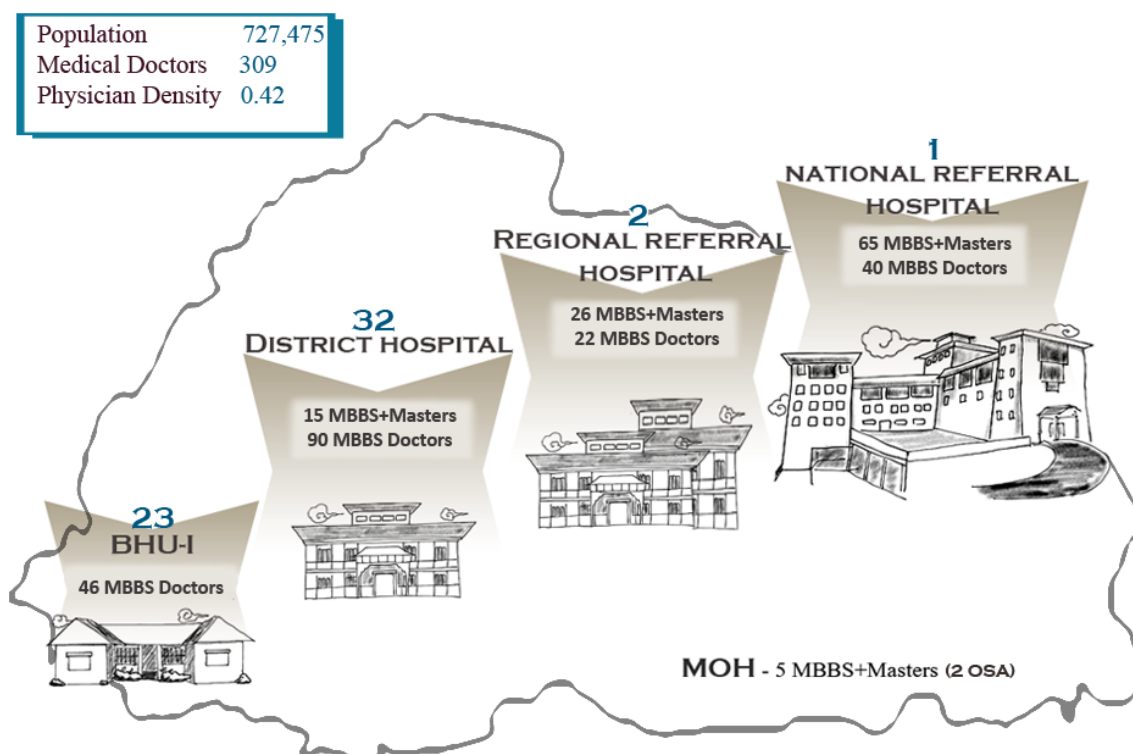


Figure 4: Medical Doctors at various levels of Healthcare Center

The “inverted triangle” distribution of Medical Doctors especially in Referral Hospitals (Figure 4), where number of doctors with master’s degree were more than MBBS only doctors, was seen as a troubling state.

Position Levels	Number of Doctors
P4	151
P3	69
P2	36
P1	29
ES/EX	24 (3 EX)
Total	309

Almost half of Medical Doctors were in P4 level and more than 95% of them were MBBS graduates. Only 3 (less than 1%) were in Executive Positions when at least 5% of Workforce in MOH should be Medical Doctors as per the officials therein. All P1 Medical Doctors were in Specialist (ES) track of Civil Service Structure.

Table 2: Medical Doctors in various position levels (Note: Dental doctors are not included)

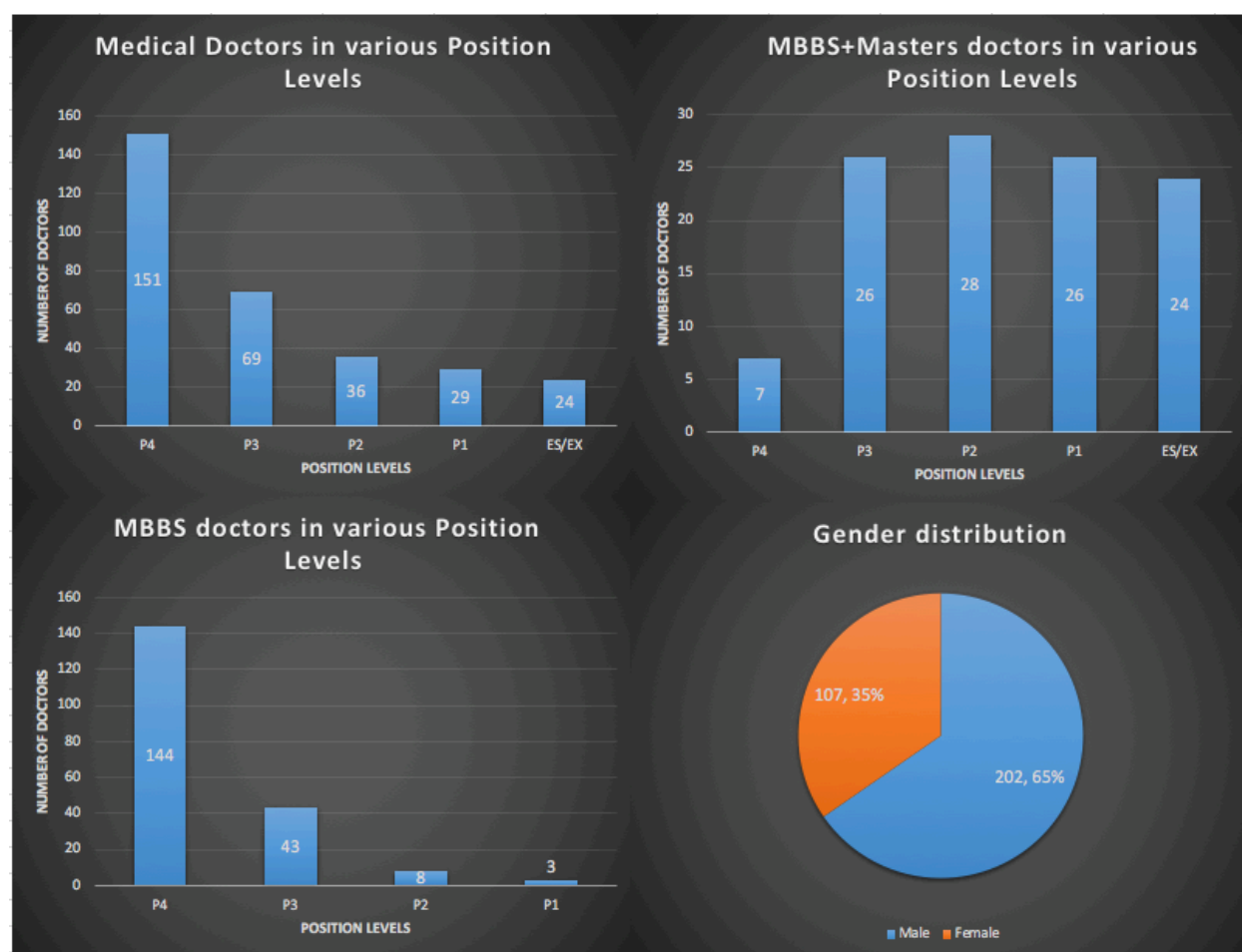


Figure 5: Strength of Medical Doctors in various Position Levels and gender distribution as of November 2019 (Source: RCSC, Civil Service Information System)

Position Levels of Medical Doctors in civil service signify their seniority in service and with recent reforms in place, how fast one progresses through the Civil Service Structure can be influenced by one's planning for further education. Figure 6 is an attempt to depict the difference.

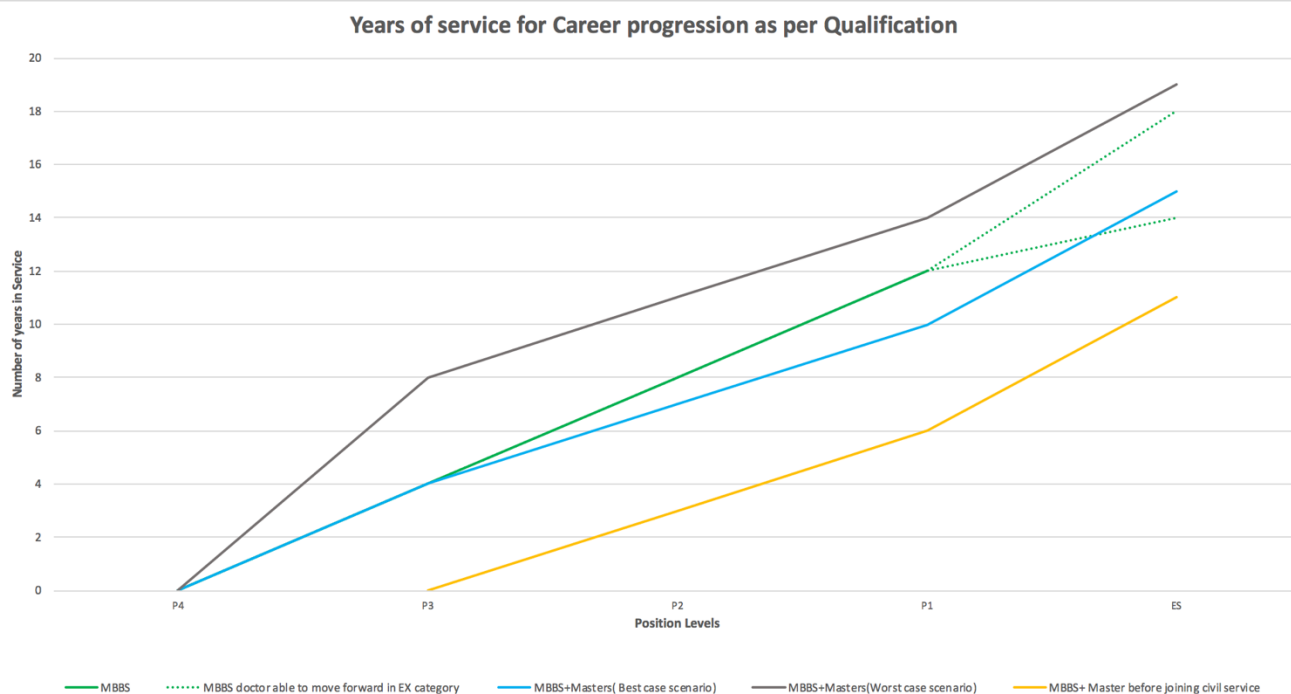


Figure 6: Number of years required by Medical Doctors to reach ES level in civil service

Further, as shown in Figure 7, the professional qualification /specialized service provided by doctors at various position levels have been remunerated with Professional Allowance (PA). Note: There are other categories of civil servants who receive PA and discussion on the adequacy or efficacy of the allowance for Medical Doctors' enhanced performance is beyond the scope of this framework.

3.2 Professional duties and skills

Professional duties and mandatory skills required of Medical Doctors are predetermined by their qualification. To practice the profession, one has to be updated in one's field, through life-long continuous education.

In current scenario, conducting licensing exam like in other countries may not be feasible. However, institutionalizing annual state required CMEs for renewal of registration by BMHC could be a means of monitoring competencies. Also, by nature of our healthcare system, several other competencies are required of Medical Doctors. (Detailed discussion on this topic is beyond the scope of this framework.)

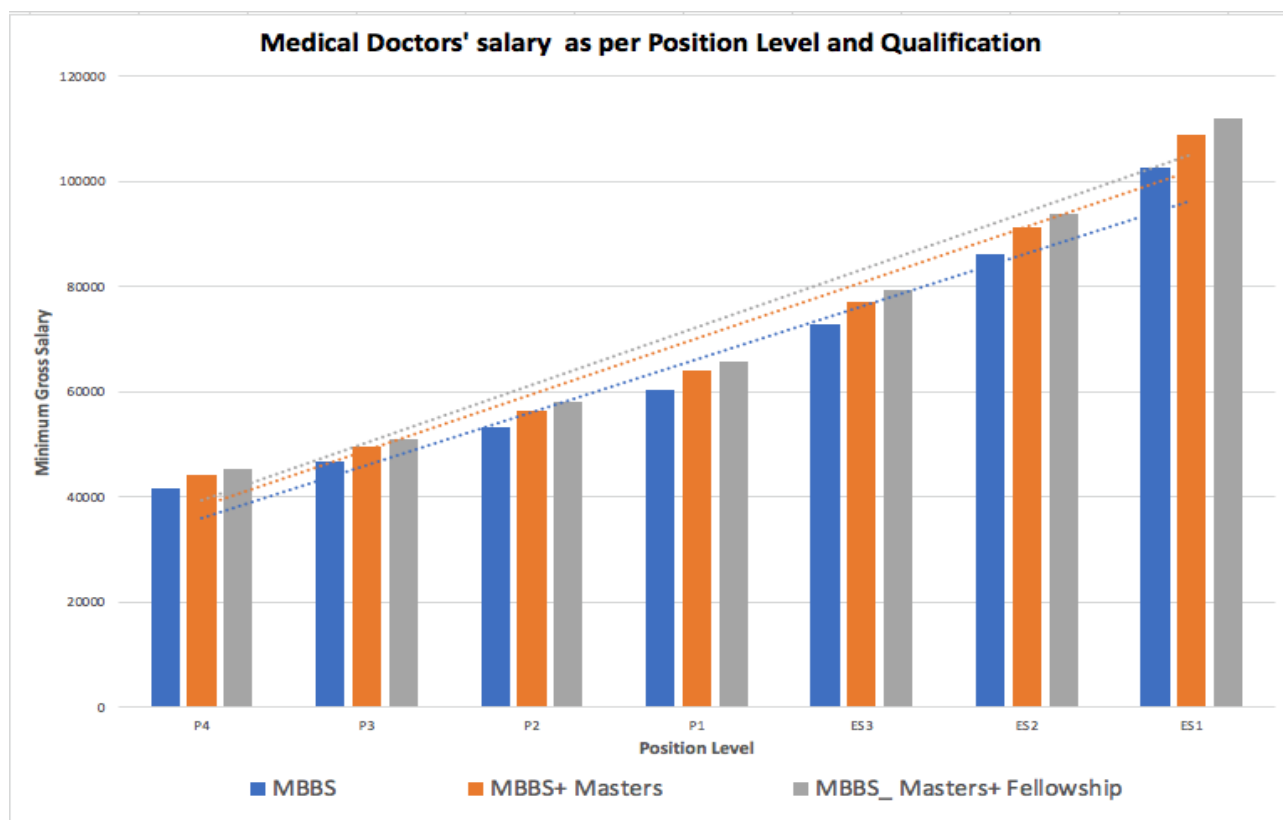


Figure 7: Medical Doctors' salary as per Position Level and Qualification

3.3 Job Satisfaction

According to MOH's National Healthcare Provider Job Satisfaction Survey 2017, 68% of Health Workers in Bhutan were satisfied with their job. Medical Doctors, with just 62%, were the least satisfied staff. Another study done in 2014 found that only two thirds (66.5%) of the Bhutanese physicians were satisfied with life, which was significantly lower than the Bhutanese general population. Yet another study found that aside from marital and educational status, work nature (clinical/non-clinical) and workplace were significantly associated with job satisfaction. Unfortunately, there are neither a dedicated program looking after Healthcare Provider Wellness nor any studies done to evaluate Physician Burnout in the country: a well-known workforce crisis in other parts of the world. This happens when Physician Wellness / Improved Healthcare Provider Work Life is known to be one of the Quadruple Aims for Healthcare improvements. (Refer Annexure VI)

4. KEY CONSIDERATIONS

- Shortage of Medical Doctors (0.42 doctors per 1000 population)
- Position Level in civil service is tagged with numbers of years in civil service and provides a mode for determining salary
- Professional Skills & Duties/ Qualification is remunerated with Professional Allowance
- There is a gap between the competencies acquired during medical training and those required of Medical Doctors in civil service
- Majority of Healthcare Centers are being managed by Medical Doctors without formal management training
- Current remuneration system encourages Medical Doctors to pursue further studies as early as possible but there is no mechanism to ensure right field is chosen at individual level and right person is selected for a field at an organizational level
- To support its workforce, MOH relies on Program/donor driven CME workshops, which does not necessarily revolve around critical expected competencies
- No Training Needs Assessment for Medical Doctors
- No clear job specification for different categories of doctors at different proficiency levels
- Existing HR development plans not aligned with Knowledge, Skills and abilities required
- Current work environment overlooks the Wellness of Medical Doctors
- Lack of consolidated data/research on Human Resource and Workload which probably contributes to disorganized implementation of well-intended strategies

5. EXPECTED BENEFITS FROM THE CBF

In addition to the known benefits of CBF mentioned in Figure 1, the following specific benefits are expected from CBF for Medical Doctors.



Figure 8: Key Benefits for the Ministry of Health

Therefore, CBF is a timely and appropriate intervention to attain excellence of service delivery. It ensures a structured approach for the Professional Development of Medical Doctors through a clear road-map assisting development of competencies required of Medical Doctors at different proficiency level.

6. PROCESSES & OUTCOME:

The team constituting a technical working group from the MOH, BMHC, JDWNRH and Punakha Hospital were trained on developing the CBF and TNA for Medical Doctors by RCSC from 19th to 23rd August 2019.

From 13th to 16th September 2019 the team worked on the first draft of the CBF. Two surveys for comments on proposed BIs and TNA were also developed during the 4 days. All documents were shared on the last day of the meeting. The CBF and first survey were sent to different categories of health professionals including Doctors, District Health Officers and officials from BMHC, DRA and MOH. TNA survey was sent to Doctors.

On 18th September 2019 the taskforce members made a presentation at the 5th Biennial Health Conference, attended by around 250 participants consisting of Chief Medical Officers (CMO), District

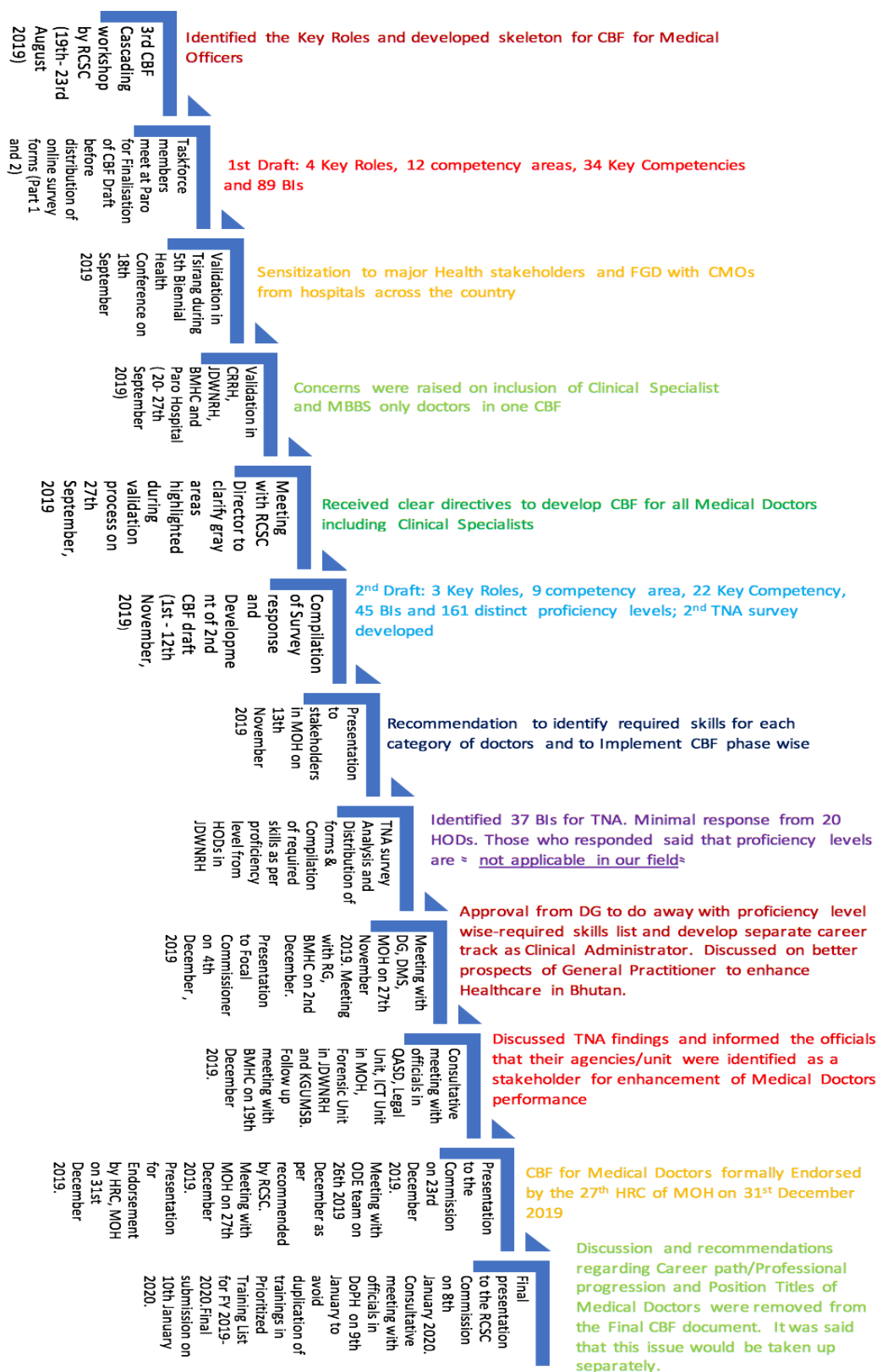


Figure 9: Progression timeline on Competency-Based Framework for Medical Doctors

Health Officers, Administrative Officers, Chief Nurses and other important health stakeholders. Subsequently, Focus Group Discussions (FDG) were held with CMOs attending the conference, doctors in Central Regional Referral Hospital, JDWNRH and Paro Hospital; and officials at the BMHC.

From 4th to 12th November the feedback from FGD and survey findings were incorporated in the 2nd draft. The draft was presented to the MOH on 13th November 2019. It had 3 Key Roles, 9 Competency Areas, 22 Key Competencies and 45 BIs. Due to low response rate for first TNA survey and major changes in the 2nd draft, another version of TNA survey was developed and circulated among 235 doctors. Over the next one-month multiple consultative meetings were held with various stakeholders. A preliminary meeting with the Commission was held on 23rd December 2019. The taskforce members even met with the ODE team in JDWNRH with above findings. The final draft was endorsed by the 27th HRC meeting of MOH on 31st December 2019. Final presentation was made to the commission on 8th January 2020. The overview of process and outcome is shown in Figure 9 and 10.

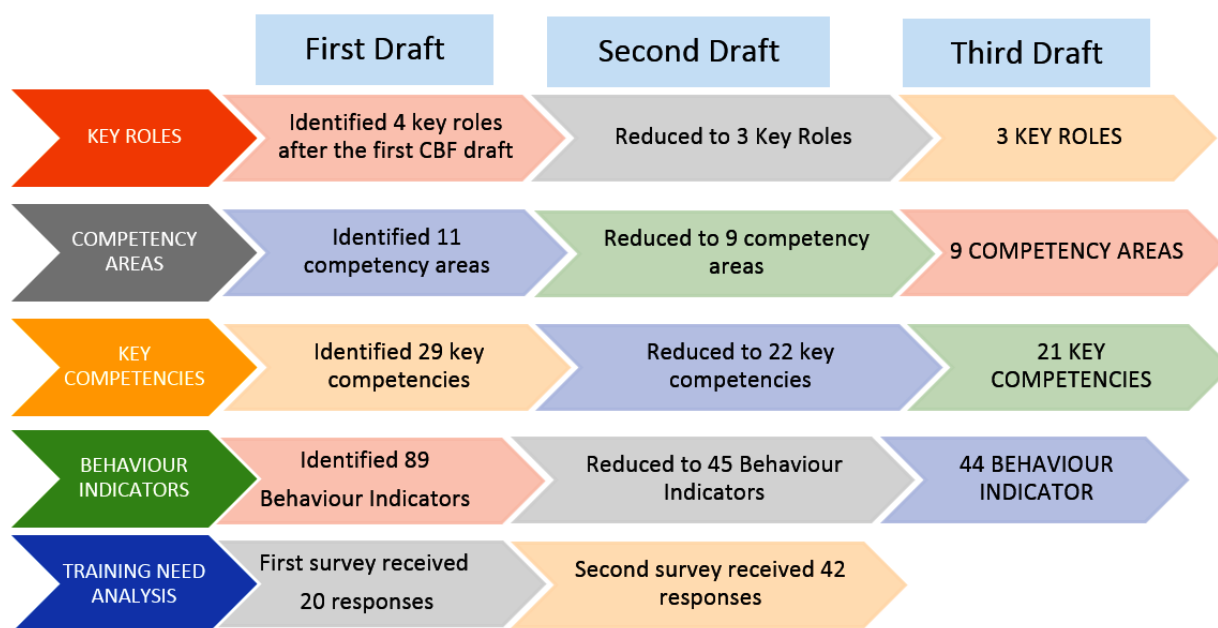


Figure 10: Development Process and Outcome of Competency-based Framework for Medical Doctors

6.1 Key Outcomes

6.1.1 Role Profile

The Role Profile for Medical Doctors were developed and validated from September 18 to November 12, 2019. Feedback on Role Profile was sought through an online survey within the doctors and specific Key Roles descriptions were developed for the 3 Key Roles. To further validate the role profile, consultative meetings were held with the MOH and BMHC.

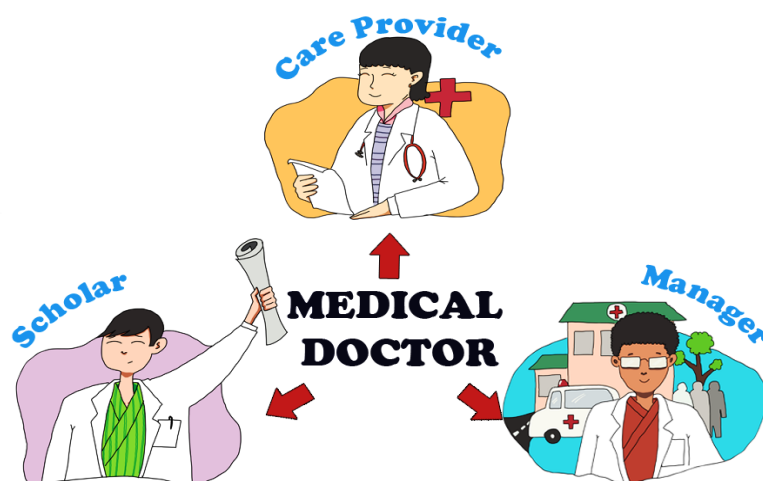


Figure 11: Key Roles of Medical Doctors

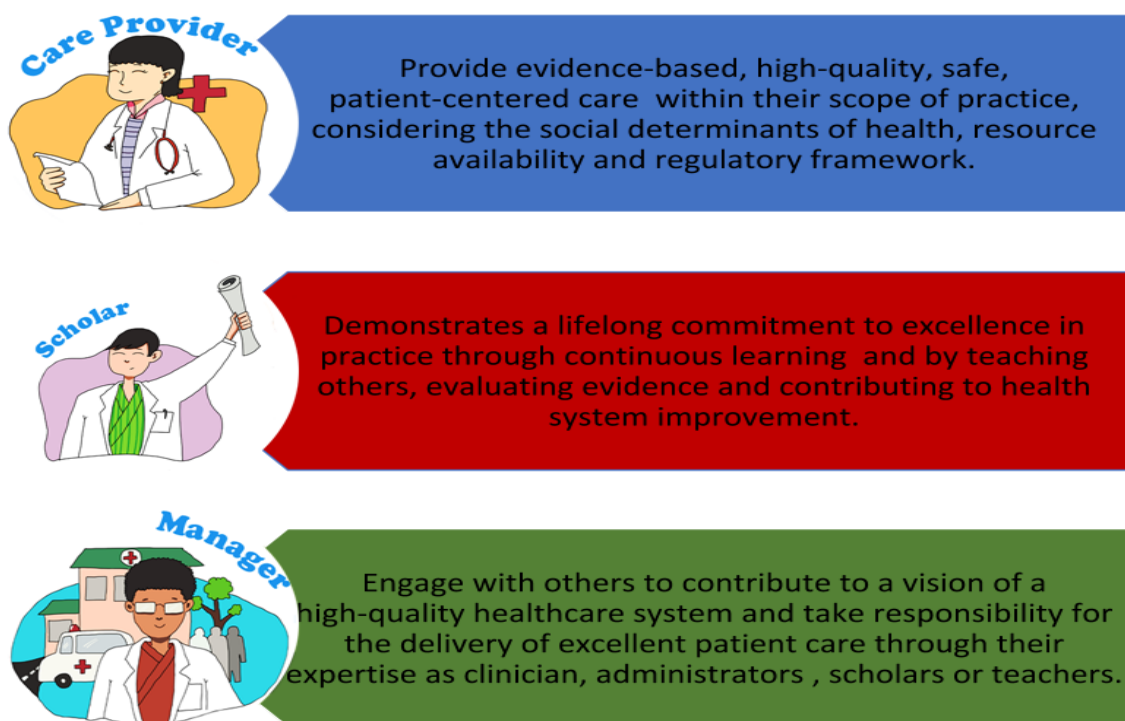


Figure 12: Key Roles and Key Role Descriptions for Medical Doctors

6.1.2 Competency Areas, Key Competencies, Behavior Indicators and Proficiency Levels

Through this process (Figure 9 & 10), we identified 9 competency areas, 21 Key Competencies (Figure 14) and developed a total of 44 BIs across 5 proficiency levels for Medical Doctors (Detailed CBF in Annexure II).

Further we identified, 6 Core Competencies that were common to all the three roles of Medical Doctors. These competencies will essentially enable the Medical Doctors to perform their roles efficiently.

1. **Professional Ethics and Integrity:** Manifested through a commitment to carrying out high personal standards of behavior, accountability to the profession and society, adherence to ethical principles, and sensitivity to a diverse patient population.
2. **Compassion:** Originates as an empathic response to suffering, as a rational process which pursues patients' wellbeing, through specific, ethical actions directed at finding a solution to their suffering.
3. **Continuous Development:** Medical Knowledge about established and evolving biomedical, clinical, and cognate sciences and the application of this knowledge to patient care; Practice-Based Learning and Improvement that involves investigation and evaluation of their own patient care, appraisal, and assimilation of scientific evidence, and improvements in patient care.
4. **Communication Skills:** Understanding the audience, tailoring the message to their level of understanding, and form relationships with patients, their families, community and colleagues that facilitate the gathering and sharing of essential information that result in effective information exchange for effective health care.
5. **Collaboration:** Work effectively with patients, their families, communities and other health care professionals to provide safe, high-quality, patient-centered care.
6. **Adaptability:** Adopt a positive attitude to take on challenges in a fast-changing environment.

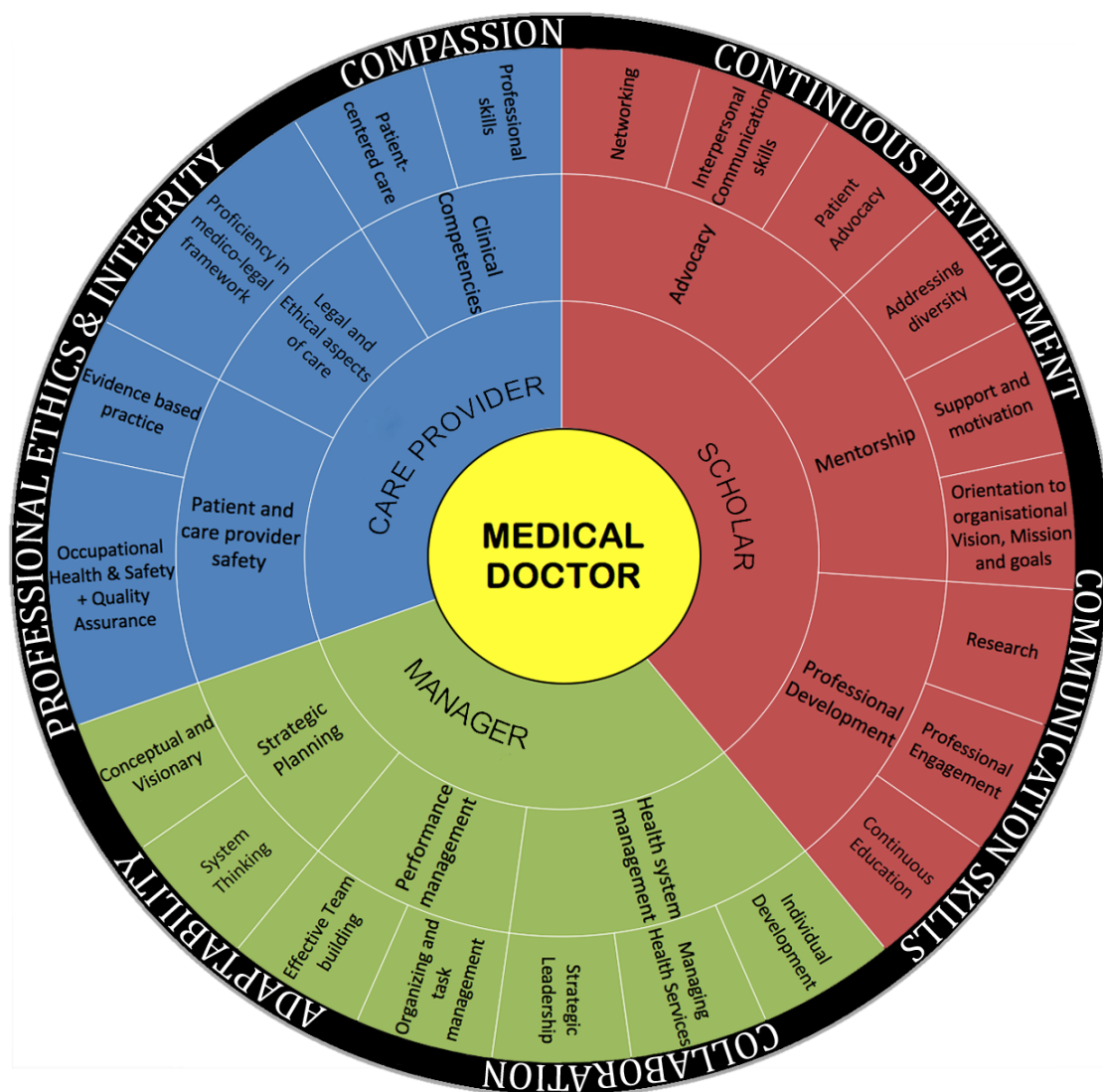


Figure 13: Competency-Based Framework for Medical Doctors

6.1.3 TRAINING NEED ANALYSIS

A training needs analysis was carried out for Medical Doctors following the steps as specified in Figure 14 from October 15-November 22, 2019 through online surveys. Outputs were validated from 23-29 November 2019 through consultative meetings with the officials at MOH, BMHC, KGUMSB and JDWNRH.

From the TNA we identified 7 BIs from first role as a Care Provider, 14 BIs from second role as Scholar and 16 BIs from role as Manager, to be inadequate and requiring further intervention (Figure 15). The interventions include Systemic reform, Classroom training/Workshops/Seminars, On-the-job training, Online courses and Orientation.

Detailed TNA Matrix for five proficiency levels of Medical Doctors and training plan for 12th FY plan is attached as Annexure III.

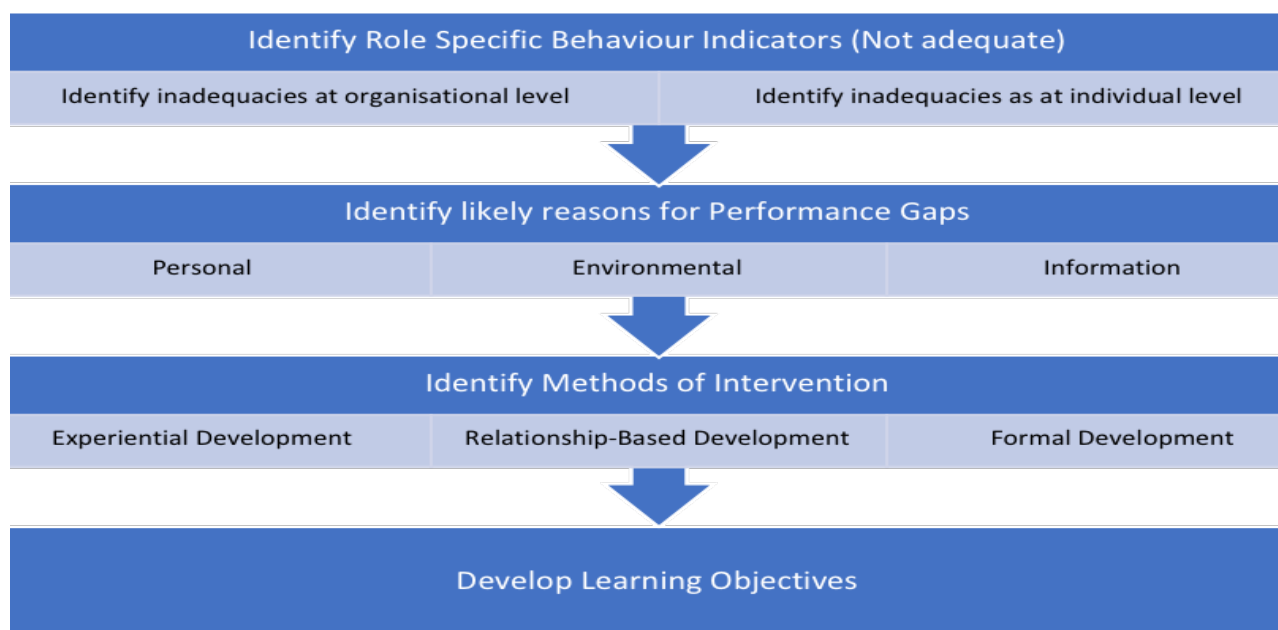


Figure 14: Steps for Training Need Analysis

Based on our experience and analysis of survey response, the BIs with less than 75% positive response (“Adequate”) and those which the major stakeholders like MOH considered essential were identified as areas requiring interventions. For e.g. 95% of the doctors responded that they had adequate competency in Professional skills but MOH expected all the doctors to continuously educate themselves and prove that they have been doing it actively. Also, while going through the process, many doctors said that they acknowledge the importance of feedback and incident reporting but the work environment and flaws in system did not allow them to perform well. Therefore, in addition to the standard interventions (listed in the CBF Guideline) Systemic Reform was incorporated as an intervention to enhance efficiency and enhancement of Medical Doctor performance.

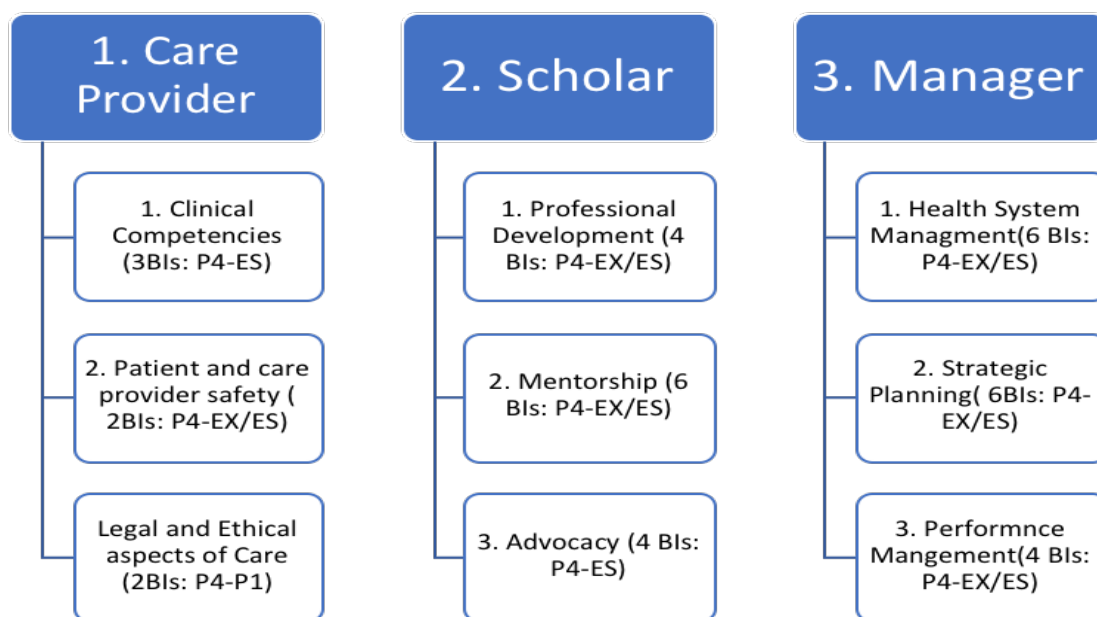
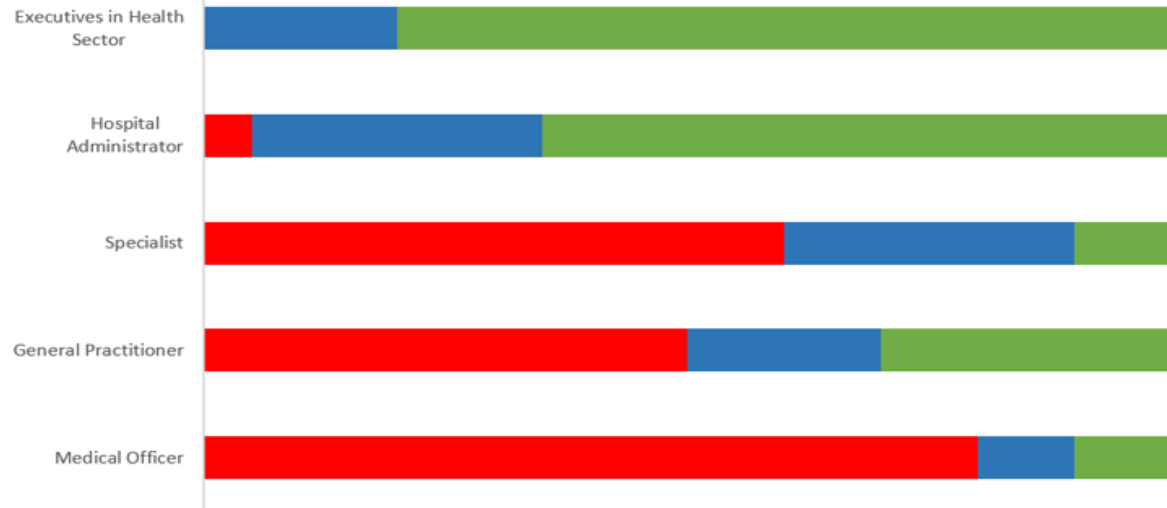


Figure 15: Training Need Analysis: Behavior Indicators requiring Interventions

7. KEY RECOMMENDATION

1. This CBF for Medical Doctors is the first of its kind and developed through numerous discussions and validation process. Like CanMEDs 2015, Physician Competency Framework **CBF for Medical Doctor could be used as a guide to develop CBF for specialty-specific Medical Practice and Education.**
2. **CBF strategy to be included in Policy:** While working on the CBF, several stakeholders expressed their concerns on prospects of its actual implementation, especially when several policies and guidelines with similar aim had not been successful. They recommended CBF be incorporated somewhere in Civil Service Policy for its successful implementation e.g. BCSR/ Executive order.
3. **Care provider throughout civil service:** Weightage of competencies related to specific Key Roles for Medical Doctor in civil service could be roughly estimated as in Figure 16. Such matrix could enable formulation of clear Roles and Responsibilities at each level, thereby enhancing efficiency and job satisfaction while minimizing burnout.
Interestingly our observation of current system reveals that apart from doctors in executive positions, doctors at every level have variable mix of all three key roles of Care provider, Scholar and Manager. However, these combination needs to be objectified with specific roles and responsibilities for Medical Officers, Clinical Specialists and Healthcare Administrators/Managers at each position level.
4. MOH to develop list (and modules) of **mandatory CMEs as per the annual reports.**
5. **Policy Level Research on:**
 - i. Relevance of allowance and remuneration for all categories of technical graduates beginning performance at grade XII.
 - ii. Forecast of healthcare human resources in next 5-10 years
 - iii. Possibility of Burnout amongst Medical Doctors
 - iv. Possibility of gender disparity

Position Title



Position Levels

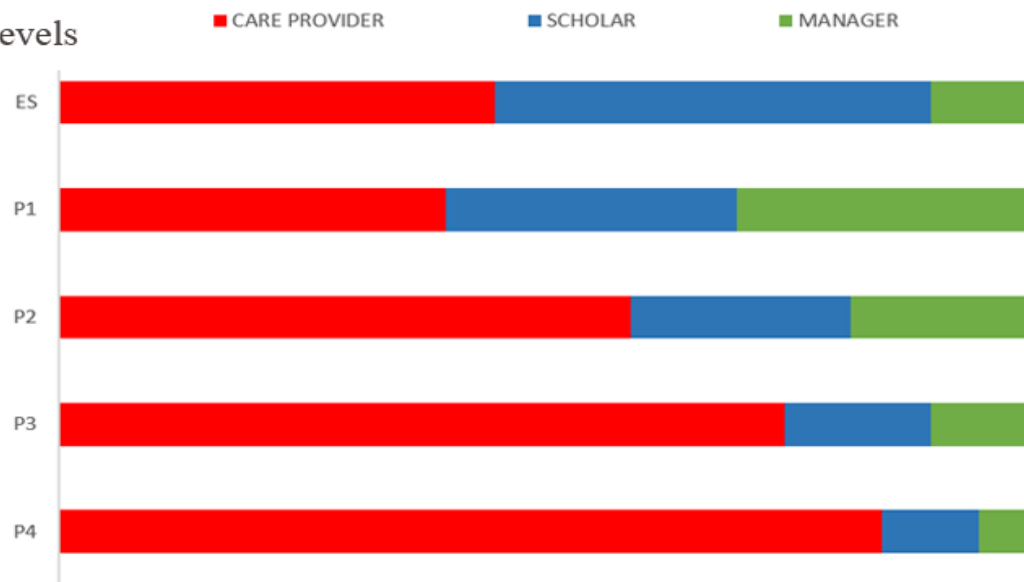


Figure 16: Shift in Key Roles in Doctors at different Position Level and Position Titles

8. TIMELINE/ IMPLEMENTATION PLAN

Sl.no	Recommendations/ Activity	Timeline	Responsible agency for M&E
1	Sensitization/Notification on CBF for all Medical Doctors	Feb-Mar, 2020	RCSC, MOH
2	Integrating CBF in policies	Feb-Jun 2020	RCSC, MOH, BMHC, KGUMSB
3	Begin conducting Prioritized Mandatory Training 2019-2020 identified in TNA	Mar- June 2020	RCSC, MOH, BMHC, KGUMSB
4	Incorporation of Mandatory Activities in IWP (e.g. Annual Employee Satisfaction Surveys, 5 yearly BMHC R&R surveys)	July 2020 onwards	MOH, Hospital /Health Center Administrations, BMHC
5	Annual review of CBF implementation progress	January 2021 onwards	RCSC, MOH
6	Complete all the trainings and implement recommendation in CBF	December 2023	MOH

9. CONCLUSION

Medical Doctors play a pivotal role in realizing MOH's vision of 'A Nation with Best Health'. For their performance to enable attainment of the agency's vision and RCSC's mandate to transform civil service from "Good to Great" and delivering "Excellence in Service", CBF is considered a promising tool. Organizational success depends on clarity of role and capabilities of the employees. In addition to this, implementation of CBF for Medical Doctors is expected to benefit both employees and MOH through enhanced technical capacity of Medical Doctor, introduction of systemic reforms that enable effective service delivery & development efforts and of course ownership of continuous professional development.

This document is also designed to guide and assist Medical Doctors to plan a career they aspire. It is crucial for each individual to be aware of the observable Competencies expected of them and develop themselves through stages of expertise from novice to master clinician. It is not just about personal choice but a matter of integrity and responsibility as a civil servant, especially in a set up like ours. The Core Competencies of Medical Doctors, although self-explanatory to some extent has a deep meaning to it.

Since the CBF concept is new, it is critically important that we collaborate and invest resources for its successful implementation and ensure quality health services delivery. For its continuous improvement, monitoring and evaluation needs to be taken up earnestly by the MOH, BMHC and RCSC.

Annexure I: Overview of Competency-Based Framework for Medical Doctors

KEY ROLES	3
COMPETENCY AREA	9
KEY COMPETENCIES	21
BEHAVIOUR INDICATORS	44
PROFICIENCY LEVELS	5 (P4, P3, P2, P1, ES/EX)
Number of distinct Proficiency descriptors	133

Annexure II: Detailed Competency-Based Framework for Medical Doctors

A. Competency Areas, Key Competencies and Behavioral Indicators

Key Role 1: CARE PROVIDER			
Sl. no	Competency Area	Key Competencies	Behavior Indicator
1	Clinical Competencies	1. Professional skills	1. Practice medicine within their defined scope of practice and expertise. 2. Plan and perform procedures and therapies for the purpose of assessment and/or management
		2. Patient centered Care	1. Perform a patient centered clinical assessment and establish a management plan 2. Work effectively with physicians and other colleagues to facilitate continuity of safe patient care 3. Solicits and acts on patients' feedback to enhance service and increase efficiency.
2	Patient and Care Provider Safety	1. Evidence Based Practice	1. Integrate best available evidence into practice
		2. Occupational Health & Safety + Quality Assurance	1. Maintains clearly defined error prevention, reporting, and addresses mechanisms with proper documentation as a part of the BHSQA. 2. Understand and adhere to the BHSQA
3	Legal and Ethical Aspects of Care	1. Proficiency in Medico-legal Framework	1. Abides by National, legal and regulatory frameworks in patient care. 2. Understands and complies with Health Center policies and BMHC Rules & Regulations.

Key Role 2. SCHOLAR			
Sl. no	Competency Area	Key Competencies	Behavior Indicator
1.	Professional Development	1. Continuous Education	1.Update clinical competency to deliver effective Healthcare Services
		2. Professional Engagement	1.Facilitates education and professional development of fellow health workers. 2.Encourage innovation as a competitive priority
		3. Research	1.Acquire scientific principles of research competency and work towards continuous improvement of skill 2.Acquire understanding of Information Technology and uses technology-based systems to identify and review the healthcare practices.
2.	Mentorship	1.Orientation to Organizational Vision, Mission and Goals	1.Aims to improve contribution towards organizational vision, mission and goals. 2.Acts as a resource upon whom others rely on for assistance and actively shares knowledge to improve the performance of the team
		2.Support and Motivation	1.Creates an encouraging and supportive environment that is conducive for professional development. 2.Exhibits concrete definition of own career goals to motivate and encourage colleagues and subordinates.
		3.Addressing Diversity	1.Communicates in language that emphasizes equality, rather than authority. 2.Helps the mentee build self-awareness and improve the quality of their thinking in terms of career building and personal development.
3.	Advocacy	1.Patient Advocacy	1.Adapts message to audience, communicates effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care. 2.Selects and applies appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression
		2.Interpersonal communication skills	1. Appropriately uses full range of communication methods to acquire, interpret and record their knowledge and understanding of patients, care provider and community needs. 2.Maintains and supports respect for an individual/group's decision through communication with other members of the interdisciplinary healthcare team. 3.Aware of cultural backgrounds: acknowledges and explores how culture affects patient-care provider-community relationships.
		3.Networking	1.Share comprehensive data with relevant stakeholders on time. 2.Identifies partners within and outside the healthcare, collaborates and consults with other healthcare team members to review and develop plan of healthcare.

Key Role 3: MANAGER			
Sl.no.	Competency Area	Key Competencies	Behavior Indicator
1.	Health System Management	1.Strategic Leadership	1.Problem solving and Decision making. 2.Change Agent
		2.Managing Health Services	1.Manage healthcare resources. 2.Manage Performance
		3.Individual Development	1.Demonstrate a commitment to Physician Health and Well-being 2.Mindful Reflective Practice
2.	Strategic Planning	1.Conceptual and Visionary	1.Sets ambitious and realistic organizational plans. 2.Realistic timelines to achieve work accomplishments. 3.Organisational goal oriented and strategic planner.
		2.System Thinking	1.Identifies critical relations and connections in the system; and integrates people, processes and technology in the system. 2.Evaluates and understands system wide effect. 3.Devises modification to system
3.	Performance Management	1.Effective Team Building	1.Develops and Implements "Teaming Strategy". 2.Aligns between individual and team purpose.
		2.Organizing and Task Management	1.Organizes and Manages multiple individuals or team tasks. 2.Utilizes project and task management tools aimed to support remote or face to-face collaboration

B. PROFICIENCY LEVELS

Key Role: Care Provider					
Behavior Indicators	P4	P3	P2	P1	ES, EX
1.1.1.1 Practice medicine within their defined scope of practice and expertise	Apply knowledge of the clinical and biomedical sciences relevant to their discipline and expertise				
1.1.1.2 Plan and perform procedures and therapies for the purpose of assessment and/or management.	Determine and perform the most appropriate procedure in a skillful and safe manner, adapting to unanticipated findings or changing clinical circumstances according to one's proficiency levels				
1.1.2.1 Perform a patient centered clinical assessment and establish a management plan	Establish goals of care in collaboration with patients and their families, which may include slowing disease progression, treating symptoms, achieving cure, improving function, and palliation				
1.1.2.2 Work effectively with physicians and other colleagues to facilitate continuity of safe patient care	Demonstrate safe handover of care, using both verbal and written communication, during a patient transition to a different health care professional, setting, or stage of care				
1.1.2.3 Solicits and acts on patients' feedback to enhance service and increase efficiency	Gets feedback from patients on quality of service; proposes improvements generated on feedback from the patients.			Obtains input on patient satisfaction survey results; incorporates clients' suggestions into processes and practices, resulting in improved service.	Shares feedback with the team to continually improve the quality of service to the client.
1.2.1.1 Integrate best available evidence into practice	Implements the best available evidence into clinical practice.	Appraises and implements the best available evidence into clinical practice.		Appraises, and implements the best available evidence into clinical practice and evaluates the outcome.	

1.2.2.1 Maintains clearly defined error prevention, reporting, and addresses mechanisms with proper documentation as a part of the BHSQA	Demonstrate awareness and adhere to Incident reporting system as per BHSQA	Ensure implementation of Incident reporting system	Researches, experiments with and improves or redesigns processes, tools, or technologies to improve implementation of Incident reporting system
1.2.2.2 Understand and adhere to the BHSQA	Demonstrate understanding and adhere to BHSQA	Ensure implementation of BHSQA and track relevant KPI	Researches, experiments with and improves or redesigns processes, tools, or technologies to improve implementation of BHSQA
1.3.1.1 Abides by National legal and regulatory frameworks in patient care	Keep abreast of National legal and code of conducts for effective medical care		
1.3.1.2 Understands and complies with Health Center policies and BMHC Rules & Regulations.	Understands and complies with all applicable procedures, Health Center policies and BMHC Rules & Regulations.	Regularly reviews professional and technical publications for information that may impact performance of job.	Consistently seeks information about changes in law and other regulations that impact duties. Shares information within network. Researches and proposes changes to policies and procedures to improve products, services, and efficiencies.

Key Role: Scholar					
Behavior Indicators	P4	P3	P2	P1	ES, EX
2.1.1.1 Update knowledge to deliver effective Healthcare Services	Identify opportunities for learning and improvement by regularly reflecting on and assessing one's performance using various internal and external data sources. Identify field of specialization and explore opportunities to pursue further studies.				Model the practice of evidence-based medicine and management. Engage in professional development activities for juniors and enable them to reach their full potential.
2.1.2.1 Facilitates education and professional development of fellow health workers	Attends CMEs and facilitate CMEs for other categories of health workers.	Engage in professional developmental activities and assess their relevance and efficiency		Engage with professional colleagues and collaborate to identify training needs	Engage and collaborate with professional colleagues to develop teaching materials for health workers in the field
2.1.2.2 Encourage innovation as a competitive priority	Gathers and analyses information from a variety of sources to judge the effectiveness of assessment practice. Recommends modifications or enhancements to assessment practices based on findings of review processes.			Implements a range of planned, meaningful opportunities for better healthcare outcome	Develops innovative assessment strategies and tasks that improve healthcare outcome. Provides formative information to improve healthcare service delivery. Models innovation in healthcare as the ultimate solution to current issues
2.1.3.1 Acquire scientific principles of research competency and work towards continuous improvement of skill	Demonstrate a basic understanding of research methodology and be able to collect and enter data into the database (e.g. preliminary data analysis and entering Outbreak investigation reports in NEWARS)	Frequently apply knowledge of the topic. Create reports of errors and missing data; resolve queries, liaising with appropriate team members who generate the incomplete data if necessary	Experienced; regularly perform the task in their job. Highly knowledgeable; use, reflect, critically evaluate information related to the topic	Demonstrate proficiency in developing publishable manuscript from the research findings	Highly experienced; able to train and guide others. Expert knowledge; able to teach and assist others. Has successfully published his/her work.

2.1.3.2 Acquire understanding of Information Technology and uses technology-based systems to identify and review the healthcare practices	Demonstrate proficiency in the use of basic IT and routine health information system like NEWARS	Demonstrate proficiency and be able to guide junior doctors in use of basic IT and routine health information system like NEWARS	Demonstrates proficiency in advanced IT e.g. data analysis tools/ software and uses technology-based systems to identify and review the healthcare practices	Implements IT and uses of technology-based systems to identify and review the healthcare practices. Encourages, assists and teach other healthcare providers to use such tools.
2.2.1.1 Aims to improve contribution towards organizational vision, mission and goals	Takes organizational initiative and shows organizational skills. Wants the mentor to understand his/her context and puts the organization into context without being asked.	Creates a 'neutral' and safe environment of acceptance and trust. Contributes to the establishment of a healthy mentoring environment-is open, honest, friendly, good natured and good-humored.	Shares practice advice and suggestions. Shares own knowledge and experience ("Self-disclosure") to enable the mentee to contribute efficiently. Allows the mentee to think through issues and make their own decisions.	Challenges the mentee's self-perception, takes them outside their comfort zone. Ensures expectations of the mentoring relation and agendas for meetings are clearly established. Encourages and supports the development of the mentee's self-awareness
2.2.1.2 Acts as a resource upon whom others rely on for assistance and actively shares knowledge to improve the performance of the team	Manage others' expectations appropriately and proactively communicates any potential problems or roadblocks.	Communicates proactively to ensure teammates benefit from having the most up-to-date information. Consistently communicates information and shares knowledge and resources with the team.	Encourages open communication, cooperation, and the sharing of knowledge.	Uses own networks and contacts to help the mentee. Allows the mentee to think through issues and make their own decisions
2.2.2.1 Creates an encouraging and supportive environment that is conducive for professional development	Seeks to understand others' perspectives and to engage different points of view from them. Is supportive and open to new people and different ideas.	Encourages and empowers others. Is always receptive to and considerate of others' different points of view. Actively engages others to ensure all views are expressed.	Generates an atmosphere which inspire people to do their greatest; supports trust and positive mindsets; inspires others. Consistently engages others and makes them comfortable expressing diverse points of view.	Nurtures a creative, innovative, and encouraging workplace. Promotes confidence and optimistic attitudes. Encourages and empowers others. Promotes, understands, and integrates inclusion of diverse points of view in decision making.

2.2.2.2 Exhibits concrete definition of own career goals to motivate and encourage colleagues and subordinates	Understands and communicates strategic goals and plans to achieve them; sets clear objectives.	Plans and organizes workloads; establishes courses of action, timelines, and milestones to ensure work is completed as required and meets expected quality. Leads and motivates by example; frequently models positive behavior; regularly encourages staff.	Highly proficient at planning and organizing work, leverages team and resources to produce notable outcomes often exceeding department goals and expectations. Encourages staff and motivates by example; always models successful behavior.	Consistently organizes and directs work and available resources to produce superior or innovative products and services. Consistently leads and motivates by example; inspires staff to perform at their best.
2.2.3.1 Communicates in language that emphasizes equality, rather than authority.	Regularly promotes a culture of respect and civility among team members. Remains respectful of others' points of view. Demonstrates tolerance and acceptance in interactions with others.		Models behavior which encourages others to demonstrate equitable and respectful treatment of each other. Understands and respects differences, and when appropriate, treat others as they would want to be treated	
2.2.3.2 Helps the mentee build self-awareness and improve the quality of their thinking in terms of career building and personal development.	Seeks information about each staff's professional goals; develops and executes effective development plans, which include professional development activities and programs to improve job skills and prepare staff to meet goals.		Remains abreast of professional and developmental goals and consistently identifies and recommends professional development activities and programs to improve the individual's professional skills.	Skillfully guides staff in creation of professional and developmental goals, and creates development opportunities, activities and programs that are designed to improve the individual's professional skills.
2.3.1.1 Adapts message to audience, communicates effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care	Written and oral communications are consistently well executed, reliable, and audience-appropriate. Style and tone consistently promote positive relations.		Competent communicator; organizes communications for maximum effectiveness; clarifies and communicates issues plainly and precisely.	Sets the exemplar of style and tone in communications. Highly skilled communicator; clarifies even difficult topics clearly and concisely.

2.3.1.2 Selects and applies appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential violence and aggression	Is quick to identify problems and acts to solve them before they become critical, fully considering short- and long-term impact and consequences of various possible resolutions. Proactively communicates with affected party.		Solutions are consistently strategic in nature. Others seek advice and counsel in identifying problems and deriving solutions.	Excels in solving critical and multifaceted problems. Proactively works to identify innovative long-term solutions to systemic problems.
2.3.2.1 Appropriately uses full range of communication methods, to acquire, interpret and record their knowledge and understanding of patients, care provider and community needs.	Appropriately modifies communication to the particular needs of the audience	Commendably alters the level of detail and tone of information and presentations to audience	Effectively adjusts written, non-verbal and verbal communication to audience; successfully distinguishes between “need to know” and “nice to know” communications.	Excels in written, non-verbal and verbal communication to target audience. Expertly restates others’ ideas to ensure understanding.
2.3.2.2 Maintains and supports respect for an individual/group’s decision through communication with other members of the interdisciplinary healthcare team	Builds and maintains cooperative and effective working relationships with individual/ team members. Fosters a sense of shared accountability and group responsibility. Shows appreciation for others’ efforts.	Seeks feedback to ensure the needs of others are being met. Builds consensus via shared decision making.	Promotes teamwork within their work group and the broader organization and fosters cooperation and collaboration. Seeks opportunities and offers to help coworkers who need assistance. Shares recognition for work	Models cooperation and collaborates with colleagues in producing superior quality of work; builds opportunities for self and others to improve working relationships and work outcomes. Celebrates successes and recognizes and appreciates others’ contributions.
2.3.2.3 Aware of cultural backgrounds: acknowledges and explores how culture affects patient–care provider–community relationships	Actively seeks and considers different cultures, backgrounds, viewpoints, and perspectives. Is flexible and adaptable in response to others’ needs.		Skillfully serves a diverse population. Revises service delivery and approach to work to ensure that the patient’s needs are met.	Exceptional in terms of understanding, improving, and modifying service delivery approach for diverse population.

2.3.3.1 Share comprehensive data with relevant stakeholders on time	Effectively feeds information and knowledge to relevant stakeholders. Manage others' expectations appropriately and proactively communicate any potential problems or roadblocks.	Consistently communicates up-to date information and shares knowledge with relevant stakeholders. Encourages open communication, cooperation, and the sharing of knowledge.	Creates/reinforces systems to ensure consistent and timely communication of information and knowledge.	
2.3.3.2 Identifies partners within and outside the healthcare, collaborates and consults with other healthcare team members to review and develop plan of healthcare.	Demonstrate proficiency in working with co-workers from other disciplines within the health center. Attends and observes multidisciplinary team meetings.	Identifies partners within and outside the healthcare, collaborates and consults with other healthcare team members to review and develop healthcare plan.	Initiates meetings bringing together patients, care-givers and the wider healthcare team. Creates links between key healthcare professionals.	Exemplar of interdisciplinary collaboration and encourages others to identify and collaborate with partners from varied backgrounds.

Key Role: Manager					
Behavior Indicators	P4	P3	P2	P1	ES, EX
3.1.1.1 Problem Solving and Decision making	Identify and appraise problems within the organization	Demonstrate ability to synthesize multiple streams of evidence to make effective judgements; make decisions confidently in a timely way		Recognizes inconsistencies in information; able to assimilate information quickly; identifies issues' details and understands data	Thinks conceptually, using critical analysis to think around issues to help formulate solutions; open to ideas and suggestions from others
3.1.1.2 Change Agent	Has broad knowledge about healthcare organization. (Conceptual knowledge, diagnostic knowledge, evaluative knowledge, knowledge about change methods, and ethical knowledge)	Ensures that implementation of change happens smoothly and identifies actions to deliver change.	Champions new ideas and supports key individuals and groups of employees to move the change forward.	Inspire and lead individuals and groups of employees toward the need for change and clearly communicates the direction and challenges for change.	Has clear vision. Patient yet persistent. Asks tough questions. Knowledgeable and leads by example. Strong relationship built on trust.
3.1.2.1 Manage healthcare resources	Accurately identifies the appropriate type and level of resources required to deliver safe and effective services. Ensures services are delivered within allocated resources and minimize waste.	Reviews service delivery identifies opportunities for minimizing waste and is able to introduce change for more efficient working. Works within the financial constraints of the organization.			Takes part in discussions about resource allocation and service delivery. Highlights areas of potential waste to colleagues. Works within corporate governance requirements. Regularly measures progress toward goals and adjusts priorities and assigns additional resources as appropriate.

3.1.2.2 Manage Performance	Understands and communicates strategic goals and plans to achieve them; sets clear objectives and measures; mobilizes resources to achieve shared strategic vision, goals, and priorities. Effectively aligns available resources around the organization's goals and objectives.	Creates and implements a strategic staffing plan that consistently aligns with the organization's mission, strategic goals and objectives. Ensures direct reports understand their role in the larger mission. Engages direct reports in goal setting and developing and implementing objective measures.	Creates and executes visionary staffing and resources plans which are clearly aligned with the organization's mission, and strategic goals and objectives. Evaluates and realigns resources when vacancies occur to maximize effectiveness.	
3.1.3.1 Demonstrate commitment to Physician Health and Well-being	Manage personal and professional demands for a sustainable practice throughout the physician life cycle			
3.1.3.2 Mindful reflective practice	Develop the practice of mindfulness in order to build emotional intelligence, improve focus and to become more resilient and compassionate.			
3.2.1.1 Sets ambitious and realistic organizational plans	Understand the strategic direction of the organization based on the strategic and workforce plan.	Determine organizational planning goals keeping aligned with strategic and workforce plan.	Identify planning strategies, bench strength and relevant metrics for analysis and evaluation.	Evaluation and implementation of the strategic and workforce plan.
3.2.1.2 Realistic timelines to achieve work accomplishments	Understand the specific and clear objectives of the organizational goals	Set measurable goals and access progress to achieve organizational goals	Set achievable goal and identify previously overlooked opportunities and resources to achieve organizational goals	Ensure the achievement of organizational goals in alignment with other relevant goals and control the plan progression.

3.2.1.3 Organizational goal oriented and strategic planner	Understand the vision and mission of the organization to understand the need of organizational goal and strategic plan	Identify the gaps between its current state and when it hopes to achieve the vision, and mission of the organization through strategic plan	Conduct gap analysis and monitor the progress towards achieving the organizational goals with the development of strategic planning	Creates and executes visionary staffing and resource plans which are clearly aligned with the organization's mission, and strategic goals and objectives. Regularly measures progress toward goals and adjusts priorities and assigns additional resources as appropriate.
3.2.2.1 Identifies critical relations and connections in the system; and integrates people, processes and technology in the system	Understands the importance of interacting and integrating people, processes and available technology at place in the healthcare system.	Understands the elements of the system, capture task dependencies, and outlines how tasks need to be sequenced, coordinated and synchronized.	Manages “dynamic complexity” in a system to improve its performance and avoid policy resistance.	Understands a complex web of interdependence among systems’ elements and the problems in question. Actively explores and keep pace with the constantly changing situations.
3.2.2.2 Evaluates and understands system wide effect	Understands system dynamics. Identifies problem as part of interconnected network of related issue.	Applies systematic and holistic approach to address the issue surrounding delivery of health care.	Decodes complexities within a healthcare system and uses this understanding to design and evaluate interventions that maximize system performance and patient safety.	Uses system dynamics to analyze and help decision-makers design and implement effective policies like analysis of infectious disease spread mechanisms, study of effectiveness of screening programs, design of primary care systems, and finding the causes of waiting list escalation.
3.2.2.3 Devises modification to system	Recognizes some high strength leverage points, and usually pushes them in the right direction		Consistently uses the leverage points to influence system behavior in desired ways.	Able to make sustainable system decision and modifications. Ability to move forward while designing a system, despite the uncertainty inherent in any complex system.

3.3.1.1 Develops and implements a “teaming strategy”	Sets Clear Purpose and Direction; knows what the team is trying to achieve. Identifies right team Members; the right individuals to accomplish the goals. Builds trust; trust the people on the team.		Sets clear and equitable performance expectations, including milestones, and developmental goals, and holds them accountable for meeting expectations, accomplishing objectives, and for complying with rules and policies. Provides thoughtful, meaningful, and actionable performance appraisals. Engages affected employee in an appropriate performance improvement process and follows through to ensure success.
3.3.1.2 Aligns between individual and team purpose	Balances individual and team goals purpose. Completes own tasks for team in a timely and responsible manner, and directly contributes to reach group goals. Combines the organizational practice of appraisal with personal leadership work to ensure good individual support to team members.		Produces excellent organizational performance, excellent client satisfaction and excellent employee engagement
3.3.2.1 Organizes and Manages multiple individuals or team tasks	Acquire knowledge to figure out workload and capacity to organize and manage the tasks	Allocate resources and break down individual workloads to organize and manage the tasks	Facilitates members to track multiple levels of tasks and data across numerous projects. Keeps everyone up to date and aware of their deliverables so they can function as a team whether they are located in one place or in multiple locations.
3.3.2.2 Utilizes project and task management tools aimed to support remote or face to-face collaboration	Utilizes task management tools and online software solutions to look for ways to keep all key documents in one place, share information with the team and manage tasks.		Establishes organizational methodology and processes that enables employees to thrive. Creates solution that can track and report on processes, areas of concern are recognized early on and dealt with before they create major problems.

ANNEXURE III: TRAINING NEED ASSESSMENT

A. Behavior Indicator for TNA

1. CARE PROVIDER				
Competency Area	Key competencies	No. of Behavior Indicator	No. of Behavior indicator for TNA	Remarks
Clinical Competencies	Professional Skills	2	2	
	Patient Centered Care	3	1	
Patient and Care Provider Safety	Evidence Based Practice	1	0	Covered by other BI
	Occupational Health & Safety + Quality Assurance	2	2	
Legal and Ethical Aspects of Care	Proficiency in Medico-legal Framework	2	2	
Sub-total		10	7	

2.SCHOLAR				
COMPETENCY AREA	KEY COMPETENCIES	No. of BEHAVIOUR INDICATORS	No. of BI for TNA	Remarks
Professional Development	Continuous Education	1	1	
	Professional Engagement	2	1	
	Research	2	2	
Mentorship	Orientation to Organizational Vision, Mission and Goals	2	2	
	Support and Motivation	2	2	
	Addressing Diversity	2	2	
Advocacy	Patient Advocacy	2	2	
	Interpersonal Communication Skills	3	2	
	Networking	2	0	Covered by other BI
Sub-total		18	14	

3. MANAGER				
COMPETENCY AREA	KEY COMPETENCIES	No. of BEHAVIOUR INDICATOR	No. of BI for TNA	Remarks
Health System Management	Strategic Leadership	2	2	
	Managing Health Services	2	2	
	Individual Development	2	2	
Strategic Planning	Conceptual and Visionary	3	3	
	System Thinking	3	3	
Performance Management	Effective Team Building	2	2	
	Organizing and Task Management	2	2	
Sub-total		16	16	

Key Role	Competency Area	Key Competencies	No. of Behavior Indicator	No. of BI for TNA
3	9	21	44	37

B. Current Performance Gaps

Role 1 CARE PROVIDER					
Key competency	Position Level	Behavioral Indicator (Not Adequate)	Likely reason for performance gap	Method of interventions	Learning objectives
1. Professional skills	P4, P3, P2, P1, ES	1.1.1.1 Practice medicine within their defined scope of practice and expertise 1.1.1.2 Plan and perform procedures and therapies for the purpose of assessment and/or management	Professional skills are acquired during medical training. However, one needs to continuously update oneself in one's field of practice. There is no system of tracking this requirement	1. Training /Workshop 2. OJT 3. Accredited online courses 4. Systemic reform	Stay up to date in one's field of expertise. Accumulate the required number of credits in one's relevant discipline/field of expertise to be eligible to practice as registered medical practitioners.
2. Patient centered Care	P4, P3, P2, P1, ES	1.1.2.3 Solicits and acts on patients' feedback to enhance service and increase efficiency	At individual level even if one wants to seek patients views on management, heavy patient load/workload doesn't allow it. Quarterly Patient Satisfaction Survey and other Feedback mechanism to be instituted at HCC as per BHSQA. These surveys may not be tailored to HCC set up or community requirement	1. Systemic reform 2. Training / Sensitization (QASD completed rollout in all hospitals and BHUs as of Nov 2019)	(In an enabling environment) 1. Understand and Provide Safe healthcare to patient 2. Complies with mandates and be involved in translating patient feedback into real improvements

4.Occupational Health & Safety + Quality Assurance	P4, P3, P2, P1, EX/ES	<p>1.2.2.1 Maintains clearly defined error prevention, reporting, and addresses mechanisms with proper documentation as a part of the BHSQA</p> <p>1.2.2.2 Understand and adhere to the BHSQA</p>	<p>Inadequate expertise in statistical methods, the practice concerns, clinical significance, systems issues, and potential preventive measures essential to analyze reported incidents.</p> <p>High workload, resource constraint, poor incentive or negative actions for honest reporting</p> <p>Gap exists in informing all the people involved in service delivery.</p> <p>Data collected needs quick, timely analysis and recommendations.</p>	<p>1.Orientation</p> <p>2.Systemic reform</p> <p>3.Training</p>	<p>To develop quality culture in all the HCC</p> <p>To be empowered to analyze data at HCC level</p> <p>Improve awareness on BHSQA amongst Medical Doctors</p>
	P4, P3, P2, P1	1.3.1.1 Abides by National legal and regulatory frameworks in patient care	<p>Not adequately informed and sensitized on National Law/Penal code Acts of Bhutan, relevant to medical field</p> <p>No National guideline on Medico-Legal issues for doctors</p>	<p>1.Training</p> <p>2.Orientation</p> <p>3.Systemic reform</p>	To be up-to-date with National Law/Penal code relevant and essential to practice as a Medical Doctor. E.g. Medico-legal death investigation guidelines, National guidelines on the management of gender-based violence at HCC (mandatory e-modules)
5.Proficiency in Medico-legal Framework	P4, P3, P2, P1	1.3.1.2 Understands and complies with Health Center policies and BMHC Rules & Regulations.	<p>Not adequately informed or sensitized</p> <p>Need to be updated regularly</p>	<p>1.Systemic reform</p> <p>2.Orientation</p> <p>3.Refreshers e-courses</p>	To be abreast with latest HCC Policies and BMHC rules and Regulations (mandatory online modules for renewal of registration)

Role 2 SCHOLAR					
Key Competency	Position Level	Behavioral Indicator (Not Adequate)	Likely reason for performance gap	Method of interventions	Learning objectives
1.Continuous Education	P4, P3, P2, P1, EX/ES	2.1.1.1 Update knowledge to deliver effective Healthcare Services	<p>Medical field is evolving continuously and thus deserves continuous intervention.</p> <p>For planned CMEs information flow regarding CME not uniform, poor monitoring/ repetition of CME for certain individuals/groups</p> <p>Minimal access to accredited CME website</p> <p>Minimal involvement of doctors in self-development/management training e.g. evidence-based management, statistics and leadership</p>	<p>1.Training, workshops</p> <p>2.Systemic reforms</p> <p>3.OJT</p> <p>4. E-learning</p>	<p>Update knowledge and skills to improve care process, impact on patient health outcomes, resource use and the overall quality of care.</p> <p>Be able to delve deeper into longer-term outcomes as professionals.</p>
	P4, P3, P2,	2.1.2.2. Encourage innovation as a competitive priority	<p>Relatively new concept in formal setting</p> <p>Limited tools/ resource</p> <p>Poor /no incentives.</p>	<p>1.Systemic reform</p> <p>2.Training</p>	<p>Enhance prospects of Doctor-driven healthcare improvement projects</p> <p>Enhance competency in analytical and innovative thinking methods within collaborative work groups (balance cost containment and health care quality).</p>
	P1, EX/ES	2.1.2.2Encourage innovation as a competitive priority	No formal training to enable innovation at organizational level	<p>1.Training</p> <p>2. Systemic reform</p>	<p>Be able to develop innovative assessment strategies for healthcare improvement</p> <p>Create opportunities for innovation in healthcare</p> <p>Model innovation in healthcare</p>
3.Research	P4	2.1.3.1 Acquire scientific principles of research competency and work towards	<p>No training</p> <p>No exposure</p> <p>Poor IT skills</p>	<p>1.Trainings</p> <p>2.OJT</p>	Able to demonstrate a basic understanding of research methodology and data collection

		continuous improvement of the skill 2.1.3.2 Acquire understanding of information technology and uses technology-based systems to identify and review the healthcare practices	Need Research Apprenticeship	3.E-learning	Enhanced proficiency in basic IT skills
	P3, P2,	2.1.3.1 Acquire scientific principles of research competency and work towards continuous improvement of the skill 2.1.3.2 Acquire understanding of information technology and uses technology-based systems to identify and review the healthcare practices	No training No resource High workload Poor IT skills Need Research Apprenticeship	1.Trainings 2.OJT 3.E-learning	Able to analyze data and evaluate report Able to collaborate with professionals from different backgrounds Proficient in using data analysis tools/ software
	P1, ES/EX	2.1.3.1 Acquire scientific principles of research competency and work towards continuous improvement of the skill 2.1.3.3 Acquire understanding of information technology and uses technology-based systems to identify and review the healthcare practices	No training No resource High workload Poor IT skills	1.Trainings 2.E-learning	Able to develop a research proposal, analyze data and produce publishable manuscript Proficient in using data analysis tools/ software
4.Orientation to Organizational Vision, Mission and Goals	P4, P3	2.2.1.1 Aims to improve contribution towards organizational vision, mission and goals 2.2.1.2 Acts as a resource upon whom others rely on for assistance and actively shares knowledge to improve the performance of the team	Inadequacies in informational flow No mentorship culture	1.Mentoring 2.Orientation	Bridge the inadequacies on informational flow Establish mentorship culture Enhance individual competence for improved organizational performance

	P2, P1, EX/ES	<p>2.2.1.1 Aims to improve contribution towards organizational vision, mission and goals</p> <p>2.2.1.2 Acts as a resource upon whom others rely on for assistance and actively shares knowledge to improve the performance of the team)</p>	<p>No formal training</p> <p>No system in place for mentoring</p>	<p>1.Training</p> <p>2.Systemic reform</p> <p>3.Mentoring</p>	Use mentorship program to help oneself and colleagues contribute better towards organizational Vision, Mission and Values.
5.Support and Motivation	P3, P2, P1, EX/ES	<p>2.2.2.1 Creates an encouraging and supportive environment that is conducive for professional development</p> <p>2.2.2.2 Exhibits concrete definition of own career goals to motivate and encourage colleagues and subordinates</p>	<p>Organizational limitation</p> <p>Unclear career track</p> <p>Limited expertise</p> <p>High Workload</p>	<p>1.Systemic reform</p> <p>2.Mentorship</p> <p>3.Training</p>	Incorporates techniques to create a supportive and motivational workplace
6.Addressing Diversity	P4, P3, P2, P1 EX/ES	<p>2.2.3.1 Communicates in language that emphasizes equality, rather than authority.</p> <p>2.2.3.2 Helps the mentee build self-awareness and improve the quality of their thinking in terms of career building and personal development.</p>	<p>No formal training</p> <p>Weak communication skills/ mentorship culture</p>	<p>1.Training</p> <p>2.Mentorship</p> <p>3.Sytemic reform</p>	By fostering a culture of diversity and inclusion, organizations will attract and retain the highest level of talent.
7.Patient Advocacy	P4, P3, P2, P1, ES	<p>2.3.1.1 Adapts message to audience, communicates effectively with patients and family in clear, concise and respectful manner to facilitate the provision of care</p> <p>2.3.1.2 Selects and applies appropriate strategies and techniques for conflict resolution and physical intervention in the management of potential</p>	<p>Workload impairing communication</p> <p>Environmental stress</p> <p>No formal training</p>	<p>1.Training</p> <p>2.Systemic reform</p>	<p>In a conducive environment, is able to deal with conflict and communicate effectively and efficiently so that it does not decrease productivity or detract from the provision of patient-centered care.</p> <p>Is also applicable while dealing with colleagues and other healthcare staff.</p>

		violence and aggression			
8. Interpersonal communication skills	P4, P3, P2,	2.3.2.1 Appropriately uses full range of communication methods to acquire, interpret and record their knowledge and understanding of patients, care provider and community needs. 2.3.2.3 Aware of cultural backgrounds: acknowledges and explores how culture affects patient-care provider-community relationships	No formal training	1. Training 2. Mentorship	Able to communicate effectively with colleagues within and outside the healthcare team in order to ensure continuity of care and effective treatment for patients. Good communication is also an essential element in the other non-clinical areas.
Role 3 MANAGER					
Key Competency	Position Level	Behavior Indicator (Not Adequate)	Likely reasons for performance gap	Methods of Intervention	Learning Objectives
1. Strategic Leadership	P4, P3, P2, P1, ES/EX	3.1.1.1 Problem Solving and Decision making 3.1.1.2 Change Agent	No formal training No management skills in medical school. They receive little OJT to develop skills such as leadership skills, how to allocate short- and long-term resources, how to provide developmental feedback and how to effectively handle conflict.	1. Training 2. Systemic reform	Enhance management skills and leadership skills Build change management capacity in the organization.
2. Managing Health Services	P4, P3, P2, P1	3.1.2.1 Managing Resources 3.1.2.2 Managing Performance	Few professional managers at district level Lack of appropriate management competencies & opportunities for further learning (e.g. MBA) Unclear roles and responsibilities of hospital managers. Poor accountability	1. Training 2. Systemic reform	Prioritize patient safety, efficient resource management and see the importance of engaging other clinicians in management decisions. Clear job responsibilities will ensure smooth function of HCC and fix accountability
3. Individual Development	P4, P3, P2,	3.1.3.1 Demonstrate a commitment to Physician Health and Well-being	Poor culture/awareness of individual development practice	1. Training 2. Systemic reform	Enhance awareness on 4th Quadruple aim for healthcare improvement. Improve psychological wellbeing, resilience

	P1 EX/ES	3.1.3.2 Mindful Reflective Practice	Demanding workload impeding self-care No dedicated agency/ body to look into such issues		and preventing burnout Enable doctors to identify problem(s), seek appropriate help and engage in an honest self-assessment of their ability to continue practicing.
4. Conceptual and Visionary	P4, P3, P2, P1, EX/ES	3.2.1.1 Sets ambitious and realistic organizational plans 3.2.1.2 Realistic timelines to achieve work accomplishments 3.2.1.3 Organizational goal oriented and strategic planner	No formal training weak leadership skills (organizational need)	1. Training 2. Systemic reform	Generate doctors with excellent leadership and management skills
5. System Thinking	P4, P3, P2, P1, EX/ES	3.2.2.1 Identifies critical relations and connections in the system; and integrates people, processes and technology in the system 3.2.2.2 Evaluates and understands system wide effect 3.2.2.3 Devises modification to the system	No formal training All health stakeholders/ individuals within the system should appreciate and understand the concept.	1. Training 2. Systemic reform	Enable doctors to develop problem-solving approach to analyze a problem within the system and form a process that achieves to deliver quality care.
6. Effective Team Building	P4, P3, P2, P1, EX/ES	3.3.1.1 Develops and implements a “teaming strategy” 3.3.1.2 Aligns between individual and team purpose	No intellectual capacity/ training	1. Training	Promote/Establish Connections. Encourage Communication and Teamwork. Improve Morale and Engagement. Build Trust and Team Bonds for a healthy work environment and smooth running of health system.
7. Organizing and Task Management	P4, P3, P2, P1, EX/ES	3.3.2.1 Organizes and Manages multiple individuals or team tasks 3.3.2.2 Utilizes project and task management tools aimed to support remote or face to-face collaboration	No formal training (Task management tool/ IT knowledge)	1. Training 2. E-learning	Doctors can plan, test, track, and report tasks that help attain either individual or group goals.

Annexure IV Training Plan- Mandatory training

A. Method of Intervention: Systemic Reform					
Priority	Responsible body	Current situation /Gap	Changes required	Training Provider/Remarks	Cost (million Nu)
Professional skills to be kept updated through CME in one's scope of practice	BMHC	As per requirement of BMHC every practicing Medical Doctor should have 30 credits for renewal of Registration every 5 years. At present, credits accumulated doesn't necessarily reflect updating of one's knowledge in one's field of practice through active learning.	Required 30 CME credits in 5 years for registration/renewal by BMHC should be in one's scope of practice + Mandatory CMEs		
	MOH	No equal opportunity to accumulate required credits	Look into possibility of allotting CME budgets at individual level		
Develop list (and modules) of mandatory CMEs as per the annual reports	MOH	CMEs in other countries are well regulated and online based.	Mandatory CME list can be developed based on top ten diseases causing morbidity and mortality from the previous year's health bulletin.		
Patient centered care	MOH	In health centers high patient load doesn't allow doctors to have quality consultation time with patient	Medical Doctor Workload Assessment	Will also address burnout, ineffective communication, quality reporting and patient advocacy	

Establish Standardized and mandatory patient feedback system	QASD and Focal persons in health centers	Low awareness on existing patient feedback system among medical doctors Inefficient informational flow at health center level	Data Analysis and dissemination of findings with recommendation Budget for print material. (explore possibility of developing online survey and survey reports). Experts need to develop standard surveys suitable for respective HCC	-KGUMSB -QASD -ICT MOH	
Enhance incorporation of information technology in daily healthcare services	ICT Division, MOH	Inadequate resources, including equipment and means of informational flow (patient information, staff information, online services) Inadequate IT skills	Enhance ICT skill proficiency (e.g. NHS IT skills E-learning for healthcare professional) Enable data analysis at source	ICT Division, MOH MOIC Private ICT companies in the country Develop Online courses	
Develop standard Forensic guidelines for Bhutan	Forensic Department, JDWNRH and Legal Section, MOH	No guidelines for Medico-Legal cases in the country	Develop forensic guidelines for essential medico-legal aspects in healthcare delivery.	Forensic Department Police Judiciary/ legislative body OAG	
Develop BMHC online modules, refresher course	BMHC	Current methods do not promote active learning	Develop online modules, refresher course on BMHC Rules and Regulations	To be facilitated by IT professionals. Should be made mandatory for registration renewal	
Ensure enabling environment and policies for Lifelong Learning	Policy makers at MOH and BMHC, Managers of HCC	Unclear career pathway Low acceptance of managerial competency needs for healthcare professionals No mechanism of identifying and developing talent for leadership positions	Stakeholders should be enabled to understand the complexities of healthcare; which does not only constitute of medical competencies but requires Leadership skills and Evidence based management practice.		

Innovation in healthcare and Organizational Development	RCSC MOH	Innovation in healthcare continues to be a driving force in the quest to balance cost containment and health care quality. Yet doctors in Bhutan have limited knowledge on the concept	Programs like Design Thinking should be introduced to doctors across the country Enable senior doctors to improve healthcare through enhanced understanding of organizational business		
Introduction of Mentorship	P2-ES/EX	Involve senior, experienced doctors	Introduce and implement concept of mentorship amongst Medical Doctors	RCSC KGUMSB Expat from other countries	
Emotional Intelligence	All medical Doctors		Emotional Intelligence Mindfulness training Motivation training/ Motivational interviewing Stress management	RIM	
Communication Skills Development	RCSC MOH KGUMSB for trainees	Medical doctors do not receive formal training in this area. Yet, there is a high societal expectation for them to be excellent communicators	Enable doctors to communicate in language that emphasizes equality, rather than authority. Training in Diversity Mentorship Program for senior/experienced doctors		
Financial literacy/ Resource Management	RCSC MOH Financial institutes	No formal training in financial aspects of healthcare	Finance management training short course for doctors in administration		

Professional managerial training	MOH RCSC	Not taught during medical training Essential competency for efficient healthcare delivery especially when one heads a healthcare institute	Open opportunity for capable and interested Medical Doctors to pursue MBA/ MPA/ MPH/ MIH/ MHA. Such opportunities will also allow career path and succession planning in Administration/Executive positions.	Could be selected amongst Senior doctors who demonstrate leadership capability	
Physician Health and Well being	HRD/MOH	Undiscussed issue although numerous measures are being implemented to mitigate Physician Burnout in other parts of the world.	Provide an environment/ culture that helps to maintain and restore physician health and wellness/ prevent burnout Develop a strategy at organizational level to track Physician Wellness e.g. Annual Physician Wellness Survey by Medscape		
System Thinking	MOH BMHC	Health system is complex. Very often critical relations and connections in the system are not considered when planning or implementing new strategies, resulting in unintended consequences.	Institutions need to make patient the focal point; and not get distracted by regulations, restrictions, competition, need of quick fixes to apparent problems, miscommunications within organizations		

B. Methods of Intervention: Formal Classroom Training (In Country/Ex-country)					
Priority	Target Group	Number of Participants	Training Description	Training Provider	Cost (million Nu.)
Update professional skills	Doctors in P4-ES level.	306	Update in one's field of expertise. Accumulate the required number of credits in ones' relevant discipline/field of expertise to be eligible to practice as registered medical practitioners.	KGUMSB MOH Internationally recognized institutes, (opportunities could be explored at Ministry level or individual levels as per rules and regulations) Online training could be facilitated by ICT Division, MOH	
Involve in Patient feedback system for implementing patient centered care	Doctors in P4-ES level	306	Training on Patient-centered care Be involved in translating patient feedback into real improvements	MOH, KGUMSB Ex-country training	
Develop Quality Culture in all the healthcare centers	All Doctors	(variable: ideally a competitive selection.)	Training in Quality Improvement Methodologies (Introduction to Lean Six Sigma concepts)	Ex-country training (internationally recognized institutes) Online training	
Awareness on National Law/ Penal Code relevant and essential to medical practice	All Doctors	309	Up-to-date with National Law/Penal code relevant and essential to practice as a Medical Doctor.	Legal Unit, MOH	
Medico-legal guidelines	All practicing Doctors	306	Sensitize on Medico-legal death investigation guidelines, national guidelines on the management of gender-based violence at HCC	Forensic Department, JDWNRH	
Further studies	Doctors who have not undergone master's course	(variable)	Clinical Specialization courses Open up Management course (MBA, Hospital Administration courses) for those interested in Administration track (refer Figure 18)	MOH RCSC KGUMSB	

Innovation as a competitive priority	All doctors	(Participants should be selected on competitive basis)	Quality Improvement Methodologies Design Thinking workshop	RCSC Internationally recognized Institutes for Quality Improvement	
	P1-EX/ES		Be able to develop innovative assessment strategies for healthcare improvement (Monitoring and Evaluation Training) Create opportunities for innovation in healthcare Model innovation in healthcare		
Research	P4-ES/EX	306	Scientific Paper and Report Writing Statistical Tools and Analysis Field Epidemiology Training Program	KGUMSB MOH Expat Ex-country	
Structured Mentorship Training	P2-ES/EX	89	Structured Mentorship Training Organizational development Motivational training/interviewing	KGUMSB Expat	
Communication skills	P2-ES/EX	89	Address diversity Enhance self-awareness and quality of thinking in terms of career building and personal development	KGUMSB for trainees Private companies	
Conflict management and Risk Assessment	P4-P1	285	Conflict management and risk assessment	RIM	
Leadership Management	P4-P1	285	Leadership Program	RCSC RIGSS	
Financial Management courses	P3-P1	134	Financial Management courses	Financial institutes RIM	
Change Management	P2-ES/EX	89	Change Management	Management training institutes e.g. RIM	

Team building training	P2-P1	65	Team building training	Management training institutes e.g. RIM	
Mindful Reflective Practice training	P4-ES/EX	309 (except those already trained)	Mindful Reflective Practice training e.g. SIY introduced by RCSC	RCSC Monastic bodies Recognized International institutes MOH KGUMSB	
System thinking training	P4-ES/EX	309	System thinking training	International recognized training institutes	
Training on Task Management	P3-P1	134	Become proficient in task management software Project management training	Management institutes e.g. RIM	

C. Method of Intervention: Structured On-the-Job Training					
Priority	Target Group	Number of Participants	Training Description	Training Provider	Cost (million Nu.)
Update professional skills	P4-P1 level.	285	Learn and update in one's field of practice and interest.	Referral Hospitals Hospitals with experienced/senior doctors	
Research	P4-P1	285	Learners gain hands-on research experience in their area of interest by learning from expert staff members.	Experienced Researcher KGUMSB Teaching Hospitals	

D. Method of Intervention: Mentorship					
Priority	Target Group	Number of Participants	Training Description	Training Provider	Cost (million Nu.)
Orientation to organizational Vision, Mission and goals	P4-P3	220	Mentee should be provided resources to be able to contribute effectively	Senior/Experienced Co-workers	
Professional Advancement	P4-P3	220	Mentors takes personal interest in the career of a junior	Senior /Experienced Doctor	
Understanding of patients & community needs.	P4-ES	306	Address cultural diversity and epidemiology at field	Senior/Experienced Doctor	

E. Method of Intervention: Online Course					
Priority	Target Group	Number of Participants	Training Description	Training Provider	Cost (million Nu.)
Update professional skills	P4-ES	306	Update in one's field of expertise through e-learning.	BMHC recognized e-learning modules	
BMHC rules and Regulations	P4-ES	306	Update HCC Policies and BMHC rules and Regulations Online periodic mandatory surveys	E-learning by BMHC	
Proficiency in IT skills	P4-ES/EX	309	Formal online learning e.g. IT skills pathway/ e-Learning for Healthcare	ICT, MOH	

F. Method of Intervention: In-service Training after selection into civil service (first 1-3 months)				
Priority	Number of Participants	Training Description	Training Provider	Cost (million Nu.)
BHSQA guidelines and forms	All new recruits (unpredictable)	Improve awareness on BHSQA amongst Medical Doctors to develop Quality Culture	QASD, MOH	
National Law/ Penal Code, relevant and essential to medical practice	All new recruits (unpredictable)	Up-to-date with National Law/Penal code relevant and essential to practice as a medical doctor.	Legal Section. MOH	
Medico-legal guidelines	All new recruits (unpredictable)	Sensitize on existing Medico-legal guidelines	Forensic Department, JDWNRH	
BMHC rules and Regulations	All new recruits (unpredictable)	To be abreast with latest HCC Policies and BMHC rules and Regulations	BMHC	
Orientation to organizational Vision, Mission and goals	All new recruits (unpredictable)	Understand the priorities of parent agencies Familiarize with Programs with Ministries	MOH BMHC DRA Hospital Administration	
BCSR 2018, Government Performance Management System, MaX system, leadership feedback system, Basic Financial /Resource Management, communication skills, decision-making, conflict management, and mindfulness practice.	All new recruits (unpredictable)	1-month training (FIT at RIM)	RCSC	

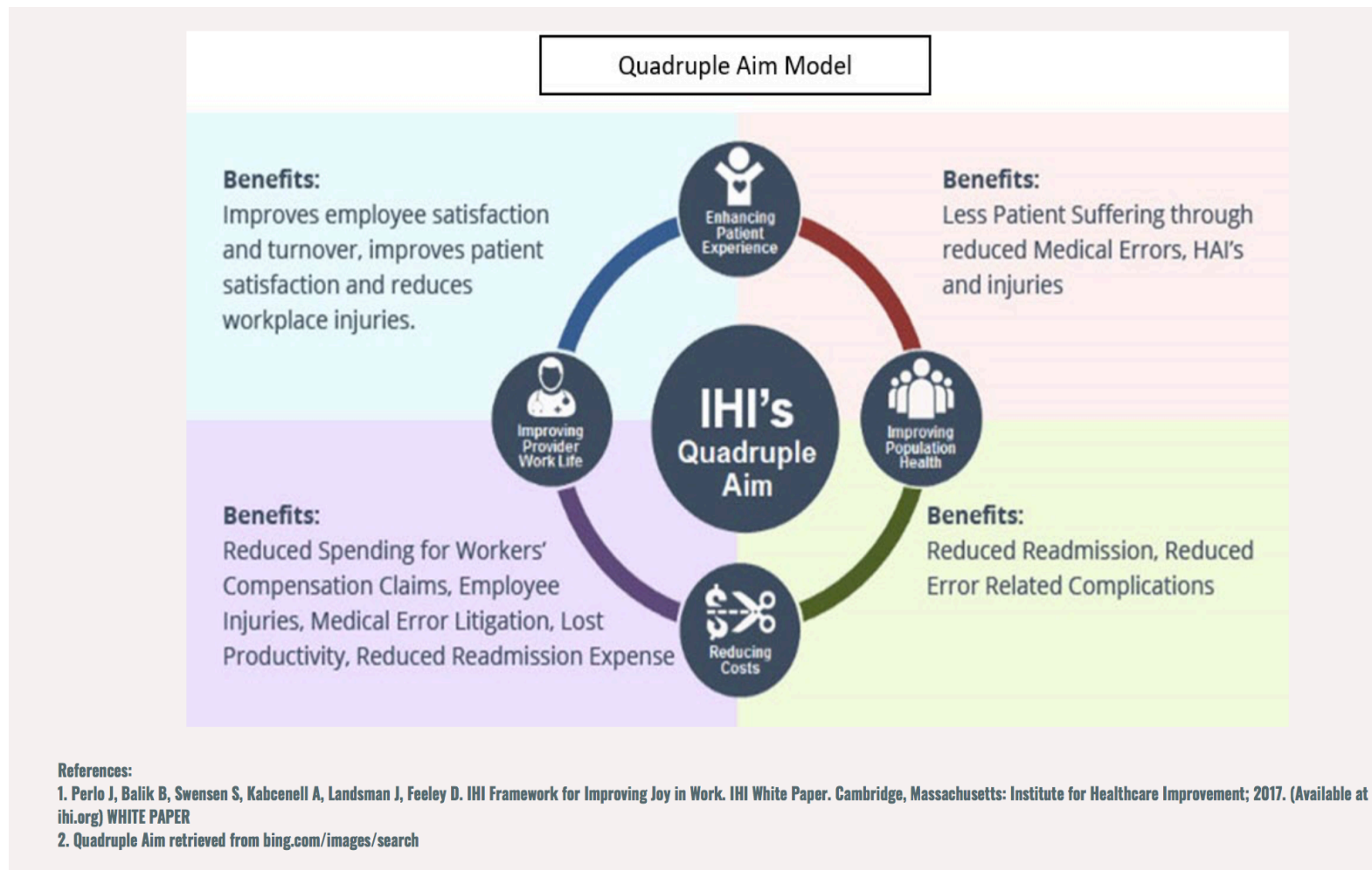
Annexure V: Prioritized Training for 2019-2020

Sl. no	Training Title	Target participants	Proficiency levels	No. of participants	Training institutes	Timeline	Estimated cost (USD)	Remarks
1	TOT & Certification for Emergency Management (ACLS, ATLS, PALS, ALSO)	1 Medical Specialist, 1 Pediatrician, 1 Surgeon, 1 Gynecologist, 1 Emergency Physician, 1 Anesthesiologist 4 Medical Officers	P2, P1, ES	10 doctors	Ex-country	Feb 2020	28985	They will be in-country trainers and need to be recertified every 2 years. *Although not exclusively for Medical Doctors, DMS, MOH has plans to conduct this training.
2	Critical care/Emergency management	All practicing doctors	P4, P3, P2, P1, ES	80 doctors every 6 months	KGUMSB, Hospitals, online modules	March-June 2020	57971	Recertification every 2 years. *Although not exclusively for Medical Doctors, DMS, MOH has plans to conduct this training.
3	Developing National Forensic Guidelines for essential Medicolegal issues	Doctors (Forensic Department), Police, Judiciary/Legislative body, OAG	ES, P1, P2	10 participants (Multisectoral coordination)	In country	March 2020	14492	After developing the guideline, it should be made available online
4	Facility based IMNCI Training	All new doctors	P3, P4	25 participants per batch	In country	June 2020	19600	This training was held every year for new doctors until UNICEF stopped funding
5	Patient centered care	Nominate practicing doctors from all levels of healthcare	P4, P3, P2, P1, ES	10 doctors	Ex-country	April 2020	50,724	They will be trainers, develop national guidelines, roll out Patient centered care
6	Workshop on Patient Safety	Senior doctors from National and Referral Hospitals + District Hospitals	P2, P1, ES	10 doctors	Ex-country	May 2020	50,724	They will be trainers, develop patient safety guidelines, teaching materials. *Although not exclusively for Medical Doctors, DMS, MOH has plans to conduct this training.
7	Seminar/Workshop on Implementation of patient Safety	All doctors	P4, P3, P2, P1, ES	30 doctors every 6 months	in country	July 2020	13,478	*Although not exclusively for Medical Doctors, DMS, MOH has plans to conduct this training.
8	Development of Physician Wellness Survey (Ensure Health Promotion for Healthcare Providers)	Experienced senior doctors	P3, P2, P1, ES	10 doctors	in country	May 2020	4492	Need to develop standard Physician Wellness survey for the country available online and conducted yearly

9	Developing Structured Mentorship Programs	(Clinical)Specialist, KGUMSB, senior District Doctors	P1, ES	20 Doctors	In-country by RCSC	April 2020	28984	Need to start mentorship culture among Doctors
10	On the job training	Doctors who want to explore specialty / narrow certain skill deficit	P4, P3, P2, P1	20 doctors in a year	Regional Hospitals, Referral Hospitals	January 2020	28086	Assist in identifying right field of specialization
11	Develop online module, assessment on National Law/ Penal Code relevant and essential to medical practice	Legal unit, MOH, IT, Relevant Doctors at P2, P1, ES levels	P2, P1, ES	10 participants (multisectoral)	In country	Feb 2020	14492	To be available online by March 2020
12	BMHC Mandatory online module	All doctors	P4, P3, P2, P1, ES	306	Online modules		-	Being developed by BMHC
13	Develop at least 2 Mandatory Online CME modules based on high disease burden reflected in Annual Health Bulletin	All doctors	P4, P3, P2, P1, ES	4 Clinical Specialist, 2 ICT officials	MOH, ICT, KGUMSB	July 202	4347	Modules to be made online on MOH website
14	IT Skills online module	All doctors	P4, P3, P2, P1, ES, Ex	6 ICT officials	MOIC/ Private institutes ICT, MOH	June 2020	4347	Need to discuss with KGUMSB/ MOIC to develop one similar to NHS IT Skills pathway
15	Scientific Paper and Report Writing	All doctors except those who are already trained	P4, P3, P2, P1, ES, Ex	25 doctors every year	KGUMSB	July 2020	11884	
16	Statistical Tools and Analysis	All doctors except those who are already trained	P4, P3, P2, P1, ES, Ex	25 doctors every year	KGUMSB	July 2020	11884	
17	Basic Operational Research Methodologies	All doctors except those who are already trained	P4, P3, P2, P1, ES, Ex	5 doctors each year	KGUMSB	July 2020	2898	
18	Field Epidemiology Training Program	All doctors except those who are already trained	P4, P3, P2, P1, ES, Ex	5 doctors	Ex-country	June 2020	25362	
19	SIY, Bhavana Karma Retreat + Emotional intelligence	All doctors except those who undergo FIT	P4, P3, P2, P1, ES, Ex	50 doctors every year	RCSC, KGUMSB, Institute of Science of Mind	July 2020	36231	

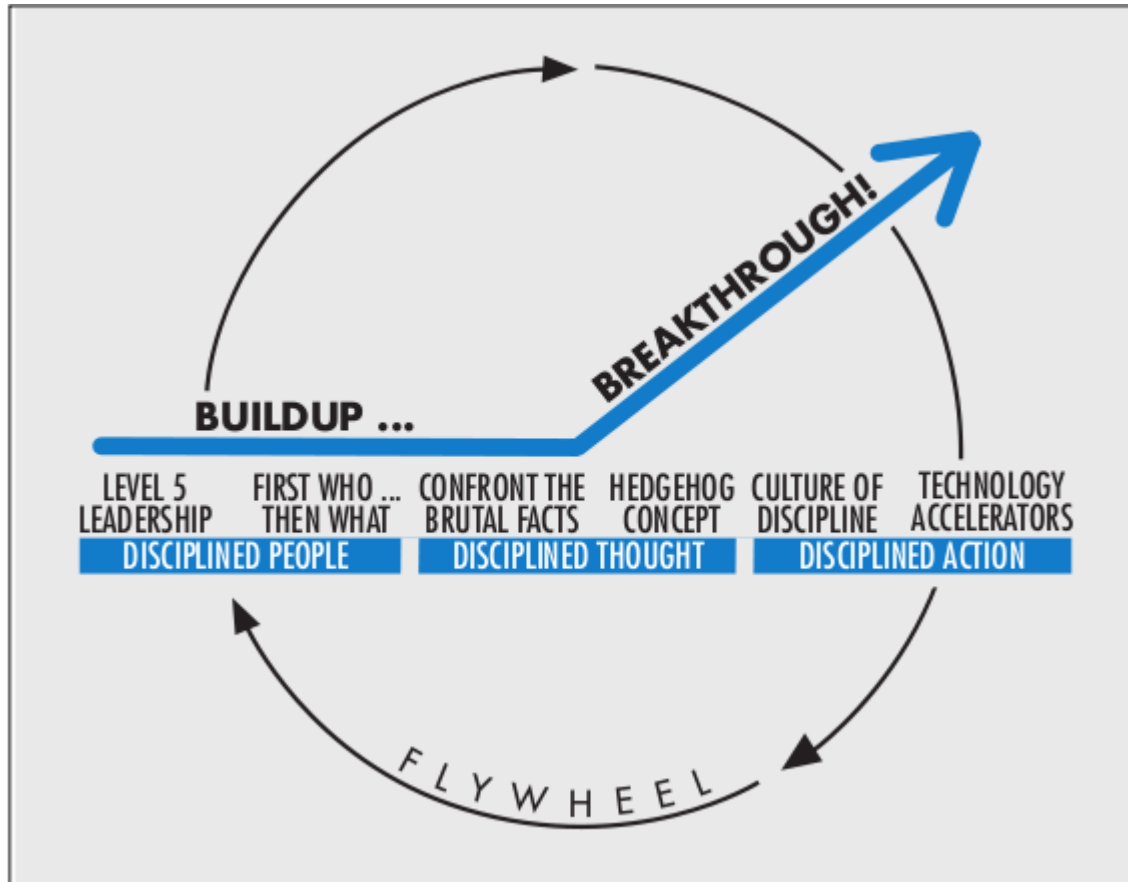
20	Lean Six Sigma- Black Belt training	Doctor involved in Quality Improvement effort	P3, P2, P1, ES	10 doctors	Ex-country	Feb 2020	36321	Introduce effective framework for producing systematic innovation efforts in healthcare, healthcare cost control, service delivery and quality improvement for better healthcare.
21	System Thinking in Healthcare	All doctors	P4, P3, P2, P1, ES, Ex	10 doctors	Ex-country	May 2020	36231	Leaders for system thinking and implementation
22	Leadership programs	All doctors	P4, P3, P2, P1, ES, Ex	10 doctors	RIGSS, RIM	July 2020	31,884	
23	Financial literacy & management training	All in-service doctors who didn't undergo FIT	Field doctors with administrative responsibility	30 doctors	RIM	July 2020	13476	
24	Effective communication (Negotiation skills in clinical settings, Problem solving and decision making)	All doctors	P4, P3, P2, P1, ES	10 doctors	KGUMSB, RIM	July 2020	4492	
25	Design Thinking, Quality Improvement Methodologies, Innovation in Healthcare	All doctors	P4, P3, P2, P1, ES, EX	30 doctors	RIM, RCSC	July 2020	13476	
26	Conflict management/Risk Assessment	All doctors	P4, P3, P2, P1, ES, EX	15 doctors	RIM	July 2020	6738	
27	Change Management	all doctors	P4, P3, P2, P1, ES, Ex	15 doctors	RIM, RCSC	July 2020	6738	
28	Team building	all doctors	P4, P3, P2, P1, ES, Ex	15 doctors	RIM, RCSC	July 2020	6738	
29	Task management/Project Management	All doctors	P4, P3, P2, P1, ES, Ex	30 doctors	RIM	July 2020	13476	
					Estimated Cost		578551	

Annexure VI: Quadruple Aim Model for Healthcare Improvement



Annexure VII: How to take Medical Doctor's performance as civil servants from Good to Great?

: A concept from "Good to Great" by Jim Collins



Annexure VIII: BIBLIOGRAPHY

- A Guidebook on Competency-Based Framework for Civil Service 2019,
<http://www.rcsc.gov.bt/wp-content/uploads/2019/06/Competency-Framework-Guidebook.pdf>.
- Thinley S, Tshering P, Wangmo K, Wangmo K, Wangchuk N. et al. (2017). The kingdom of Bhutan health system review. World Health Organization. Regional Office for South-East Asia.
<https://apps.who.int/iris/handle/10665/255701>
- Overview – Ministry of Health." <http://www.health.gov.bt/about/overview/>
- Annual Health Bulletin 2019.ལྷ་བསྟན་གསོ་བའི་གནས་ཤེས། 2019 - Ministry of Health."
http://www.health.gov.bt/wp-content/uploads/moh-files/2017/06/AHB_2019.pdf.
- Annual Report (July 2018- March 2019) State of the Royal Civil Service" 4 Mar. 2019,
<https://www.rcsc.gov.bt/wp-content/uploads/2019/04/Annual-Report-2018-19.pdf>.
- Volpp KG, Schwartz JS. Myths and realities surrounding health reform. Jama. 1994;271(17):1370-2 p - NCBI." <https://www.ncbi.nlm.nih.gov/pubmed/8158828>.
- BCSR 2018, Royal Government of Bhutan - རྒྱལ་ཁབ་ཁྲིམས་ལུགས་ལྟར་." <https://www.rcsc.gov.bt/wp-content/uploads/2018/05/BCSR2018.pdf>.
- Position Directory 2018, Royal Civil Service Commission, Royal Government of Bhutan
<https://www.rcsc.gov.bt/wp-content/uploads/2018/07/Position-Directory-2018.pdf>
- Pay Revision Act 2019 (9-July-2019) | Ministry of Finance. 9 Jul. 2019,
<https://www.mof.gov.bt/circulars/circulars-sect/pay-revision-act-2019-9-july-2019/>.
<https://www.mof.gov.bt/wp-content/uploads/2019/07/PRPSJuly2019.pdf>,
<https://www.mof.gov.bt/wp-content/uploads/2019/07/PRABJuly2019.pdf>
- 68 % of healthcare providers satisfied with their job" 19 Sep. 2017,
<http://www.kuenselonline.com/68-of-healthcare-providers-satisfied-with-their-job/>.
- Dem, U., Swartz, M., Mirecki, I. and Barak, Y. (2016)Physicians' Life Satisfaction in Bhutan: A Nationwide Survey.Open Journal of Psychiatry, 6, 119-124.
<http://dx.doi.org/10.4236/ojpsych.2016.61014>
- A cross-sectional job satisfaction survey of physicians in Bhutan to address the problem of retention . 21 Oct. 2019, https://www.researchgate.net/publication/336702308_A_cross-sectional_job_satisfaction_survey_of_physicians_in_Bhutan_to_address_the_problem_of_retention.

Competency and the Six Core Competencies - NCBI." <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3043418/>.

CanMEDS 2015 Physician Competency Framework." http://canmeds.royalcollege.ca/uploads/en/framework/CanMEDS%202015%20Framework_EN_Reduced.pdf.

NHS Medical Leadership Competency Framework Enhancing Engagement in Medical Leadership, Third Edition, July 2010

Bhutan Healthcare Standard for Quality Assurance 2018, BHUTAN STANDARDS BUREAU: The National Standards Body of Bhutan. <http://www.bsb.gov.bt/standards/Images/Bhutan%20Healthcare%20Standard%20for%20Quality%20Assurance%20for%20Wide%20Circulation%201.pdf>.

Penal Code of Bhutan 2004 - WIPO." <https://www.wipo.int/edocs/lexdocs/laws/en/bt/bt019en.pdf>.
PENAL CODE (AMENDMENT) ACT OF BHUTAN 2011." [https://www.nab.gov.bt/assets/uploads/docs/acts/2014/The_Penal_Code\(Amendment\)_Act_of_Bhutan_2011eng7th.pdf](https://www.nab.gov.bt/assets/uploads/docs/acts/2014/The_Penal_Code(Amendment)_Act_of_Bhutan_2011eng7th.pdf).

Act and Guidelines | Bhutan Medical and Health Council." <http://www.bmhc.gov.bt/act-and-guidelines/>.
([Medical-and-Health-Council-Act-of-the-Kingdom-of-Bhutan2002](#)
BMHCRegulationsFINAL2005,
BMHC guidelines for writing Medical Certificates and Reports 2009,
BMHC Disciplinary Proceedings for Medical Malpractice and Negligence Regulations - 2009

IT Skills Pathway - e-Learning for Healthcare." <https://www.e-lfh.org.uk/programmes/it-skills-pathway/>.

Competency-Based Framework for Clinical Nurses Ministry of Health <http://www.rcsc.gov.bt/wp-content/uploads/2019/06/ClinicalNurse.pdf>.

Competency based framework for forestry officers." <http://www.rcsc.gov.bt/wp-content/uploads/2019/06/ForestryOfficer.pdf>. Accessed 26 Dec. 2019.

Search Inside Yourself: The Unexpected Path to Achieving Success and Happiness (and world peace) by Chade Meng Tan ; ISBN: 0062116924 (ISBN13: 9780062116925)

Good to Great: Why Some Companies Make the Leap... and Others Don't ;ISBN 0066620996 (ISBN13: 9780066620992)

[Loh, E.](#) (2015), "Doctors as health managers: an oxymoron, or a good idea?", *Journal of Work-Applied Management*, Vol. 7 No. 1, pp. 52-60. <https://doi.org/10.1108/JWAM-10-2015-005>

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**The following organizations have contributed and endorsed the CBF for
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Greatness is not a function of circumstance.

Greatness, it turns out, is largely a matter of conscious choice and discipline.

-Jim Collins