Excerpts from the IFHRO Handbook on Health Record Education

Phyllis J Watson, AM

Introduction

In 1980, under the guidance of Sjaak Velthoven of the Netherlands, the International Federation of Health Records Organizations (IFHRO) prepared a Handbook on Health Record Education. The original Handbook (Watson (Ed), 1980) reproduced 11 papers on the education of Health Record personnel presented at the 8th International Congress on Health Records, outlining the educational programs for medical/health record personnel offered in member nations and other countries. Participants in the session represented Australia, Canada, India, Israel, Korea, New Zealand, Nigeria, the Netherlands, (West) Germany, the UK and the USA.

Over the past 22 years new programs have been established and long-standing ones have changed their focus. Current developments in education have been brought about by the recognition of a changing health care environment; the need to place greater emphasis on health promotion and disease prevention; increased use of computer technology; and the need for better and faster methods of information processing.

Many countries offer advanced or higher degrees in health information management. These are also not detailed in the text, as the aim of the Handbook is to record programs offered for beginning practitioners in the field of health record/information management in member nations of IFHRO.

As the world moves rapidly into the 21st century patients are becoming more aware of their health care and the need for accurate documentation of that care. Professional health record/information organizations are continually faced with the need to ensure that the education of health record personnel not only meets the needs of the patient, but also the documentation needs of the health care practitioner caring for them. But documentation is only a part of the equation; if the information stored is not readily accessible and retrievable it is useless. To prevent this situation from occurring, facilities need competent health record/information managers with the necessary knowledge and skills to ensure that the information, for which they are responsible, is processed accurately and efficiently and is readily available when needed.

Formal education for health record personnel is therefore not only needed, but also essential. As they recognise this need, some governments have become more involved in assisting with the development of the health record services and the education of competent personnel to maintain them. In other countries, however, there is still a need for active promotion of the health record profession within the ministries of health and educational institutions.

Education Committee of IFHRO

With the establishment of the International Federation of Health Records Organizations (IFHRO) in 1968, the need for quality education of medical record personnel was identified as a priority if the Federation was to develop and grow in the future. To this end, in 1972, at the Grand Council Meeting during the 6th International Congress on Medical Records, held in Sydney, Australia, a Committee for Training and Education was established. This Committee had the mandate to review the education and training of medical record personnel in member nations, to develop learning materials, and to assist, where possible, with the establishment of educational programs in developing countries.

The work of the Education Committee continued to centre on the need to assist, where possible, with the development of education for medical record workers in all countries. In 1992, in an effort to help meet this need, the Education Committee prepared a Manual for Teachers and a set of Learning Packages on Medical Record Practice (IFHRO, 1992) for use by member nations and other individuals to assist with the development of basic programs.

Although the committee was originally seen as primarily working for developing countries this is no longer the case. The present role of the Committee is to assist ALL health record workers regardless of the level of health record development in the country. The Committee offered three workshops for teachers prior to 1996. One was held in conjunction with the 9th International Health Records Congress, held in 1984 in Auckland, New Zealand. A second workshop was held in 1986 in conjunction with the 6th European Health Records Conference, held in Malta, and an Educators Information Exchange Workshop was held in 1992 in conjunction with the 11th International Health Records Congress in Vancouver, Canada. In 1993, four members of the Education Committee also offered a Workshop on Medical Records, which was conducted in Xi’an, China.

Two workshops were subsequently conducted in conjunction with the 12th International Health Records Congress, in Munich, in April 1996: one an Information Exchange Workshop for Educators and the other a Workshop on Coding Quality. One of the education workshop products was a set of recommendations which will hopefully benefit the development of education programs and also offer direction for future IFHRO activities. An Educators Information Exchange Workshop was also held in conjunction with the 13th International Health Records Congress, held in Melbourne, Australia, in October 2002. During this Workshop the Handbook on Health Record Education was reviewed and the section on "Recommended course content" updated.
Changes in health record education

With the emphasis on computers and electronic data management, educators have to make sure that they understand the actual needs of the health record services and the staff who administer and manage those services. In light of the many identified changes, educators and the professional associations of member nations have needed to address questions such as how do we attract health record/information personnel to become educators? How do we prepare educators? Have our educational programs for health record/information specialists developed to keep pace with the changing environment within which they function? Have we (educators) indeed kept pace or are we still trying to catch up? Have we been able to maintain the required level of education to ensure the preparation of professionals capable of managing the health record service needs of today?

The answers to these questions are not readily available with regard to all programs, but the identified developments in health record education in our member nations over the past 20 years indicate that educators and practising professionals are in fact keeping pace with the changes. New programs have been established, and long-standing ones have changed their focus to incorporate a more in-depth study of data processing and information science. In addition, greater emphasis has been placed on the study of disease classification and coding quality, modern health record services management, the introduction of casemix and the use of DRGs, electronic health/computer-based patient records, and the changing role of the health record worker.

Following the WHO Alma Ata declaration of Health for All by the Year 2000 (WHO, 1978), greater emphasis has also been placed on health promotion and disease prevention and the availability of health care at all levels. In addition, there is a recognised need to move patients more rapidly out of the acute care situation into alternative care, such as home care, extended care facilities and nursing homes. Other obvious changes include the increased use of computer technology in health care and the need for better and faster methods of information processing within most health care facilities.

Medical/health record educators in many countries have identified the changes and developed their programs in light of these changes. Changes which include not only developments in health record services in hospitals, such as computerised patient administration and record-tracking systems, but also developments in community health and all areas of primary health care. The computer-based or electronic health record studied in many programs today is not restricted to hospital-based medical records. Studies also include developments at general practitioner and community health level. In the programs reviewed, more emphasis is being placed on medical record/health information services at all levels of health care to ensure the preparation of persons capable of managing a wide range of health record/information services.

One of the most substantial changes associated with medical record education over the past 10 to 15 years has been the change of title and subsequent change in direction of many programs. Many schools of medical record administration have changed their name by replacing “medical” with “health” and “record” with “information” in an attempt to better reflect the changes to courses offered and the greater emphasis placed on information science and technology. In addition, national associations have changed, or are in the process of changing, their name to incorporate the words “health information”, which they believe more accurately reflects their mission and purpose.

Changes to programs in countries that were represented in the session during the 1980 Congress are varied and generally relate to changes in the demand for qualified personnel, changes in health care delivery and the expansion of computerised health information systems. As well as changes to content, other changes mainly include the upgrading of courses from Diploma to Degree, extending the length of programs, and expanding programs in many other countries.

Description of current programs in member nations of IFHRO

Australia

Programs are offered in four Australian universities leading to a Bachelor of Applied Science (Health Information Management) – University of Sydney, La Trobe University in Melbourne, Queensland University of Technology in Brisbane, and Curtin University of Technology in Perth. Honours programs (an additional year) have also been introduced in all schools. Schools also offer specific postgraduate qualifications in health information management at Graduate Certificate, Diploma, Master’s and Doctoral levels. In addition, course content has been revised to reflect the above-mentioned changes and to address developments within the health care delivery system. Additional course content includes more computer-based subjects; increased medicolegal content; a more in-depth study of communication and personnel management; greater emphasis on health information systems and quality assurance; and detailed studies in epidemiology, casemix and DRG allocation. The National Association (HIMAA) reviews all programs for accreditation on a regular basis.

Canada

At present there are 13 health record programs offered in Canada, of which 11 are community college based, one is hospital based, and one is offered through correspondence. Three of the 13 programs are offered in French. Some of the programs are offered at health record technician level and some at health record administrator level. The programs are of one, two, or three years duration and are offered full-time or part-time.
Graduates of health record programs in Canada currently receive a certificate or diploma. Health record technicians use the title HRT, and health record administrators use the title HRA. The National Association reviews all programs for certification and conducts a National Certification Examination.

**China**

Twelve programs have been established over the past 10 years. Programs are generally offered in District Health Schools (Middle School level) over four years. Graduates receive a Diploma for Medical Record Personnel (MRP). It is expected that soon graduates in Beijing will emerge from a higher-level program. The National Association runs one or two short training courses each year for continuing education purposes and offers workshops and annual conferences.

**France**

The National Association offers an in-service certificate course.

**Germany**

There are two levels of programs in Germany, one for Medical Documentalists (MD), offered over three or four years, and the other for Medical Documentation Assistants (MDA), offered over two years. The programs are generally based in professional schools within universities. Programs in Germany have also developed to include a greater emphasis on computer science and the manipulation of statistical data. It should be noted, however, that the German programs have always had a strong emphasis on computer science and statistical applications, and graduates are generally employed in the pharmaceutical industry and in clinical trials. Because of a recognised need, the Association hopes to see more graduates employed in hospitals in the future, where there is a major deficit of skilled personnel in the health information area (eg, medical documentation, medical controlling, medical informatics, and quality assurance).

**Indonesia**

Indonesia has two full-time health record programs. One was introduced into a private university in 1989 and the other in the Public Health Faculty of the University of Indonesia, which commenced in 1994. In addition, the Ministry of Health conducts two short courses (200–300 hours) over two to three months.

**Ireland**

A one-year part-time certificate course in Medical Records and Patient Services Management is offered annually by the National Association.

**Israel**

Education for medical record personnel in Israel consists of an in-service training course offered by the Ministry of Health, supported by the University, to personnel who have been working in a medical record department for 2 to 3 years (in most cases candidates have completed a course for medical secretaries). This program is offered one day a week for two years (a total of 630–650 hours), with much of the course emphasis on Health Services Administration. The Israeli Ministry of Health awards a Diploma to successful graduates of the program. Other courses are offered for medical secretaries and technicians.

Programs have been developed to include current advances in medical record practice and computer-based information systems. Greater emphasis has also been placed on the development of the student’s coding knowledge and skills. The professional association offers continuing education seminars to help medical record officers keep up to date with developments. A journal is also published irregularly by the National Association.

**Japan**

The Japanese Hospital Association offers a correspondence course in health record education. The program is offered part-time over two years, with graduates receiving a certificate on successful completion. In addition, two two-year programs are offered at a junior college, one offered one day a week and the other by correspondence. Graduates receive an Associate degree.

**Korea**

As with other countries, the education of medical record officers has expanded rapidly over the years. Korea now has four full-time courses in universities and 21 full-time courses in junior colleges. The programs are similar to those offered in the USA. Korean educators, like those in other countries, have recognised the need to maintain their programs at a level which will continue to meet the needs of the health care facilities and the profession. Since 1985 the Association has offered an annual national registration examination and 4,680 candidates had successfully completed the course by the end of 1995.

**Malaysia**

At the present time Malaysia does not have programs for medical record personnel. To help develop the services in Malaysia, the Ministry of Health has sponsored a number of medical record personnel to undertake short courses in Australia and the United Kingdom.
New Zealand

As in other countries the National Association in New Zealand has been strongly involved with the development of medical record personnel through educational programs for its members. In 1994, the Association was actively involved with the development of a tertiary-based distance learning program for health record personnel. The program is managed jointly by the National Association and the Auckland Institute of Technology. The course, which leads to a certificate, comprises six papers (subjects); students can start and leave the program at any time. Within the certificate program, special emphasis is placed on the importance of data quality and integrity in relation to disease and operative procedure coding. The National Association is currently working on developing a Diploma course in Health Information Management for those health record personnel who wish to progress beyond a certificate-level program. The Association also offers continuing education courses to help members keep up to date with current changes in the health care delivery system and health information management.

Nigeria

There has been an increase of medical record programs in Nigeria, from three in 1980 to 15 in 1996, with schools offering two-year, full-time Diploma courses for medical record officers. All programs have been developed to meet the needs of the local health services and the changes in technology. This development has meant that Nigeria no longer needs to send as many medical record officers overseas to be educated, although there is still a need for higher-level programs for experienced personnel.

The Netherlands

There are currently two programs offered in the Netherlands. The Information Centre for Health Care (SIG) conducts the programs under supervision by the Foundation for Medical Records Administration Education (SOMA). The programs are offered part-time and graduates receive a qualification as Assistant Medisch Administrateur or Medisch Administrateur. As in other countries, health record programs are offered to meet the needs of the profession and the health care delivery system within which the graduates are employed. As in all countries, education of competent health record officers is strongly indicated, as is the need to continually review the programs being offered to ensure that they keep up with changes as they occur.

The Philippines

With the assistance of the World Health Organization and specific employers, a limited number of medical record officers from the Philippines have been sent to Australia for training to help meet immediate needs and assist with the development of programs in the future.

The United Kingdom

As with other countries, the National Association of the United Kingdom has been primarily concerned with the advancement of the profession through education. It has a nationally appointed education officer and a standing committee responsible for developing and monitoring the national education programs.

There are five programs offered at hospital-based schools. These programs are two years in length, with lectures over three days and practical sessions two days a week. The programs are under the sponsorship of the National Association, and students can sit the Certificate examination after completing the first year and the Diploma examination after the second year.

Day-release courses are also offered to UK students at the Reid Care College in Paisley, Scotland, and further education can be obtained from the University of Paisley. In addition, a Master's degree in Health Information Management is offered at the University of Manchester. This latter program has not been specifically designed for medical record officers but is open to them if they wish to apply.

United States of America

There are two levels of health record education: a four-year Bachelor's degree for Health Information Administration (HIA), offered in colleges and universities, and two-year Associate degree programs in Health Information Technology (HIT), offered by community colleges. There are over 51 programs for HIA and over 120 programs for HIT. In addition, the National Association offers an independent study course at the technician level.

Programs at both levels have changed with an increase in information science, increasing use of computers in health care and health information systems, studies of new technologies and storage methods, and the extended roles of the professionally qualified graduate.

The National Association establishes standards for education programs. The Association continues to conduct program accreditation in which schools and courses are reviewed regularly. This program has been operating for many years and is updated continuously to ensure that all programs remain at an acceptable level. In addition, the Association has continued to conduct credentialling examinations for graduates of education programs. A special interest group, the Assembly on Education, serves as a forum for the exchange of information for educators and other interested members.

The Association has a mandatory continuing education program designed to maintain the competency of individuals practising in the health record profession.
To maintain their credential status, members are required to complete a specified number of approved continuing education activities every two years.

Other countries

Many other countries conduct education programs for health record personnel. Unfortunately, information on these was not available for inclusion in this report.

Many health record officers/administrators from countries without formal education programs have been sent overseas for training. As well as helping to improve their knowledge and skills, they are given the opportunity to upgrade their medical record services and keep up-to-date with current developments. In addition, many program coordinators in member nations have welcomed students into their courses from countries without facilities for educating their health record officers. The World Health Organization, recognising this need, has sponsored many health record officers from developing countries for special education in countries with medical record programs, either at in-service or formal course level. WHO has also provided technical cooperation to countries for the development of health education programs.

Conclusion

The IFHRO Handbook on Education was last updated in 2000, but has not been published to date, and, prior to printing, will be reviewed in 2003 to include updated entries about programs and information from new members of IFHRO.

References


Phyllis J Watson, AM
Past Convenor
IFHRO Education Committee
Honorary Professor
School of Health Information Management
Faculty of Health Sciences
The University of Sydney, Sydney, NSW
Tel: +61 2 9665 5802
Website: www.ifhro.org
E-mail: watsonpj1@bigpond.com