

Health Records Officers' Act and Administration of Health Information in Nigeria: Challenges and Prospects

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ABSTRACT

Health Records Officers' Act was promulgated formally by Decree No. 39 of 1989 (HROA; 1989) now CAP 166 LFN1990. The Decree establishes a Board for general administration of the profession of health records management in Nigeria. This work which is a desk top study on Health Records Officers' Act and Administration of Health Information in Nigeria: Challenges and Prospects discovers the constitutional requirements for the health information practices and implementation strategies as stipulated by the Act. The study reveals the prospects and challenges associated with the implementation of the Act to include non compliance of members to licensure, lack enforcement process, poor cognizance of the law among many others. It is recommended among others, that the continuous education of member of the profession will enormously aid awareness creation toward compliance with the legislative provision of the members.

Keywords: *Health Records Officer's Act, Administration, Health Information*

INTRODUCTION

Nigerian Health Records Professionals (NHRP) are set of people formally certified by Health Records Officer Registration Board of Nigeria (HRORBN) by virtue of having

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completed a required course of study ranging from technician to diploma, and various degrees in health records practice. Health records practice according to International Federation of Health Information Managers Association IFHIMA (2015), “in recent years has become more clearly defined and more widely recognized around the world”. NHRP are considered professional because they earn their living from health record practices. Health information practitioners according to Health Information Management Association of Australia (HIMAA, 2013), plans, develops implements, evaluates and manages health information systems, including clinical and administrative data, and healthcare records in health care facilities and other types of organisations. The health information manager combines knowledge of healthcare by analysing processes, healthcare records, information management, health administration, quality improvement processes, clinical classification and human resource management to provide services that meet the medical, legal, ethical, administrative and reporting requirements of the healthcare delivery system. NHRP are generally expected to possess professional skills which are career competencies that often are not taught (or acquired) as part of the coursework required to earn an advanced certificate. Professional skills such as leadership, mentoring, project management, team work, time management, and conflict resolution are value-added skills essential to any profession (Wissmann, 2015).

Professionalism in health information practice requires conducting oneself with courtesy and respect for others which are fundamental elements of professional behaviour. NHRP are required to take responsibility for their actions with care for consequences that might evolve and for how their actions will affect others. For efficiency and effectiveness NHRP competences should include a set of established standards upon which the conduct of members could be measured and judged. This work sought to investigate the principles or rules available employed in regulating, controlling, directing, or managing the activities and practices of NHRP in all ramifications. NHRP are expected to respond to organizational burdens necessitating more tactical and strategic contributions, demanding work programmes and lengthening responsibilities which all require regulation.

Legislative Requirement for the conducts of NHRP

Regulation is principle or rule which may involve employing of strong-arm power of law in performing certain managerial responsibilities which cover controlling and directing activities within an organization or system. It may also be referred to as a set of rules based on and meant to carry out a specific piece of legislation. The regulation of NHRP is charged on a body known as Health Records Officers Registration Board of Nigeria (HRORBN) which was established by CAP 166 LFN1990 (formally Decree

39 of 1989 dated 11th December, 1989). This body started functioning in a temporary secretariat in Lagos University Teaching Hospital (LUTH) after inauguration on the 16th of October, 1992 by the then honourable minister of health and social services, Professor Olikoye Ransome Kuti (Akanji n.d) for the control of the practice of the profession of health records management and matters relating thereto. In this Act according to part 1, section 2, and subsection a-c, there is legislative requirement for:

Determination of Standards of Knowledge and Skills for Qualification: The Board defines the criteria for which people can attain the status of membership of NHRP. An individual seeking to become member of NHRP must be certified in the field of health records practice. The minimum qualification at present is technician certificate or diploma equivalent. Moreover, the Board improves on those standards regularly according to the dictate and requirements of the prevalent situation.

Registration of Members: There is Legislative requirement for the registration of members as NHRP. The conditions provided for such registration according to part 9, section 1, and subsections a to f are: evidence of attendance of Board approve courses conducted in the approved schools; possession of a minimum qualification acceptable to the Board; holding certificate of experience; be of good conduct and character; payment of prescribed fees; no legal restriction to practice in the country where the qualification is awarded, among others.

Licensing of Members: The board has been charged with the responsibility of supervision and coordination of examinations that lead to approved qualifications for licensure. In addition to this, the board conducts license examinations for different categories of members and eventually awards license to qualified applicants. Once a licensing law has been passed it becomes illegal for anyone to practice that occupation unless he or she has a license (Uvah; 2003).

Establishment and Maintenance of Register for Members: Another important legislative requirement provided by the Act is the institution and maintenance of a catalogue that contains all the names of the registered members of the profession and publishing it from time to time. The required information includes name, address, approved qualification and other related information (part 7, section 1). This will enable the members to know their status as members and expose quacks who practice the profession. This will also serve as a database for all NHRP. Also, according to section 7, 2b of the Act, members are required to notify the Registrar of any change in their particulars. In case of death, insanity or any reason which may cause a member to

cease to continue as a member of NHRP, there is statutory provision for the Board to deregister such individual.

Conducting Examinations in Health Records Management and Awarding Certificates: The Board has vested power which authorises them to initiate and conduct qualifying examinations for different categories of students which leads to the award of certificates. The is empowered to prescribe fees in respect of the examination exercise covering booklets provision, question setting, invigilation and supervision of the examinations throughout the Federation, marking and recording, approval of the results among others

Prohibition of misleadingly acknowledging to be a registered person: Among the Legislative requirement is the prohibition of falsely professing to be a practitioner of the health records profession by an unregistered person. This according to section 13 of the Act illegalises using the name, description or symbol of NHRP by an unregistered person that can lead to the assumption that the individual is a registered member of the profession. The penalty of ₦100 or ₦200 fine, six month imprisonment or both is attached to such offense.

Payment for services: According to this Act, a member who has duly registered shall have his or her entitled recovered for the professional services by action in any court of competent jurisdiction. However, if a non-registered person performs the duty of a duly registered member of NHRP, the court will not recover the fees of such person's legal proceedings because such an individual is under prohibition in the first case.

Fraudulent Registration: Any member who fraudulently procured registration either by intentionally making a false statement in a material particular or irresponsibly made a false statement shall be guilty of an offence. In addition to these, the registrar or any employed by the board is also liable if they errantly make any falsification in any matter pertaining to the maintained register. The fine is jurisdiction dependent. A fine of ₦100 is imposed if convicted in a court of inferior jurisdiction, and ₦1000 with imprisonment of a maximum of two years if conviction is done in a high court of justice.

Burden of proof of registration: When a person is charged to a court of law for performing an act which is below the standard of the profession, the statutory provision is to assume such to be unregistered unless otherwise proven by producing evidences of registration.

Statutory provision for trainings: The Board, according to part 3, section 17, subsection 1a–c, is empowered to approve any course of training which is envisioned for individuals seeking to become members of the NHRP which the Board believed will offer satisfactory knowledge and dexterity for the practice of the profession after the completion of the training. Moreover, the Board is also authorised to endorse any institution of learning either in the country or abroad that it considers appropriately structured and standardly equipped for conducting approved courses of training. The Board also has vested power to validate any qualification offered from the approved school.

Statutory provision for professional discipline: The Board is empowered to carry out professional discipline in a case of suspected wrong doing on the part of a registered member. The Board has an investigative panel according to Part 21, section 3, of the Act which will conduct preliminary enquiry into any case of alleged misbehaviour of any member in his/her official capacity and decided whether the case should be referred to the Disciplinary Committee. If the case is eventually referred to Disciplinary committee, the committee is authorised to consider and determine the case and punish the offender.

Legislative requirement for the appointment not to be held by unregistered person: In accordance with part 12, section 1 of the act a person not registered as a health records officer should not under any condition hold any appointment in the civil service of the federation, state, public or private establishment, whether as a body or institution if such appointment involves the performance of any act relating to Health Records Practice. However, anybody undergoing training which can lead to acceptable qualification under the supervision of registered members can hold such appointment

Enforcement of Legislative requirement

Enforcement of legislative requirements simply means compelling obedience to an established law, regulation, or command. Legislative requirement or sometimes referred to as regulatory requirement is usually performed by a regulatory organisation formed or assigned to carry out the purpose or provisions of legislation. There are many enforcement strategies employed which the Board can use to effect conformity with the legislative requirements. These include the use of an investigative panel, disciplinary procedure, payment of fine, deregistration of members and court intervention.

Prospects of Enforcement of Statutory Provision

Creation of Public Awareness: In order to enforce any law and order, it is pertinent to create awareness among the public about the established law through aggressive campaign. Such awareness should underscore the importance of quality health records and the consequences of delegating the responsibility of health records management to quack. The paper could invoke Sub Section 12(1) of the Act

“... no person, not being registered as a health records officer, shall be entitled to hold any appointment in the civil service of the Federation or of a State or in any public or private establishment, body or institution, if the holding of such appointment involves the performance by him in Nigeria of any act pertaining to the profession”.

HRORBN has done this in a paid advertorial in some daily news with the title “Public notice on the appointment of non-professionals to manage health records”.

Floating of Monitoring and Standard Enforcement Team and Feedback:

Establishment of standard monitoring and enforcement team to visit all categories of health institutions/agencies, federal, state and local establishments, private and public health facilities regularly, to ensure that only qualified and licensed officers are engaged for services that have to do with health records keeping. There may be different bodies with similar responsibility to monitor all training schools as well.

Investigative panel for the offenders: the investigative panel is a standing committee of the Board which consists of five members of the Board and is responsible for conducting of initial enquiry into any case where it is alleged that a registered person has misbehaved in his officious capacity. The panel is to decide whether the case should be referred to the Disciplinary Committee for appropriate action.

Enforcement through disciplinary action: The Disciplinary Committee effects penalties for determined unprofessional conduct. The penalties for immoral or dishonourable conduct when conviction is made and the Board concurs that behaviour is incompatible with the professional status of such an officer, the officer’s name could be struck off in the relevant part of the register. The officer may be suspended from practice for specified period, reprimanded, ordered to pay to the Board any costs incurred by the Board on court proceedings or cautioned and banned for a period not more than one year. The penalty could be one of the aforementioned prescribed punishments, or both.

Court Intervention: Both courts of jurisdictions, whether inferior or high court can entertain and impose penalties on any member who has been found guilty to have falsely claiming to have acquired a certificate or collaborate with the employee of the Board though, the level of penalties imposable are classified according to the status of the Court. While the low level court can impose the maximum fine of ₦100, the higher courts have the power to impose the maximum fine of ₦1000, two years imprisonment or both.

Withdrawal of Approval: The Board may sanction any previously approved school by withdrawing their licence to run an approved course, if it deems it fit. This sanction will however be effected when such an institution has been informed of the Board's intention to do so and allowed to give its representation, but the representation given by such an institution is considered unworthy.

Challenges of Enforcement of Legislative requirement

Non-compliance of members to Licensure: There are many members of NHRP who do not possess current practising license despite the importance attached to it. There were only eight hundred and fourteen (814) health records officers throughout the federation according to Mami (2015). This figure suggests that average of twenty-six (26) health records officers were licensed in each state of the federation excluding the Federal capital territory. What happened to others? According to the Act, unlicensed officers are quacks. When gainfully employed members are not licensed or refuse to renew their license, how compliant are they with legislative requirements?

Absence of Administrative and Political will on the part of various Managements: There seems to be lack of desire, inclination and conscious determination of many Chief Executives in engaging an adequate number of Health Information Professional (HIP) required for standard, effective and efficient health records services in their health institutions. This may be due to the facts that there is no policy position on the recommended number of HIP per health-facility. Another important factor attributable to this is the traditional disposition of records-keeping inherited from Britain whereby few professionals are employed and supported by numerous clerks to run the health records department. In addition to these, some HIP may not be contributing significantly to the tactical or strategic goals of the organisation, thereby relegating them to background in such organisation.

Attitudinal glitches of the professionals: Many HIPs could be summarily described

as having faulty and defective opinions about their profession. Their composite and complex mental state concerning beliefs, feelings, values and disposition to act as standard professionals is nothing to write home about. Their body language and physical posture, either conscious or unconscious while interacting with other health care team members present the profession in poor image. Many may not be bothered to acquire the latest skill and competences afforded them by the profession especially in ICT.

Lack of Enforcement Process: It appears that there is no enforcement procedure for applying the legislative requirement in some areas of HIP especially in the hospital practises. It is very evident that many practising members are not renewing their licenses where many members simply ignored obtaining it. Yet, no strict process for verifying those without license in the country despite earning their living through health information practise. It is only in the tertiary health institutions that attempts are made by individual managements to check licenses during promotion and employment interview.

Poor cognizance of the law: Many members are presumed oblivious of the legislative requirement guiding the practices of health records officers in the country; hence the lackadaisical attitude and predisposition towards compliance.

Nigerian Health Records Professionals (NHRP) are specialist in the art of health records keeping certified and recognised by Health Records Officers Registration Board of Nigeria (HRORBN) who is the custodian and administrator of the legislative requirement as inscribed in CAP 166 LFN1990 (formally Decree 39 of 1989 dated 11th December, 1989), for the running of the profession. NHRP see to the day to day management of health records. For effective and efficient running of health records services in the country, (HRORBN) is charged with the regulation of the profession and her duties include but not limited to the determination of standards of knowledge and skills for qualification, registration of members, licencing of members, establishment and maintenance of register for members, conducting examinations in health records management and awarding certificates. In order to induce compliance, the Board has investigative panels, disciplinary procedures, withdrawal of accreditation, and court intervention among others at their disposal. Challenges of enforcement include attitudinal glitches, non-compliance by members and lack of awareness to mention few.

CONCLUSION AND RECOMMENDATIONS

The activities of the Nigeria Health Records Professionals are moderated and regulated by Health Records Officer Registration Board of Nigeria (HRORBN) based on CAP 166 LFN1990 (formally Decree 39 of 1989 dated 11th December, 1989). If all the

legislative requirements contained therein are enforced, it will contribute immensely to the productivity of health information officers and specifically, effective health care delivery system in general. For operational effectiveness of the enforcement of legislative requirements, this study recommends the following:

1. **Continuous education of the members:** continuous education of the members of the profession will aid enormously in awareness creation toward compliance with the legislative requirement of the members. Some members need de-education and re-education to correct the attitudinal problems. This can be handled by the committee of the Board.
2. **Identification of defaulters:** There should be a robust system by which the defaulters will be fished out throughout the federation as obtainable in all other health care delivery system. This will expose those members who are either unlicensed or have refused to renew their licenses as advocated by law.
3. **Implementation of penalties on identified defaulters:** The defaulters should be made to undergo prescribed punishment to serve as deterrent to others. The disciplinary procedure should be initiated by the Board once the defaulters are known.
4. The Board should as a matter of policy communicate regularly with the chief executive of both private and public health institutions regularly to remind them of the need to professionalise health records department in their domain. This will not only reduce the rate of unemployment among health records professionals, but enhance the productivity of serving officers.

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