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Commentary

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Prospects and possible challenges of health information management practice in Nigeria

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INTRODUCTION

Health Information Management, previously known as Health Records in Nigeria, is a revered health profession, that is central to patients' healthcare; as well as public health policy formulation. This profession, which is referred to as Health Informatics in some climes is truly the intersection between information science and healthcare. It deals with devices, resources and processes required to optimize the deliberate acquisition, storage, retrieval and use of individual and community health information; in strict adherence to ethical provisions.

In the act that established the Health Records Officers' Registration Board of Nigeria (HRORBN) regulating the practice in Nigeria, health records is defined as a specialized branch of health management, that embraces all technical and clerical procedures associated with the management of patients from primary healthcare to tertiary levels of care; while "health records management" is said to include logistics of admission and discharges routines, reception and registration, efficient appointment system, coding and classification of morbidity and mortality data, maintenance of waiting lists, preservation of health records and provision of medical secretariat services¹.

My practice in the health industry over two decades has revealed to me that Health Information Management (HIM) Professionals are central to the management and planning of healthcare facilities and services, for medical research and the production of healthcare statistics. Physicians, Nurses, Medical Laboratory Scientists and other

healthcare professionals provide information on health services; collation, coding, analysis and archiving of which are the core roles of HIM Professional.

The Health Records Officers' Registration Board of Nigeria (HRORBN) is the Federal Government Regulatory Agency established with the mandate to control the practice of Health Records Management and maintain a register of practitioners at all times. The HRORBN also determines the standards of knowledge and skills to be acquired to be admitted as practitioners in Nigeria¹.

The trend of education and training in health information management has evolved over time, as it is applicable to all professions world over. Presently, training to become technicians in HIM are offered at schools of health technology and concurrently, the diplomas (ordinary and higher national diplomas) and the degree programme are run at teaching hospitals and universities respectively. This fact is reflected in the just concluded curricular review of National Diploma (ND) and Higher National Diploma (HND) in Health Information Management by National Board for Technical Education (NBTE) in collaboration with HRORBN; and production of Core Curriculum and Minimum Academic Standards (CCMAS) by National Universities Commission $(NUC)^{2,3}$. Incidentally, both documents were released in December, 2022; except that the CCMAS provides at this time for both HIM and Health Informatics in parallel! The confusion these two degree programmes can cause in the university system can be reconciled in two ways, viz:

- 1. Using the 30% window as provided for in the CCMAS to achieve about 70% homology in both programmes- expert in curriculum harmonization in health sciences can be of help in achieving this.
- 2. The Health Records Officers' Registration Board of Nigeria should pragmatically approve and accredit any University running either of the programmes, provide the curriculum agrees to the condition stated above. In such an arrangement, trainees will be indexed by HRORBN in the first year of their programmes and exposure to clinical and public health settings will be stringently enforced, as it has been the culture in the diploma and certificate programmes.

Training of students in these programmes must include lecture delivery, didactic, practical sessions, computer-assisted instructions, audiovisual demonstrations, simulations and field postings to hospitals and health facilities. It is only by doing these, that confusion and possible attendant squeal of disharmony in health sector through duplication of programme, can be averted.

In addition, graduates of the B.HIM degree, HND and certificate should be registered as officers, technologists and technicians respectively. This will require the HRORBN to produce a gazetted guideline that will reflect these details. Such a document shall guide all entrants into the profession and employers of labor. There are professions in the environmental industry, where such categorization subsists and there is harmony among the practitioners, to date.

Incidentally, section 12 of the Act that established HRORBN prohibits anyone to hold any appointment that will require the appointee to perform duties of health record officer, either in public or private establishment, except such appointee is a registered member of the Board¹. Regulation of the practice rests squarely on HRORBN. Section 13 states *inter alia* "any person, not being registered on any register maintained under section 7 of this Act, who holds himself out to be so registered or uses any name, title, description or symbol calculated to lead any person to infer that he is so registered or is a member of the profession, shall be guilty of an offence and liable on conviction....."¹.

Conclusively, the HRORBN should consult widely and swiftly take proactive steps. The practice of health information management provides all other healthcare professions with the verifiable platform for document and record; which is an essential of quality management system in health industry. "If you have not documented it, you have not done it" is a dictum in the hospital and health institutions.

We cannot afford to have unregulated health information management sphere. Bridge of patients' confidentiality, among other ills that will follow may bring the health sector down further.

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