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COMPETENCES OF HEALTHCARE PROFESSIONALS FOR PRIMARY HEALTH CARE - A REVIEW

Cristina Garcia Lopes Alves
Universidade Federal de Alfenas (UNIFAL-MG), Minas Gerais, Brasil
https://orcid.org/0000-0002-2523-6111

Luís Fernando Tófoli
Universidade Estadual de Campinas (UNICAMP), Campinas, São Paulo, Brasil
https://orcid.org/0000-0003-2262-8272

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Abstract: The training of human resources for health is considered one of the attributions of the Unified Health System (SUS), and must be articulated with the current healthcare model, policies and programs. The National Curriculum Guidelines point to the construction and / or reconstruction of pedagogical projects with a focus on skills development. This study aimed to build a profile of general competencies for health professionals in PHC, seeking to contribute to the discussion on the competency approach in professional training. This is a qualitative, exploratory study, based on reference literature and scientific production on the subject. For the bibliographic survey, the descriptors were used: 'primary health care'; 'Competencies and skills in primary health care'. The collected data were grouped into 5 domains (political-administrative and organizational skills; health care; humanistic and cultural skills; social and communication skills; and technical and methodological skills) and subjected to thematic analysis, from categories that emerged from the data, allowing the construction of competencies syntheses within each domain. The skills presented may serve as support for the review or construction of guidelines for professional training with a focus on PHC.
Keywords: Primary health care, Competency-based education, Health human resource training.

INTRODUCTION

According to Mendes[24], there is strong evidence that health systems oriented towards Primary Health Care (PHC) present various benefits over those with a low orientation to PHC, as they are more suitable, more effective, more efficient and of higher quality. The Panamerican Health Organization (PAHO) defines a health system based on APS as one whose approach is used for the organization and operation with the highest possible level of rights to health as its main or direct objective, maximizing solidarity equity, and being guided by the principles of PHC, such as: responding to the needs of the population's health, guidance for quality, responsibility, sustainability, participation and intersectoriality, among others[27].

According to Starfield[44], primary care services must be oriented towards the community, understanding their health needs; focus on the family, to assess how to respond to the health needs of their members; having cultural competence to communicate, and recognize the different needs of two different popular groups. The World Health Organization (WHO) highlights other characteristics of PHC, such as centralization of the person, openness, comprehensiveness and continuity of care; WHO also considers PHC as a regular entry point in the healthcare system that makes possible the construction of a lasting relationship of trust between people and their health care providers[47].

Education for health professionals is considered one of the attributes of the Unified Health System (SUS); according to the law 8080 of 1990[8], The training in health professionals must be articulated as a model of care implemented in the country, including health policies and programs.

Curricular reforms to our health courses have been implemented in response to the National Curricular Guidelines (DCN), from 2001, which supports the construction and/or reconstruction of pedagogical projects with a focus on the development of generic competences, common to all health professionals, e specific for each field of work, also considering the health needs at SUS[9,10].

Since then, the subject has been discussed, especially about the difficulty of operationalization of two concepts of 'competence' and 'skill', in addition to the need for a specific definition of the intended approach.

It is important to emphasize that the definition of curricula based on competencies requires a conceitual option in relation to the understanding of competency as a result of the relationship between the world of learning and the world of work. For Lima[23], competence is not something that can be observed directly, but it can be inferred by performance; within a determined profession, groups of performances of a nature can form complementary areas of competence. Therefore, the articulation of tasks and abilities to verify their performance would allow an inference of competence for a certain professional area based on standards or agreed criteria, considered necessary and desirable for the transformation of practical practices in health.[2,22,40]. In this sense, the concept of professional competence is used as something singular, as it portrays a synthesis of sets of performances (capacities in action) grouped in areas of competence that make up the field of the professional practice, according to the context and standards of excellence.

The literature presents various concepts for the term 'competence', based on different approaches. For Perrenoud[34], a competency orchestrates a set of schemas, involving schemes of perception, thinking, evaluation, and action; thus, building a competence would mean learning to identify and find relevant knowledge. Expanding this concept, Roldão[41] states that competence emerges when, faced with a situation, the subject is able to adequately mobilize diverse prior knowledge, select and integrate them in a manner adjusted to the situation in question. According to this author, competence would require solid and broad appropriation of knowledge, in order to allow the subject to bring them to mind (in an adjusted way) when faced with different situations and contexts. Understood in this way, competence makes use of notions, knowledge, information, procedures, methods and techniques.

Other concepts found in the literature for the term competences involve different focuses, such as Zarifian[49], for whom competence is the professional's taking the initiative and responsibility in the situations that require expertise; the author also understands competence as the ability to mobilize and share challenges in order to assume areas of responsibility.

This study aimed to build a profile of general competencies for health professionals in PHC, based on a literature review, as a way to contribute to the existing discussions on the competency approach in the training of health professionals.

METHODOLOGY

This is a qualitative, exploratory study, including a bibliographic survey. For the selection of material, the following criteria were considered: publications between 2005 and 2015, which may be consensus regarding the competencies of health professionals in general, or the competencies of specific professionals; articles referring to studies whose results provide a description of general competences in PHC, grouped by specific focuses; and other documents specifically related to professional training in health, which focus on the description of competencies in PHC. Materials of any nature related to the skills of health professionals that did not have any relationship with PHC and/or were prior to the selected period were excluded. Regarding the methodology, research or studies of a quantitative or qualitative nature were considered. The search was performed in Portuguese, Spanish and English.

The databases of BIREME (Virtual Health Library - BVS) and PubMed Health were used, with the descriptors: 'primary health care'; 'competencies and abilities in primary care', also considering expressions related to secondary themes, such as 'family medicine',

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'community medicine' etc., as well as their correspondence in the researched languages. As the emphasis was given to the Brazilian health system, the term 'primary health care' was also considered.

For operational purposes, we consider the concept of competence given by Perrenoud[34], as being the faculty of mobilizing a set of cognitive resources, which would involve knowledge, skills and information, to solve a series of situations with relevance and efficiency. The distinction between competences and abilities, when necessary, was also made based on the concept of Perrenoud[34,35], which defines skill as a unit of competence, resulting from its acquisition, related to 'knowing how to do'.

After reading the selected texts, the identification of common nuclei between the competences and abilities identified allowed the grouping of competences into five dimensions, enabling further analysis according to the intended objectives.

The collected data that were used to compose the 'corpus' of the research were subjected to thematic analysis, according to the steps described by Minayo[25]. Within each domain, the skills and abilities identified were regrouped in the analysis categories that emerged from the data. After this step, the competences within each analysis category were rewritten (synthesis construction) in order to achieve the desired analysis.

RESULTS AND DISCUSSION

In general, several studies were found that discussed the competency model as a way to structure the training of health professionals, including critical reflections on the limitations of this model within the approach of the work-education relationship, and the need to consider the development of health practices in specific contexts, such as clinical and public health[19,32,33].

The analysis of the references used revealed the existence of some consensus on the competences desired by health professionals to work in primary care, in addition to several studies that sought to list these competences, classifying them by thematic areas, called dimensions or domains.

In the first phase of the research, nine consensuses were identified regarding the competencies of health professionals in general, or the competencies of specific professionals (PHAC[37], PAHO[31], OPHA & Partners[30], WHO[48], Recine e Mortoza[39], ACHNE e Partners[4], CDC, HRS & Partners[17], PHE[38], OPAS[28]); six studies and documents related to professional training in health (Beneitone et al.[6], OPAS[29], RCPS[42], Perú[36], Barry et al.[5], ACOFANUD & Partners[3]); and eight selected articles and theses on competences in PHC or equivalent topics (Labraña et al.[20], Bosch[7], Witt[45], Leonello e Oliveira[21], Montero et al.[26], Adell, Echevarria, Bentz[1], Silva[43], Witt et al.[46]). Of the total of twenty-three references, five were found in Portuguese, nine in Spanish and nine in English.

As for the methodology, many consensuses were obtained using the Delphi technique; other studies were qualitative, or analyzed quantitative and qualitative data, with different data collection techniques, such as focus groups and/or application of questionnaires. Most studies were of the survey type, with submission to expert groups.

The findings of the first phase allowed the competences to be grouped by specific focuses, based on common nuclei, with the identification of six groups (domains). This first selection constituted the "corpus" of the research. In accordance with the intended method of analysis, recurrent readings of the selected material were performed, which allowed defining the categories of analysis that emerged from the data, within each domain. From the thematic analysis, therefore, the competences

related to each thematic category were identified, with the elaboration of syntheses by category.

As a result, it was possible to draw up a profile of General Competencies of Health Professionals for PHC, divided into domains and categories of analysis, presented in Table 1 with summarized names and their respective references. For analysis purposes, we chose to use the term 'primary health care' due to its consonance with the researched international literature.

In the identification of general competences, the common cores allowed for highlighting themes such as knowledge about the health system and/or policies, as well as the care model. This theme involves understanding the principles defended by the health system, such as universal access and comprehensive care, but also refers to technical and methodological aspects, such as the use of epidemiological tools and preparation of situational diagnosis, which requires the development of other specific skills and abilities. In primary health care in Brazil, these aspects refer to the actions proposed for the family health teams, such as the elaboration of diagnoses of living and health conditions in a given territory and the planning of health interventions[16,14].

Competencies related to teamwork, interpersonal relationships and communication were also highlighted. This dimension allows for reflection on some theoretical tools such as 'extended clinic' and 'care management', which involves the relationship of professionals with users of health services and within health teams, corroborating the need for training for primary care in accordance with the priority health care model and current policies, also considering cross-cutting guidelines such as the humanization of care[11,16,17]. In this theme, it is worth emphasizing the methodologies and tools proposed for primary care in Brazil, such as shared work, the expanded clinic and the Unique Therapeutic Project, in accordance with the guidelines of the Ministry of Health[13,15].

It is noteworthy that 'communication' stands out as one of the six competencies mentioned in the National Curriculum Guidelines for courses in the health area[10]. Although health education is mentioned among the technical and methodological competences, the association between the competences 'communication' and 'health education' can be considered among the objectives and actions planned for primary care, especially health education, considered as one of the main health promotion actions, being able to reinforce citizenship, personal and social responsibility related to health[18].

Humanistic skills, including professional ethics, were also highlighted. Professional values were also mentioned, which may include the identification of the professional class. In this theme, we can insert 'humanization' one more time as an axis for the training of health professionals in the country, being a theme included in current health policies[11]. The social role of health professionals was highlighted, with names such as advocacy in health or citizenship education; we emphasize here that social participation is a theme present in health policies in Brazil[8]. In addition, PHC is seen as capable of reducing health inequities[29].

Within the technical and methodological competences, competences cited in the DCN for health courses are listed[9,10], such as: management and management, leadership and decision making. Considering the current model of care and current health policies, actions developed from the perspective of health promotion require a new attitude from professionals, as they involve aspects such as the 'empowerment' of individuals and communities[12]. It is noteworthy that the new version of the PNAB includes 'person-centered care"[16] as

CATEGORIES	DESCRIPTION OF GENERAL COMPETENCIES
1 – Competences related to the political-administrative and organizational area	
Acting on the system and in the services of health according to the attention model	Apply knowledge related to public health sciences in practice, with the development of critical thinking [28,37,30]; be able to act according to the principles and guidelines of policies and the health system and in compliance with the principles of primary health care[6,29,42]; act professionally in accordance with the health needs of the population, according to the characteristics and objectives of the health system, and in compliance with the principles governing professional performance[3,17,39].
Performance in health policies and programs	Being able to act in health policies and programs, recognizing its principles and objectives, as well as the legal and institutional framework [3,4,6,30]; be able to analyze and evaluate the impact of health policies and programs on the needs of the population, considering the care model and current legislation.[3,4,17,31].
Recognition of health situation of individuals and communities	Be able to evaluate the territory and the health problems of the population under its responsibility [28,29,36]; use epidemiology to make a diagnosis, plan and evaluate health actions and services, as well as the ability to access health information systems and use available data[4,17,28,29,36]; having the capacity to act in epidemiological surveillance, especially in the first level of care, in accordance with current regulations and the scope of intervention [28,29,36].
2 – Skills related to health care	
Integrality of care	Being able to provide comprehensive and integrated care for individuals and populations, considering the principles of equity, longitudinality and comprehensive care[28,31,36]; recognize health needs more broadly [14,28,36,42,48]; sto be able to develop actions aimed at maintaining health by stages of life and gender, according to their professional scope, in primary care[31,37].
Focusing on family and in community	Provide care and develop actions focused on the identified problems, considering the needs of families and communities [31,36]; ensure the participation of families and the community in planning actions according to their health needs [29,31].
Prevention actions and promotion of health	Recognize and apply the principles of health promotion and disease prevention [5,28,31]; be able to plan, develop and act in actions to promote health and disease prevention in collective and individual scenarios, according to each context [5,28,31,36]; promote the participation of individuals and populations at all stages of prevention and health promotion actions [28,29,31,48].
Coordination of care	Being able to provide primary contact and comprehensive continuing care for a defined population through diagnosis, treatment and management of acute and chronic conditions, rehabilitation, supportive care and palliative care [28,29,36,42]; work with the referral and counter-referral system within the scope of the health system and the role of the multidisciplinary team[31,42]; act to guarantee care according to the health needs of individuals and communities [28,36].
3 – Humanistic and Cultural Competences (also related to the ethical dimension).	
Ethics and Professionalism	Demonstrate ability to adhere to professional codes of conduct and ethical principles of public action aimed at the health and quality of life of individuals and communities, including respect for human rights and citizenship values [3,30,38,48]; maintain professional conduct, acting in an interprofessional and interdisciplinary way, with people, families and communities, being subject to the fundamental principles of science, ethics and bioethics [3,29,39,42,48]; be able to demonstrate commitment to providing high quality service, which involves recognizing the need for professional updatel[28,30,38,39,42].
Collaborative work and advocacy in health	Being able to work with others to improve the health and well-being of the population through the pursuit of a common goal, which involves establishing partnership and collaboration in order to optimize performance by sharing resources and responsibilities [4,5,17,28,30,37]; being able to practice health advocacy, which means acting as a health advocate in order to reduce inequalities in access to services and make articulations in favor of the needs of vulnerable groups.s [4,5,17,28,30,31,39].
Cultural skills	Being able to effectively intervene and interact with individuals, groups and communities, involving attitudes and practices that result in inclusive behavior, recognizing and protecting the diverse cultural expressions of individuals and communities[3,4,17,29,30,31,37,39,48]; assume social responsibility for the design, implementation and evaluation of institutional, local, regional, national and transnational community programs, in accordance with population diversity, health needs, the political framework and current norms, ensuring that diversity is respected in different socioeconomic, cultural and educational contexts.[17,28,31,37]; act in an international/global context aiming at improving the health of populations in generall[28].

4 – Social and communication skills	
Personal development and self-management of knowledge	Being able to learn and permanently update oneself, maintaining a personal commitment to promote and manage their learning and professional development, in addition to the use of various resources for this purpose [3,29,36,42].
Interpersonal relationships and teamwork	Being able to develop and participate in teamwork through processes of communication, collaboration, coordination, negotiation and participation, agreement and problem solving[3,28,31,38,42,48]; develop and apply interpersonal and human relationship skills to communicate effectively with individuals, families, groups, communities, peers and leaders[38,39].
Communication	Understand the various dimensions of the communication process, being able to communicate effectively both orally and in writing, using verbal and non-verbal language, listening skills and oral comprehension [36,42]; use communication and group work skills to support individuals, groups, communities and organizations to improve health and reduce inequalities[4,5,17,36,37,42]; identify, compare and apply appropriate methods to relate and communicate sensitively, in an effective, humanized and professional way, with individuals/groups with different characteristics, including professional groups and co-workers[4,5,30,31,37,39,42]; use media, information technologies and social networks to disseminate information and mobilize groups, communities and populations[3,4,5,29,37,39,42].
5 -Technical and Methodological Skills, including the management process.	
Planning, implementation and evaluation of health actions	Plan and implement health actions, policies and programs, defining objectives, goals and priorities, being able to monitor the results [5,17,31,36,37,39,42]; prepare and make pacts for health plans and actions at individual and collective levels, using epidemiological tools and information technologies[4,17,28,30,36,39,42]; be able to apply strategies for the continuous improvement of health policies, programs and services.[17,28,31,37,42].
Management	Be able to analyze and develop management and supervision practices in policies and programs and in health services at local, regional, state and federal levels, considering all available resources, including inter-institutional relations and information management [4,5,6,17,28,31,39,42,48]; act in the organization and administration of services, especially in the first level of care, applying appropriate tools to optimize the organization and management of the processes that are carried out with the individual, the family and the community[3,28,31,36,39,42,48].
Research, search and decision-making	Conduct research in primary care on actions, services and health problems of people, families and communities in its scope of intervention, considering the scientific protocol[5,28,36,39,42,48]; properly use health information, with selection of methods and strategies for data collection, analysis and interpretation, knowledge and use of information systems[5,17,42,48]; be able to generate information and use knowledge to support decision making in individual or collective actions, contributing to the creation, dissemination, application and translation of new knowledge and practices[3,17,28,39,42]; identify, compare and use different forms of registration, communication and dissemination of research, studies and practical experiences appropriate to what should be disclosed and intended for the public[28,42,48].
Training and health education	Being able to perform teaching, tutoring or learning facilitation functions in education, updating, skill building and training activities, with development and/or use of support material, teaching and assessment strategies appropriate to each audience[3,31,36,42,48]; develop permanent education for the training of professional staff and health teams, in accordance with the established norms and the scope of intervention[3,4,17,28,39]; promote health education within an interdisciplinary approach, with appropriate strategies for this purpose, including the use of participatory methodologies[3,29,31,36,48]; act as an agent to promote change, using evidence-based, socially acceptable methods and technologies within the reach of individuals and communities[3,4,36,48]; empower individuals and communities to develop their capacity for actions that promote health and reduce inequalities, in addition to improving individuals' knowledge and understanding of public health and well-being [3,4,5,28,31,36,38].
Leadership	Being able to exercise a leadership role that promotes an environment for the effective performance of team members, ensuring the rights of the population and the proper functioning of the health system[17,28,29,42,48];facilitate participation, negotiation, motivation, conflict resolution, decision making, facilitation and problem solving[4,5,30,37,30,39,48]; contribute to the development of values and principles of community action throughout the organization and in the health system, encouraging a shared vision in the planning and implementation of public health programs and community policies[4,5,17,37,39,48].

Board 1 – General Competences for Health Professionals in Primary Health Care, identified from the thematic analysis, with the categories used.

Source: made by the authors

one of its guidelines, which refers to the construction of new forms of intervention.

Finally, the framing of competences in categories and domains had only the function of highlighting the aspects related to each competence group, as a way to broaden their understanding based on the references used. All topics discussed here are closely related to each other and, in the implementation of health training, they can only be thought of together, within the same training proposal whose main focus is the construction of primary care, according to its principles and guidelines.

The definition of competences can be a strategy in view of the current demands for professional training, considering the complexity of health needs perceived by health systems and services around the world, which have been the target recommendations of international organizations such as the World Organization of Health (WHO). However, several aspects must be considered in the materialization of these skills in academic training, as well as in the practice of health services and systems. The competency approach goes beyond the boundaries of disciplines and the traditional structure of health course curricula, also requiring a review of teaching-learning methodologies.

FINAL CONSIDERATIONS

The study sought to list the general competencies for all health professions that would make it possible to carry out health practices within the scope of PHC, not considering, however, actions and practices to be developed at other levels of complexity in the health system. Current themes such as 'health advocacy', 'information and communication technologies' and 'collaborative work' were also incorporated. The intended health care model must also be considered when defining competences, which directly interferes in the teaching-learning process, mainly considering the practice scenarios.

The competencies identified in this study do not exhaust the complexity of this theme, considering the various aspects involved in the relationship between the competency model and professional training in response to the demands of health services and systems, but they can support the discussion of the topic, collaborating in the construction of guidelines for the training of health professionals with a focus on primary care.

In general, the dialogue between the guidelines for primary care in Brazil and the international literature on competencies for PHC pointed to challenges and potential for health education, which could stimulate new reflections on the transformation of health practices.

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